

*Pulse Check*  
**National Trends in Drug Abuse**  
**SUMMER 1998**

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## Highlights

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The *Pulse Check* is a report issued by the Office of National Drug Control Policy that describes current trends in illicit drug use and drug markets. The report is based on interviews conducted with ethnographers and epidemiologists, law enforcement officials, and drug treatment providers all over the country. Following are the highlights of this *Pulse Check*:

### Heroin

- Most ethnographic sources report heroin use as either stable or rising. The majority of heroin users are still older, chronic users who inject the drug. At the same time, the number of new, young users who snort or smoke the drug, continues to rise.
- Ethnographic and police sources concur that heroin prices have remained stable at \$10 to \$20 per bag, though purity varies greatly both between and within regions. In Miami and Seattle, it is relatively low (below 20%) while in Newark, it fluctuates widely (20-90%). Across the board, however, these levels purity at the street level are extremely high.
- Law enforcement sources in Denver report that heroin users are injecting black tar heroin, which is appearing at unusually high purity levels of 40 to 50 percent. This suggests that distributors of Mexican black tar heroin, still the only type of heroin available in the Southwest Border area, are using less adulterants to produce a higher purity product.
- "Speedballing" — combining heroin with cocaine either through injection or inhaling — is a common behavior in all areas. Treatment providers reported that 75 percent of clients in treatment for heroin abuse report problems with cocaine as well.
- "Double-breasted" dealing, or dealing both heroin and cocaine, is still common in many areas (i.e., San Diego, San Francisco, Denver, Atlanta, Chicago, and New York). The Miami source reports that Colombian cocaine occasionally comes with five kilograms of heroin (known as a "rider") at no extra cost. Heroin dealers are avoiding open air markets, that is, becoming more discreet by using beepers, cell phones, and indoor sales.

### Cocaine

- Overall, the level of cocaine use varies between cities. Crack is still failing to attract new users although established users persist. In a few areas (i.e., San Diego, Bridgeport, Miami, Boston), use of cocaine powder is rising among affluent users, a trend consistent with the last *Pulse Check*. Cocaine prices remain stable but purity levels vary.
- Ethnographic sources and treatment providers in the West report high levels of

methamphetamine use among cocaine users. In San Diego, sources report a decrease in cocaine use with a concomitant rise in methamphetamine use. In this region, thirty-eight percent of clients receiving treatment for cocaine abuse also abuse methamphetamine.

- Approximately one third of treatment clients in the Northeast and Mid-Atlantic/South regions report cocaine as the primary drug of abuse. Nationwide, reports are that 71 percent of clients receiving treatment for cocaine abuse have been in treatment before, indicating that they are an older, experienced group of users rather than novices.

## **Marijuana**

- All sources for this Pulse Check report that marijuana use is widespread. The Bridgeport ethnographic source characterizes its use as "crossing all economic and social groups."
- The majority of sources consulted for this issue of *Pulse Check* report an increase in young users of marijuana. This suggests an overall decline in age of first use, which is borne out by treatment providers reports that over one third of all clients receiving treatment for marijuana abuse in all regions of the country are under the age of twenty.
- Methods employed in domestic cultivation of marijuana are shifting; growers are switching from outdoor to indoor growing, allowing them to manipulate the THC content and produce higher quality marijuana. This higher quality marijuana is reported to be more expensive, but continues to attract users.

## **Emerging Drugs**

- Methamphetamine use continues to be problematic. In California, meth is so widespread that it is no longer considered emergent. Ethnographers in Denver, Atlanta, and Baltimore report that methamphetamine is emerging. Police sources in Los Angeles, Denver, Boston, and Columbia (Maryland) also report a meth problem, suggesting that its presence on the East Coast, first reported in the last *Pulse Check*, may be growing.
- Ketamine ("Special K"), GHB (gamma hydroxy butyrate), and Rohypnol ("Roofies") are all mentioned by ethnographic and law enforcement sources as emerging drugs. Ketamine is cited by sources in Newark, Atlanta, San Francisco, Columbia, and New York. GHB is noted by Newark, Chicago, and Miami sources. Rohypnol is reported in Washington D.C., Miami, New York, Austin and San Antonio.
- Use of MDMA ("ecstasy") and other hallucinogens is reported in Boston, Columbia, New York, Seattle, Newark, and San Diego.
- Reports of illegal prescription drug use (Dilaudid, Percocet, Percodan, and Valium) come from law enforcement sources in Birmingham, Washington D.C., and Baltimore.

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## Introduction

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The *Pulse Check* report has been published periodically by the Office of National Drug Control Policy since 1992.<sup>1</sup> Its purpose is to provide current information on recent and changing trends in drug abuse in the United States. The *Pulse Check* is based on conversations with ethnographers and epidemiologists, law enforcement officials, and treatment providers working on various aspects of the drug problem. It thus provides a snapshot of the current state of drug abuse and drug markets in various regions of the country. Information from each source is summarized in the body of the report and is then presented in detailed tables by city or region. This issue also contains a special section on speedballing — combination heroin and cocaine use — which appears to be common in many areas.

The *Pulse Check* is not a population-based survey and should not be considered a substitute for population-based, long-term research. Rather, it is designed to provide descriptive information to policy makers and researchers about changes and trends in the drug scene as they develop.

The *Pulse Check* is prepared by Dr. Dana Hunt and the staff of Abt Associates under contract to the Office of National Drug Control Policy. For this issue, Abt staff interviewed 30 ethnographers, epidemiologists, and law enforcement officials who were selected both for their expertise and to provide geographic representation. Generally, these sources are the same across different issues of the *Pulse Check*. Treatment providers are selected randomly from a national directory of treatment programs in order to represent four regions of the country and both large and small programs. One hundred eight treatment providers were interviewed for this report. The appendix provides a detailed description of the methodology used to conduct the *Pulse Check* and a list of ethnographic sources.

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<sup>1</sup>From 1992 until 1996, the *Pulse Check* was published quarterly. Currently, the *Pulse Check* is produced every six months.

## Description of Sources

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Twelve ethnographers, epidemiologists, and other ethnographic sources were contacted for this issue of the *Pulse Check*. All contacts report information on changes and trends in heroin, cocaine, and marijuana use over the six months prior to the interview. In addition, they report characteristics of drug users and sellers in their communities and any emerging drug trends. In this issue, ethnographers, epidemiologists, and other ethnographic sources came from the following cities: San Diego, California; San Francisco, California; Denver, Colorado; Bridgeport, Connecticut; Newark, Delaware; Miami, Florida; Atlanta, Georgia; Chicago, Illinois; Baltimore, Maryland; New York, New York (two sources); and Seattle, Washington. The appendix describes the topics raised in conversations with sources and provides a list of the ethnographic sources.

Eighteen law enforcement sources from different cities across the country were contacted for this issue of the *Pulse Check*. They were consulted in the same manner as the ethnographers. For safety reasons, law enforcement sources cannot be identified. For this issue, the law enforcement sources represent the Police Departments of the following cities: Birmingham, Alabama; Los Angeles, California; Denver, Colorado; Bridgeport, Connecticut; Washington, D.C.; Miami, Florida; Chicago, Illinois; Boston, Massachusetts; Baltimore, Maryland; Columbia, Maryland; Trenton, New Jersey; New York, New York; Cleveland, Ohio; Eugene, Oregon; Austin, Texas; San Antonio, Texas; Seattle, Washington; and Yakima, Washington.

One hundred eight drug treatment providers were interviewed for this issue of the *Pulse Check*. These providers were selected to represent all regions of the country and both large (i.e., over 100 clients) and small programs. The appendix describes the information gathered from treatment providers, the method used to select providers, and details regarding regional selection.

## **Trends in Drug Use: June-December 1997**

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### **Part I: HEROIN**

All ethnographic, law enforcement, and treatment provider sources report heroin use as either rising or stable. Older, long-term heroin users continue to abuse this drug, preferring injection as their route of administration. In this *Pulse Check*, most sources report an increase in new young users who begin by snorting or smoking the drug. Most sources also report that heroin prices are stable at \$10 to \$20 per bag, though purity varies greatly. Higher purity levels on the East Coast allow users to snort and smoke heroin, as opposed to injecting it. All sources report that "speedballing," or combining heroin with cocaine, is common. Treatment providers report that 75 percent of clients receiving treatment for heroin abuse claim to have a problem with cocaine abuse as well. "Double-breasted" dealing, or dealing of both heroin and cocaine, is reportedly rising.

### **Ethnographers, Epidemiologists, and Ethnographic Sources**

Most of the ethnographic and epidemiologic sources report heroin use as rising (San Francisco, Newark, Atlanta, and Baltimore); stable at high levels (Bridgeport and Chicago) or stable (San Diego and Seattle). Most sources report a variety of users, with the majority being older, hardcore users. As reported in the last *Pulse Check*, sources in Bridgeport and Atlanta report that some crack users are shifting to heroin.

Notably, sources in San Francisco, Newark, Miami, and Atlanta report an increase in younger users. The Newark source notes "a definite increase in teenage users," and also reports that dealers, some from nearby Philadelphia, are making a clear attempt to establish a new market. For example, by encouraging young females to begin use, dealers hope to attract older male users. In that area, users start at around age 13, and the source reports that there are "chronic" users aged 15-17. Bridgeport sources note a continued increase in use by young people aged 16 to 21, particularly females.

Most sources identify injection as the predominant route of heroin administration. However, as reported in recent *Pulse Checks*, due to the rise in young users there has been a relative increase in snorting in some areas. Sources in San Francisco report a decline in injection and a rise in snorting, and sources in Bridgeport report that younger users prefer snorting to injection. In New York, new users are reported to start out avoiding injection. However, after they become addicted to heroin through smoking or snorting, they often turn to injection, incurring higher health risks. In Miami, heroin users are "skin-popping" — injecting the drug into soft tissue rather than intravenously.

All sources report that heroin abusers are also using cocaine or crack; a number also cite alcohol abuse. This polydrug use occurs both simultaneously (i.e., ingesting different



drugs at the same time) and sequentially (i.e., ingesting different drugs at different times). The level of speedballing — combination heroin and cocaine use — varies between sites. In Seattle, the ethnographer reports less than 20 percent of heroin users combining heroin with cocaine while in Denver, the ethnographer reports that speedballing is quite common.

Heroin sellers are of all ethnicities and age groups, but in most areas they are male. The majority of sources note that heroin sellers also sell cocaine, crack, and/or other drugs. Sources report that polydrug sellers are common in Chicago, Newark, San Diego, San Francisco, Denver, and New York. In Atlanta, the source notes that there are new young Caucasian male dealers in addition to the core group of long-time heroin, crack, and cocaine dealers. In Chicago, the source notes the presence of Southeast Asian heroin that is distributed by Nigerian trafficking groups.

There is also a change in market style in many areas. Though heroin has traditionally been sold primarily on the streets, the use of beepers is becoming more common. In Denver, the ethnographer states that "... [t]he heroin market has gotten very elusive. You have to know someone. If they don't know your number, they're probably not going to call you back." One New York source also notes "less outdoor activity," saying that heroin sales are now likely to be more private. Both of these reports suggest that the heroin market is becoming more organized.

Ethnographic sources report that heroin prices remain stable in most areas at around \$10 to \$20 per bag, but there are wide variations in purity. Some variation in prices may come from the presence of new users in the market. Newark sources report that young users in that area are often charged more because they are not familiar with customary prices. At the same time, ethnographers in Denver and Bridgeport emphasize the long-term stability of heroin prices in their regions.

Purity varies widely both between and within regions. In Miami, sources report that although still lower than in most areas, the purity of heroin (16%) in the community continues to rise. Similarly, in Seattle, it is approximately 20 percent. However, in Newark, it can vary from 20 to 90 percent. While high purity heroin has been available on street markets for a few years now, these purity levels are astonishing given that street-level heroin purity was about 2 to 4 percent in the 1970s when heroin was a very popular illicit drug of abuse. The implications of this high purity heroin for both older hardcore users and new users are immense.

## **Law Enforcement Sources**

The majority of police sources report that heroin use in their areas is either rising or stable. Only Cleveland police report a decrease in use. Like the ethnographers, most police sources report that heroin users are predominantly male, with a wide age range. Sources in Miami, Boston, Baltimore, Columbia, New York, and Eugene report an increase in young users.

The practice of snorting seems to be growing in Miami, Boston, Columbia, Trenton, and New York. This popularity of snorting is consistent with an increase in new young users and with the high heroin purity levels. Most law enforcement sources report that injection remains the predominant route of administration. Injection alone is the predominant method of use in Birmingham, Los Angeles, Denver, Washington D.C., Cleveland, Austin, San Antonio, Seattle, and Yakima. Baltimore and Eugene officials report that smoking heroin is popular in their areas, in addition to injection.

Notably, in Denver, sources report that users are injecting black tar heroin, which is appearing at unusually high purity levels of 40 to 50 percent. This may indicate the continuance of a phenomenon first noted in the last *Pulse Check*: distributors of the Mexican black tar heroin, which dominates the Southwest border area, may be offering a higher purity product to compete with the new market entry of higher purity Colombian heroin. This can only lead to ever-greater potential for overdose, as black tar heroin is typically much lower in purity than other types. Indeed, the series of heroin overdoses in Plano, Texas reportedly involved high purity Mexican black tar.

In the Northwest, sales seem to be dominated by Mexican nationals. In other areas, seller characteristics vary. Many sources continue to report the practice of double-breasted dealing, that is, the same sellers dealing both heroin and cocaine. In addition, many sources (i.e., Seattle, Yakima, Eugene, Austin, Miami) also report that heroin sellers are involved in sales of methamphetamine and/or marijuana.

Although two police sources (i.e., Trenton and Yakima) report a decrease in heroin prices, other reports indicate stability at the typical \$10 to \$20 per bag range. Sources on the East Coast (i.e., Boston, Baltimore, Trenton, and New York) all report increasing purity levels in their areas; on the low end the range is 15-40 percent while on the high end it is 60-90 percent.

## **Treatment Providers**

In the Northeast, approximately 22 percent of clients receiving drug treatment cite heroin as their primary drug of abuse, and in the West/Southwest region, this figure is approximately 17 percent. This is consistent with the rapid increase in the presence of heroin

in large urban centers in recent years. Indeed, in the Northeast, almost half of the treatment facilities report an increase in heroin use among clients. In the Mid-Atlantic/South region, the proportion of clients who report that heroin is their primary drug of abuse is only 5 percent, and in the Midwest, about 7 percent of clients report heroin as the primary drug of abuse. Most treatment facilities (70%) in the Mid-Atlantic/South, Midwest, and West/Southwest regions report that this figure is approximately the same as the last *Pulse Check*.

The majority of clients entering treatment in all areas (over 60%) reportedly prefer to inject heroin rather than snort or smoke it. This is somewhat different from recent *Pulse Check* reports. In areas where heroin purity is high, many programs report a large proportion of clients who primarily snort heroin.

The majority of clients in all regions who use heroin also use alcohol; in the West/Southwest, this number is almost 80 percent.

The average age of clients using heroin remains fairly stable in this *Pulse Check*; most are over 31 years old. A significant number of younger users are in the West/Southwest region, however, with 18 percent under 20 years old. In all regions, the majority of clients entering treatment for heroin abuse are older, Caucasian males who have received drug treatment previously.

## **Part II: COCAINE**

Reports on cocaine use vary widely between cities. In particular, it appears that crack is still failing to attract new users the way it did a few years ago. Current crack users continue to use, but new user rates are dropping. However, in a few areas, powder cocaine use seems to be on the rise among more affluent user groups, a trend consistent with the last *Pulse Check*. On the West Coast, both ethnographers and treatment providers report that cocaine users also tend to use methamphetamine. Cocaine prices remain stable, and purity levels vary in most regions.

### **Ethnographers, Epidemiologists, and other Ethnographic Sources**

Ethnographic reports of cocaine and crack differ across areas. Only the Seattle source reports an overall rise in use, while the San Francisco source reports a slight increase in powder use, but few new crack users. Similarly, New York and Miami sources report that cocaine is still popular with some users, but there appear to be fewer new users. The Chicago source reports that the level of cocaine use is stable, although at a high level. Sources in Denver, Bridgeport, Newark, Miami, and Atlanta all report a stable level of use.

San Diego and Baltimore ethnographers report an overall decrease in cocaine use in their areas. Notably, the San Diego source attributes the decrease to a concomitant rise in methamphetamine use in the area. In sum, crack is continuing to decline in popularity and is failing to attract new users. However, a smaller, established cohort of users continue to use both powder cocaine and crack.

Throughout regions, most ethnographic sources note that crack and powder cocaine users have categorically distinct profiles. This is attributed to the price differences between these two types of cocaine. Because powder cocaine is more expensive, users tend to be older and more economically advantaged, and live in different neighborhoods than crack users. For example, sources in Bridgeport note that most cocaine powder is sold in the suburbs where "users have responsibilities and financial means to buy." The San Diego ethnographer notes that powder users in that area tend to be affluent, and the Newark source also notes a slight increase in use of cocaine powder by a professional/white-collar group 30 years and older.

San Diego, San Francisco, and Chicago sources cite both snorting and smoking as the predominant routes of cocaine administration, indicating the presence of both powder and crack cocaine users. Miami and Atlanta ethnographers add injection as a third method of use; however, the Atlanta source reports that snorting is becoming more popular. In Bridgeport, users are primarily snorting cocaine, with some injection occurring. Finally, in New York and Seattle, smoking and injection are noted as the primary routes of cocaine administration.

Poly-drug use, involving several drugs in various combinations, is common in all areas. The most prominent form of poly-drug use is speedballing — combined cocaine and heroin use

— which reportedly occurs in all areas and is rising in at least one area, San Francisco. Concurrent use of cocaine and marijuana is reported in San Diego, San Francisco, Denver, and Bridgeport. In Newark, users combine amphetamine and cocaine, which allegedly "lengthens the effect." MDMA and Rohypnol are used with cocaine in the Miami club scene.

Double-breasting continues in many areas, including San Francisco, Newark, and Miami. The source in Miami reports that cocaine imported from Colombia may come with five kilograms of heroin (known as a "rider") at no extra cost with every 100 kilograms of cocaine purchased. Many other sources also report the continuation of double-breasted dealing, though not necessarily in the same manner as in Miami.

In terms of street-level sales, in many areas, cocaine sellers are described as very diverse. In New York, one source reports that "a little of everybody" is selling. The Bridgeport sources notes that there are now more teenage crack dealers, and this has contributed to highly visible detrimental effects on the community (e.g., increased violence, teen pregnancy, spread of HIV). Sources in Chicago, Seattle, and Denver state that gang involvement in cocaine distribution is still common in their areas.

The majority of sources report no change in cocaine prices over the last six months. One exception is Chicago where prices have risen due to a recent shortage in supply. One New York source also notes an increase in price for cocaine that includes delivery; this delivered cocaine also tends to be of higher quality. New York, Denver, Miami, Atlanta, and Baltimore sources report typical rates of \$10 to \$20 per bag, and most sources report variable purity.

### **Law Enforcement Sources**

Police sources report varied levels of cocaine use. Police in Birmingham, Boston, Cleveland, Austin, and San Antonio report increased use. Notably, in Birmingham, there appears to be increased crack use among middle-class users. In this area, there also are reportedly more young users. Both of these trends are inconsistent with trends in other parts of the country. In Boston, there is more powder in the suburbs. Reports from Denver, Miami, Chicago, Baltimore, Columbia, New York, Eugene, and San Antonio indicate stability in use.

A decrease in use is reported by sources in Los Angeles and Bridgeport. In Washington D.C., use is reportedly stable or decreasing. However, the practice of bag markings, to indicate a particular type of product, continues in this area, indicating a fairly organized market. In Trenton, crack use is up slightly while powder cocaine use is stable. The majority of sources report a wide variety of cocaine users, and many describe that "everyone" is doing it.

Smoking and snorting are the predominant methods of use in most areas. Only sources in Columbia and Eugene report injection as a method of use, though these areas also report

smoking and snorting.

Seller characteristics vary widely both within and across source locations. In areas of the West (Denver, Eugene, Austin), sales are dominated by Mexican nationals, while in the Mid-Atlantic and South there are reportedly young African-American males involved in cocaine sales. However, in New York, Cleveland, Austin, and Boston, sellers defy such characterizations; sources say that "everyone" is selling. In Miami, Eugene, Austin, Seattle, and Yakima, sellers reportedly participate in sales of other drugs. However, sources in New York and San Antonio report that cocaine sellers do not usually sell other drugs.

## **Treatment Providers**

In the Northeast and Mid-Atlantic/South regions, about one third of clients entering drug treatment list cocaine or crack as the primary drug of abuse. In the Midwest and West/Southwest regions, these rates are lower (20% and 18%, respectively).

The majority of drug treatment facilities in all regions report no change in levels of cocaine abuse since the last *Pulse Check*. Also, across all regions, most clients in treatment snort or smoke cocaine as opposed to injecting it.

Many people in treatment for cocaine abuse also have problems with other licit and illicit drugs. In all regions, cocaine abuse coincides with alcohol abuse at very high levels (83-100%). Rates of marijuana abuse are also high in all regions for cocaine users. In the West/Southwest region, about 40 percent of clients receiving treatment for cocaine abuse also report using amphetamines. This is consistent with the reported popularity of methamphetamine in the West/Southwest region. In the Northeast region, nearly 20 percent of cocaine abuse treatment clients report having problems with heroin, while in the Mid-Atlantic & South, this figure is less than 15 percent. Notably, in the Midwest and West/Southwest regions, this figure is zero. That is, in this region, no cocaine abuse treatment clients report concurrent problems with heroin abuse.

In all regions, most clients entering treatment for cocaine abuse are over the age of 21. The percentage of clients younger than 21 ranges from 13 percent to 18 percent across regions. Again, most clients are Caucasian males.

In the Northeast, more than 70 percent of clients receiving treatment for cocaine abuse report having received drug treatment previously. In the other regions, this figure is about 50 percent.

## **Part III: MARIJUANA**

For this issue of the *Pulse Check*, all sources report a wide variety of users and stable or increased use of marijuana. Ethnographers, epidemiologists, and law enforcement officials

report an increase in younger users. Treatment providers report that over one third of clients receiving treatment for marijuana abuse are under the age of twenty. Ethnographic and law enforcement sources report the quality of marijuana to be high, due to a growth in indoor and hydroponic domestic marijuana cultivation.

### **Ethnographers, Epidemiologists, and Ethnographic Sources**

Most sources emphasize that marijuana use is popular and widespread. The ethnographer in Bridgeport comments, "[m]any people use it...teens, early adults, middle-aged adults, teachers, lawyers, doctors, factory workers...it crosses all economic and social groups." Most sources report either that use is on the rise or that a large and stable user population keeps the market active.

The ethnographer in Newark notes that an increase in use may be attributable to the number of hydroponic marijuana gardens skyrocketing in the six-month period since the last *Pulse Check*. Hydroponically grown and other homegrown varieties of marijuana tend to be much higher in THC (delta-9-tetrahydrocannabinol) content, and this increases the drug's psychoactive effects. Multiple sources state that increased availability of this higher quality marijuana contributes to increased use. In San Diego, the ethnographer reports that growers are shifting from outdoors to indoors because: (1) growing marijuana indoors is more profitable due to the ability to produce a higher quality product; and (2) there is less risk of detection. This same source reports a particular variety of indoor grown marijuana, "escondido red hair," selling for \$5,000 per pound. Consistent with reports of increased hydroponic and indoor marijuana growing, some sources report an increase in THC content and purity, and most sources report a large variability in price according to quality.

In this *Pulse Check*, the majority of ethnographic sources report an increase in young marijuana users. Sources in Baltimore and Newark report increased use among junior high school students, and the source in San Diego reports that more "kids" are using. Sources in Bridgeport, New York, Chicago, Atlanta, Denver, and Miami note heavy marijuana use in the youth population.

As reported in previous *Pulse Checks*, marijuana is commonly used with other licit and illicit drugs. Ethnographers in San Francisco and Bridgeport report alcohol as the most common drug abused in combination with marijuana. In Baltimore, users combine marijuana and heroin, and in New York, marijuana is often combined with powder cocaine, crack, heroin, and PCP. Similarly, in Chicago, marijuana is reportedly combined with crack and PCP. Sources in Atlanta report concurrent marijuana/cocaine use and marijuana/methamphetamine use. Finally, sources in Miami report that marijuana is used in combination with a wide range of drugs including alcohol, heroin, and cocaine. In the Miami club scene, it is used with MDMA, Ketamine, and Rohypnol. Sources in Chicago and New York continue to see blunts (cigars with the tobacco hollowed out and filled with marijuana), particularly among the young users.

In most areas there is a wide variety of seller characteristics. In San Francisco, Bridgeport, Miami, Atlanta, and Baltimore, marijuana sellers are reported to be young, though in San Francisco, Denver and Miami, sources report that marijuana sellers typically do not sell other drugs. However, the ethnographer in Atlanta reports combination sales of marijuana and crack; in Newark, marijuana is sold with prescription drugs, and in Eugene, it is often sold with hallucinogens such as LSD and psilocybin.

## **Law Enforcement Sources**

Law enforcement sources vary in their accounts of levels of marijuana use, though all sources agree that it is rising or stable. Sources in Birmingham, Los Angeles, Denver, Bridgeport, Washington D.C., Miami, Boston, Baltimore, Columbia, and Trenton report an increase in use. Sources in Chicago, New York, Cleveland, Eugene, Austin, San Antonio, Seattle, and Yakima report stable use patterns.

User characteristics vary widely, though most sources note either an increase in young users or a significant population of young users. Sources once again note a wide variety of seller characteristics. Only Miami, Eugene, and Seattle officials note polydrug marijuana sellers, while sources in Los Angeles, Baltimore, New York, and Yakima report that marijuana sellers typically do not sell other drugs.

Like the ethnographers, many law enforcement sources note that an increasing amount of homegrown and hydroponically produced marijuana in the market has led to an increase in the overall purity level. Price seems to vary widely according to purity level: a bag of "good" quality marijuana costs about five dollars, while in New York, a bag of hydroponically grown, very high quality marijuana sells for about 25 dollars. Given the wide availability of the drug and the variety of purities on the market, users are likely to find the product they desire with a corresponding range of prices.

## **Treatment Providers**

In the Northeast, Mid-Atlantic/South, and West/Southwest regions, the percentages of treatment clients who cite marijuana as their primary drug of abuse are similar: around 15 percent. This figure is somewhat higher in the Midwest region at 23 percent. The majority of treatment providers in all regions report no change in level of marijuana use, though 32 percent of Midwest treatment providers report an increase in use.

High rates of alcohol and cocaine abuse by marijuana users are reported in all regions. The Mid-Atlantic/South region has the highest rate of cocaine use by the marijuana using population at 36 percent. The Northeast, Midwest, and West/Southwest rates are 18 percent, 10 percent, and 22 percent, respectively. Finally, significant concurrent marijuana and



amphetamine use is reported by treatment providers in the Mid-Atlantic/South region (18%) and in the West/Southwest region (22%).

Treatment providers report that the average age of marijuana users seems to have dropped, and this is consistent with reports from other sources. More than one third of clients receiving treatment for marijuana use in all regions are under 20 years old. In the Northeast, this proportion is 46 percent; in the Midwest and West/Southwest, the majority of clients are between 21 and 30. In the Mid-Atlantic and South, there are equal proportions of clients below 20 and between 20 and 30. In all regions, the proportion of clients in treatment for marijuana use over age 30 is the smallest age group.

As with heroin and cocaine, the majority (58-76%) of clients who receive treatment for marijuana abuse are Caucasian and the overwhelming majority are male (64-69%). However, unlike other drugs, the majority of clients who receive treatment for marijuana use in all regions have not received drug treatment previously.

## Part IV: EMERGING DRUGS

Both law enforcement officials and ethnographers frequently identify methamphetamine, Ketamine, GHB, Rohypnol, MDMA and various hallucinogens, and illegally used prescription drugs as emerging drugs in their areas. This is generally consistent with recent *Pulse Checks*, though the saliency of any given drug may have changed in particular areas.

Ethnographers in Denver, Atlanta, and Baltimore all report an emergence of methamphetamine. This is significant because it shows that methamphetamine is spreading from its traditional Western domain. In San Diego, the ethnographer reports that methamphetamine use has more than doubled. Reportedly, methamphetamine use in that area is so widespread that it rivals cocaine in popularity. Law enforcement sources in Los Angeles, Denver, Boston, and Columbia report that methamphetamine use is on the rise. Finally, treatment providers continue to describe high rates of use in the West/Southwest region.

The Chicago ethnographer, however, comments that there is no methamphetamine use in the local area. The Chicago law enforcement source agrees that, in the urban Chicago area, methamphetamine use is a rarity, but added that in more rural, western parts of Illinois, methamphetamine use is more common. Similarly, Miami sources comment that although methamphetamine is not endemic to the urban Miami area, its use is visible in more rural central/northern parts of Florida.

Ketamine, or "Special K" continues to gain popularity. Ketamine, an animal tranquilizer that has legitimate uses in veterinary medicine, was first reported as a drug of abuse in a 1995 *Pulse Check*. In this round of calls, sources report that its abuse is growing: Law enforcement sources in Columbia and New York report the emergence of Ketamine and ethnographic sources in Atlanta, Newark, and San Francisco report the use of Ketamine, though the San Francisco sources report that use of "Special K" is not a new phenomenon. The Newark source elaborates that there is "lots of it — surprising amounts." Indeed, in Baltimore, sources report that veterinary offices have been burglarized for the drug.

GHB (gamma hydroxy butyrate) is cited as an emergent drug by several sources. The Newark ethnographic source reports that, on the street, it is called GBH — "grievous bodily harm" — and the Miami ethnographer also notes its recent appearance there. Both Chicago and Miami law enforcement sources also report the presence of GHB in their areas. In Chicago, GHB seems to be confined primarily to the suburbs. The Miami law enforcement source reports the street name of GHB to be "Georgia home-boy." This source also reports that GHB is used as a date rape drug.

Rohypnol is reported as an emergent drug in many areas. Rohypnol, reported originally in Texas and Florida in several earlier *Pulse Check* reports, continues to attract media attention as a date rape drug. Although Rohypnol is not reported by any of the ethnographic sources, law enforcement officials in Washington D.C., Miami, New York,

Austin, and San Antonio report it as an emerging drug.

MDMA and/or other drugs with hallucinogenic effects (such as LSD) are also reported in many areas. Law enforcement sources in Boston, Columbia, and New York, and ethnographic sources in Seattle report the use of MDMA. The ethnographers in Newark and San Diego report LSD and other hallucinogen use in their areas.

Law enforcement sources in Birmingham, Washington D.C., and Baltimore report problems with illegally used prescription drugs. In Birmingham, sources specifically note the appearance of Dilaudid, a synthetic narcotic tablet with an analgesic potency similar to heroin. Dilaudid is also mentioned by sources in Washington DC, in addition to Percocet, Percodan, and Valium.

Finally, two sources report some variations in drug marketing. In New York, one ethnographic source reports that a mixture of heroin and crack is being marketed under a new name, "moon rock" or "dragon rock." Reportedly, this is being done to avoid the negative stigmas attached to the use of these drugs. In Newark, ethnographic sources report that heroin is being cut with scopolamine and strychnine, creating a dangerous product known on the street as "spike" or "homicide."

## Special Section: SPEEDBALLING

The combined use of heroin and cocaine, or “speedballing,” is a long-established practice in the drug culture that dates back to the 1930s. It first attracted widespread attention as the cause of death of comedian John Belushi in 1982. Traditionally, speedballing involves the simultaneous injection, or piggybacking, of heroin and cocaine. Speedballers report that the effect sought is the rush or “flash” of cocaine injection combined with the mellowing effect of heroin. Several years ago, an addict described the sensation to Dr. Hunt:

On a scale of one to ten, if I’m going to shoot a speedball, I’ll probably go up to a level five (on his internal euphoria scale) right away. If I’m going to shoot coke, I’ll go up to eight or nine, and I’m going to be really wild. So now I’ll shoot dope to bring me from that eight or nine, to bring me down to that five so that I can enjoy it...

In the past, those who speedballed were most likely drug users whose primary drug was heroin, but who added cocaine in the injection as a “bonus” when they had the funds to buy it. In early ethnographic studies of drug use, concurrent use of cocaine among heroin users ran as high as 50-73 percent, predominantly in the form of speedballing.

In the past two years, *Pulse Check* sources have reported speedballing both among users who inject heroin and users who snort it. Among injectors, speedballing generally takes its traditional form: the two drugs are “cooked” together and injected. Among snorters, the combination takes on a new and slightly different character. In this case, the combination is utilized by persons who may see crack cocaine as their primary drug of abuse, but snort the now readily available and inexpensive heroin to “bring them down” or temper the effects of heavy cocaine use. This does not necessarily mean that the user is switching from crack to heroin; rather, it more likely implies that heroin is being added to the battery of drugs used. However, given its easy availability and the powerful psychological and physiological effects associated with use, heroin may indeed become the primary drug of abuse.

In this issue of *Pulse Check*, most sources report the occurrence of speedballing in their areas when asked about combination drug use. In addition, treatment providers report that 75 percent of clients in treatment for heroin abuse claim to have a problem with cocaine abuse as well. Law enforcement sources in Yakima, Eugene, Miami, Los Angeles, and Chicago all note that heroin users in their areas engage in speedballing occasionally. Ethnographic sources in Miami report that speedballing is popular with older established heroin users, but not with younger users. Similarly, a New York city ethnographic source reports an active speedball scene among long-term heroin users. The San Francisco ethnographic source notes a “convergence of (heroin and cocaine) markets” as well as an “increase in cocaine and heroin use combined.” Finally, in Baltimore, the ethnographic source reports that speedballing is popular within its population of long-term heroin users.

## CONCLUSIONS

This *Pulse Check* indicates that the market for cocaine/crack seems to have stabilized, with the exception of a few pockets of increased powder use by middle to upper-income users. The good news is that crack is still failing to attract new users. However, the same does not hold true for heroin: sources reiterate that heroin's popularity continues to grow. High purity heroin is available in more areas of the United States, and it is being abused by both older, hardcore users and new users. Many sources report that the market for heroin has grown more organized and discreet, enabling users to access dealers in a more businesslike and less risky fashion.

Marijuana also is thriving. The market is driven by a high level of demand; with users of all ages, demographic groups, and income levels sustaining the market. In addition, the infusion of very high quality domestically grown marijuana into the market, has influenced the overall level of use. Like heroin, there appears to simply be higher purity marijuana available at lower costs and with less law enforcement risks.

In this *Pulse Check*, most sources note that the trend of rising youth drug use is continuing. The population of marijuana users is dominated by youth. Moreover, this market seems to overlap with the market for emerging drugs including hallucinogens and prescription drugs. In general, there appears to be a high degree of polydrug abuse occurring within this population of young users.

Methamphetamine is salient in street drug markets; in California it is so prevalent that it is no longer considered an "emerging" drug. Once a drug localized in Western areas and associated with a limited group of users, methamphetamine seems to be spreading to other areas of the country. Indeed, it has been reported in East Coast cities such as Baltimore and Boston. Unlike some drugs that first appear in urban settings, methamphetamine seems to be popular in more rural areas, as reported by sources in Miami and Chicago. It is ironic that this generation of drug users, who seem to be rejecting crack because of its violent effects, may be fueling the spread of methamphetamine — a drug that is certainly less well-known than crack, but equally violent and destructive.

## **Tables**

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**Table 1**  
**Ethnographers and Epidemiologists Report on Heroin**

	City			
	San Diego, CA	San Francisco, CA	Denver, CO	Bridgeport, CT
<b>Use</b>	Stable	Up		Stable at high level
<b>Who's Using/ Change in Users</b>	Both males and females, 20-50 years old; mostly Caucasian and Latino users.	Both males and females; various ethnicities; increase in young middle-class users (18-25 years old) snorting and smoking; stable, aging group of users injecting.	Wide variety of users; new users are mostly young Caucasians.	Increased use by 16-21 years age range, especially females; stable population of older users; many former crack users now using heroin.
<b>Method of Use</b>	Injection	Snorting (increase) Smoking Injection (decrease)	Injection	Snorting (younger users) Injection (older users)
<b>Drugs in Combination</b>	Cocaine Marijuana	Marijuana Alcohol Crack Powder cocaine	Cocaine Alcohol	Crack Powder cocaine
<b>Who's Selling</b>	Primarily Latino sellers; no change in group; dealers also sell cocaine.	Same profile as users; dealers also sell powder and/or crack cocaine.	Predominantly male; wide age range; dealers also sell cocaine.	
<b>Purchase Amount/ Purity</b>	\$15-\$20 per gram; no change in price; 40%-60% purity.	\$60-\$80 per gram; no change in price.	Stable price; \$20 per piece.	Stable price; \$10 per bag.
<b>Other/ Comments</b>	Methamphetamine remains problematic.			Never a shortage of drugs in the area.

**Table 1 (cont'd.)  
Ethnographers and Epidemiologists Report on Heroin**

	City			
	Newark, DE	Miami, FL	Atlanta, GA	Chicago, IL
<b>Use</b>	Up		Up	Stable at high level
<b>Who's Using/ Change in Users</b>	Increase in young users; increase in young middle-class Caucasian users; stable population of older users; use in all ethnicities.	Increase in young (18-20's) users; increase in young female users; stable group of long term users-mostly males.	Older (35+ years), Caucasian and African American males who are long-term users; younger (18-30 years.) Caucasian males and females, and younger African American females who are newer users; shift from crack use to heroin use.	More males than females; average age-30's; many ethnicities.
<b>Method of Use</b>	Snorting Injection	Injection Skin popping Snorting	Injection Snorting	
<b>Drugs in Combination</b>	Cocaine Benzodiazepines LSD	Cocaine (only for long time users, not new, young population)	Cocaine Alcohol	Cocaine Methamphetamine Ritalin
<b>Who's Selling</b>	Younger males of many ethnicities; also sell other drugs.		Long time heroin dealers; crack & cocaine dealers; new young Caucasian male dealers.	Southeast Asian heroin coming from Nigerian traffickers; lots of polydrug sellers.
<b>Purchase Amount/ Purity</b>	Variable price; \$5-\$10 per bag; variable purity (20%-90%).	\$10 per bag; \$100 per gram; very low purity (16%) compared to other areas, but higher than it has been.		Under \$1 per mg pure; price up slightly; 33% purity.
<b>Other/ Comments</b>				



**Table 1 (cont ' d.)  
Ethnographers and Epidemiologists Report on Heroin**

	<b>City</b>		
	<b>Baltimore, MD</b>	<b>New York, NY</b>	<b>Seattle, WA</b>
<b>Use</b>	Up		Stable
<b>Who's Using/ Change in Users</b>	Varied	Wide variety of users; lots of new users.	No change in users.
<b>Method of Use</b>	Injection Snorting Smoking	Snorting Injection	Injection
<b>Drugs in Combination</b>	Marijuana Alcohol Cocaine	Cocaine	Cocaine
<b>Who ' s Selling</b>	Wide age range; no change in group.	More discrete market; dealers also sell cocaine.	
<b>Purchase Amount/Purity</b>	\$10, \$20, \$30 per capsule; no change in price; purity fluctuates.	\$10 per bag.	\$0.81 per mg pure; 17.8 % purity.
<b>Other/ Comments</b>			

**Table 2  
Law Enforcement Report on Heroin**

	City			
	Birmingham, AL	Los Angeles, CA	Denver, CO	Bridgeport, CT
<b>Use</b>	Stable	Stable	Stable	Up
<b>Who ' s Using/ Change in Users</b>	Older users, Caucasian males.		Male minorities in their 20 ' s and older.	Males more than females; all ages; increase in Caucasian users.
<b>Method of Use</b>	Injection	Injection	Injection	Snorting
<b>Drugs in Combination</b>		Cocaine		
<b>Who ' s Selling</b>	Young African American males.	Latino males.	Minorities; Mexican nationals.	Sold in housing projects, low rent areas.
<b>Purchase Amount/Purity</b>	\$125 for 1/4 gram; low purity.	\$3-\$5 per bag; low purity.	\$400-\$800 per gram; high purity (40%-50%).	\$10 for 1/10 gram; high purity (50%).
<b>Other/ Comments</b>				

**Table 2 (cont'd.)  
Law Enforcement Report on Heroin**

	City			
	Washington, DC	Miami, FL	Chicago, IL	Boston, MA
<b>Use</b>	Stable	Stable	Stable	Up
<b>Who's Using/ Change in Users</b>	More males than females; 25-50 years.	More young users; more males than females.	28-40 years	Late teens-25 years; minorities; more males than females.
<b>Method of Use</b>	Injection	Snorting Injection	Snorting	Snorting Injection
<b>Drugs in Combination</b>	Cocaine	Cocaine		Cocaine
<b>Who's Selling</b>		Predominantly African Americans who sell cocaine and marijuana as well.	Distributors get the users to sell for them; gang structures used.	Wholesalers in city sell to middle person who sells to users; wholesalers also sell cocaine.
<b>Purchase Amount/Purity</b>	\$20 per bag; 15%-25% purity.	\$10-\$20 for 1/10 gram; 20%-40% purity at street level.	\$20 for 1/5 gram; 22%-31% purity.	\$5 per bag; varies according to proximity to city; 20%-40% purity.
<b>Other/ Comments</b>				

**Table 2 (cont'd.)  
Law Enforcement Report on Heroin**

	City			
	Baltimore, MD	Columbia, MD	Trenton, NJ	New York, NY
<b>Use</b>	Up	Up	Up	Up
<b>Who's Using/ Change in Users</b>	Wide range of users; broader age range; more young users.	Increase of rural and younger users.	All ethnic groups; mostly males, some females.	Increase in younger users (15-18 years); stable group of 35+ years users; both male and female users.
<b>Method of Use</b>	Smoking Injection	Injection Snorting	Injection Snorting	Injection Snorting
<b>Drugs in Combination</b>		Cocaine		
<b>Who's Selling</b>	Mostly males; 18-35 years; sell cocaine as well.	Mostly African Americans in inner city.	Mostly Latino, increase in proportion of Latino dealers.	Mostly young (15-18 years); mostly male; usually do not sell other types of drugs; all ethnicities; all types of neighborhoods.
<b>Purchase Amount/ Purity</b>	\$5-\$10 per capsule; increase in purity.	\$25 per bag; low purity (<25%) \$400 for 1/4 oz; high purity (50-90%) \$1200 for 1/4 oz.	\$15-\$20 per bag; price has decreased recently; purity may have increased.	\$10 per bag; \$100-\$110 per gram; purity is up (50%-60% pure in bags).
<b>Other/ Comments</b>				

**Table 2 (cont'd.)  
Law Enforcement Report on Heroin**

	City		
	Cleveland, OH	Eugene, OR	Austin, TX
<b>Use</b>	Down	Up	Stable
<b>Who's Using/ Change in Users</b>	Latino users; more male than female users.	Increase in users 25 years and under; increase in use by professionals.	Predominantly Latino; mid-20's to 50's; many more males than females.
<b>Method of Use</b>	Injection	Smoking Injection	Injection
<b>Drugs in Combination</b>		Cocaine	Cocaine
<b>Who's Selling</b>	Predominantly Latino group; also sell crack.	Mexicans; late teens-30's; also sell cocaine, methamphetamine, marijuana.	Predominantly Latino group; also sell cocaine, marijuana.
<b>Purchase Amount/ Purity</b>	\$600/gram	\$30-\$60 for 1/4 gram; \$80 for 1/2 gram; \$120 for 1 gram; \$600-\$900 for 25 grams; 25% purity.	
<b>Other/ Comments</b>			

**Table 2 (cont'd.)  
Law Enforcement Report on Heroin**

	City		
	San Antonio, TX	Seattle, WA	Yakima, WA
<b>Use</b>	Up	Stable	Stable
<b>Who's Using/ Change in Users</b>	Older, lower income Latino population; more males than females.	Diverse group.	Both males and females; 15-40 years.
<b>Method of Use</b>	Injection	Injection	Injection
<b>Drugs in Combination</b>	Alcohol	Cocaine	Cocaine
<b>Who's Selling</b>	Mostly Hispanic males; usually do not sell other types of drugs.	Predominantly Mexicans; often sell methamphetamine, cocaine, and marijuana as well.	Mostly Mexican males; 18-40 years; also sell cocaine and methamphetamine.
<b>Purchase Amount/ Purity</b>	\$10 for 2/10 gram (10% purity); \$2000 for 1 gram (80%-85% purity);	\$10 per bag; \$50-\$150 per gram; \$750-\$2000 per ounce; 7%-21% purity.	\$150 per gram; prices have decreased; 5% purity at street level; 24% purity at wholesale level.
<b>Other/ Comments</b>			

**Table 3**  
**Treatment Providers Report on Heroin Use Patterns**

	<b>Region</b>			
	<b>I: Northeast</b> N=21	<b>II: Mid-Atlantic &amp; South</b> N=27	<b>III: Midwest</b> N=20	<b>IV: West &amp; Southwest</b> N=19
<b>Clients with Heroin Listed as Primary Drug of Choice</b>	22%	5%	7%	17%
<b>Change in Use Over Last 6 Months</b>				
Increase	48%	30%	19%	23%
No change	48%	67%	77%	73%
Decrease	4%	4%	4%	4%
<b>Clients Injecting</b>	65%	61%	62%	67%
<b>Clients Inhaling/Smoking</b>	35%	39%	38%	33%
<b>Other Drugs Abused</b> (% providers who mention)				
Cocaine	75%	35%	40%	26%
Marijuana	50%	30%	30%	37%
Alcohol	65%	57%	60%	79%
Tranquilizers	30%	0%	5%	5%
Amphetamines	0%	4%	5%	21%
Other	35%	30%	20%	32%
Region I: Connecticut, Maine, Massachusetts, New York, New Jersey, Rhode Island, New Hampshire, Vermont, Pennsylvania Region II: Alabama, Florida, Georgia, Kentucky, Mississippi, Texas, North and South Carolina, Tennessee, Arkansas, Louisiana, Oklahoma, Maryland, Delaware, Virginia, West Virginia, Washington D.C. Region III: Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin, Iowa, Kansas, Missouri, Nebraska, North and South Dakota Region IV: Colorado, Montana, Utah, Wyoming, Nevada, Arizona, California, Idaho, New Mexico, Washington, Oregon				

**Table 3 (cont ' d)**  
**Treatment Providers Report on Heroin Use Patterns**

	<b>Region</b>			
	<b>I: Northeast</b> N=21	<b>II: Mid-Atlantic &amp; South</b> N=27	<b>III: Midwest</b> N=20	<b>IV: West &amp; Southwest</b> N=19
<b>Age</b>				
Under 20	7%	11%	7%	18%
21-30	38%	30%	22%	29%
31+	55%	59%	62%	53%
<b>Race/Ethnicity</b>				
African American	37%	23%	29%	23%
Caucasian	48%	69%	66%	52%
Latino & Other	15%	8%	5%	25%
<b>Gender</b>				
Male	70%	73%	69%	64%
Female	30%	27%	31%	36%
<b>Prior Treatment?</b>				
Yes	78%	64%	70%	65%
No	22%	36%	30%	35%
Region I: Connecticut, Maine, Massachusetts, New York, New Jersey, Rhode Island, New Hampshire, Vermont, Pennsylvania Region II: Alabama, Florida, Georgia, Kentucky, Mississippi, Texas, North and South Carolina, Tennessee, Arkansas, Louisiana, Oklahoma, Maryland, Delaware, Virginia, West Virginia, Washington D.C. Region III: Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin, Iowa, Kansas, Missouri, Nebraska, North and South Dakota Region IV: Colorado, Montana, Utah, Wyoming, Nevada, Arizona, California, Idaho, New Mexico, Washington, Oregon				



**Table 4**  
**Ethnographers and Epidemiologists Report on Cocaine/Crack**

	City			
	San Diego, CA	San Francisco, CA	Denver, CO	Bridgeport, CT
<b>Use</b>	Down slightly	Up slightly for powder use; not seeing new crack users.	Stable	Stable but steady flow
<b>Who's Using/ Change in Users</b>	Powder users tend to be affluent; crack users are predominantly African American; no change in users, except under 20% of prison population tests positive for cocaine.	Increased use in young (18-25 years) middle-class users; 75% male users, 25% female users; crack use in population over 25 years old remains stable.	Very mixed group.	Sold in suburbs; users have responsibilities and financial means to buy.
<b>Method of Use</b>	Snorting Smoking	Snorting Smoking	Smoking Snorting Injection	Snorting Small amount of injection
<b>Drugs in Combination</b>	Heroin Marijuana	Alcohol Marijuana Heroin (increase in this combination)	Alcohol Marijuana Heroin	Alcohol Marijuana
<b>Who's Selling</b>	Sellers are predominantly African American and Latino.	Wide variety of sellers; also sell heroin.	Predominantly male; don't usually sell other drugs.	Sellers are younger.
<b>Purchase Amount/Purity</b>	No price change; \$10 for 1/10 gram (rock).	\$60-\$80 per gram; 25%-70% purity.	\$20 per unit.	\$50 for 1-2 grams.
<b>Other/ Comments</b>				

**Table 4 (cont'd.)  
Ethnographers and Epidemiologists Report on Cocaine/Crack**

	City			
	Newark, DE	Miami, FL	Atlanta, GA	Chicago, IL
<b>Use</b>	Stable	Stable	Stable	Stable at high level
<b>Who's Using/ Change in Users</b>	Two groups: mixed gender & ethnicity, 17-late 20's; 30+ years, professional, white-collar users.	Increased use in clubs by 18-30 years age range; stable use in older long time users (30-40 years old).	25+ years.	No change in users; average age-30's; both males and females.
<b>Method of Use</b>	Snorting Smoking	Smoking Snorting Injection	Injection Snorting (increase) Smoking	Snorting Smoking
<b>Drugs in Combination</b>	Heroin Marijuana Amphetamines	Heroin Methamphetamine MDMA Rohypnol	Alcohol Heroin	Heroin Marijuana (in blunts)
<b>Who's Selling</b>	Young males; many ethnicities; also sell other drugs.	South American sources; also sell other drugs.		Gangs.
<b>Purchase Amount/ Purity</b>	Prices stable; \$20-\$35 per bag; variable purity.	\$10 per bag; \$25-\$60 per gram; relatively high purity (50%+).	\$5 per rock; \$15 per bag.	\$10-20 per rock; \$20,000 per kg.
<b>Other/ Comments</b>				

**Table 4 (cont'd.)  
Ethnographers and Epidemiologists Report on Cocaine/Crack**

	City		
	Baltimore, MD	New York, NY	Seattle, WA
<b>Use</b>	Down	Stable	Up
<b>Who's Using/ Change in Users</b>	Varied ethnicities and ages; more males than females.	No change in users; wide variety of users; usually in 20's.	Majority of users are male, over 25 years.
<b>Method of Use</b>		Smoking Injection	Smoking Injection
<b>Drugs in Combination</b>	Heroin	Heroin	Heroin
<b>Who's Selling</b>	Wide variety of sellers.	Dominicans	Wide variety of sellers; often young, gang-involved.
<b>Purchase Amount/ Purity</b>	\$10-\$20 per session; no change in price; purity fluctuates.	\$10-20 per bag.	\$20 for 1/10 - 1/8 gram \$40 for 1/5 - 1/3 gram.
<b>Other/ Comments</b>			

**Table 5  
Law Enforcement Report on Cocaine/Crack**

	<b>City</b>			
	<b>Birmingham, AL</b>	<b>Los Angeles, CA</b>	<b>Denver, CO</b>	<b>Bridgeport, CT</b>
<b>Use</b>	Up	Down	Stable	Down slightly
<b>Who ' s Using/ Change in Users</b>	Increased crack use in middle-class users; more young users.	Mostly adult African American male users.	Wide variety of users; all races.	Wide variety of users; all ages.
<b>Method of Use</b>	Smoking Snorting	Smoking	Snorting Smoking	Snorting
<b>Drugs in Combination</b>	Marijuana		Methamphetamine	
<b>Who ' s Selling</b>	Young African American males.	African American males, 18-26.	Mexican nationals.	Sold in housing projects, low rent areas.
<b>Purchase Amount/Purity</b>	\$50 per gram but variable in price; variable purity.	\$10 per rock.	\$1000 per ounce; 40% purity.	\$5 per bag; 50% purity.
<b>Other/ Comments</b>				

**Table 5 (cont'd.)  
Law Enforcement Report on Cocaine/Crack**

	City			
	Washington, DC	Miami, FL	Chicago, IL	Boston, MA
<b>Use</b>	Stable or down	Stable at high level	Stable	Up slightly
<b>Who's Using/ Change in Users</b>	21-50 years; 60% male, 40% female.	"Everyone"; middle school to early 60's; more males than females; increased incidence in schools.		Mostly young inner city users; more powder cocaine in suburbs.
<b>Method of Use</b>	Snorting	Snorting		Snorting Smoking
<b>Drugs in Combination</b>	Heroin	Marijuana		
<b>Who's Selling</b>		Multi-drug sellers.	Gangs.	"Everybody"; wholesalers in city.
<b>Purchase Amount/Purity</b>	\$10 for <60 mg; \$20 for 80-150 mg; \$50 for 350-500 mg; \$100 for 800-1000 mg; 47%-86% purity.	\$17,500 per kg; \$600 per ounce; fairly high purity (50%).	\$10 for 1/5 gram.	\$40 per gram; variable purity.
<b>Other/ Comments</b>	Low grade or no drug content is sometimes sold so color-coded bags are used to indicate purities.			

**Table 5 (cont'd.)  
Law Enforcement Report on Cocaine/Crack**

	City			
	Baltimore, MD	Columbia, MD	Trenton, NJ	New York, NY
<b>Use</b>	Stable	Stable	Up slightly-crack; stable- powder cocaine	Stable
<b>Who's Using/ Change in Users</b>	Both males and females; 25-40 years; Caucasians and African Americans.	20's-30's.	Crack: both males and females; African Americans; 16-32 years. Cocaine: Caucasian males and females; 21-35 years.	Wide range of users; powdered cocaine used in club scene.
<b>Method of Use</b>	Smoking Snorting	Smoking Snorting Injection	Smoking Snorting	Smoking Snorting
<b>Drugs in Combination</b>	Heroin	Heroin	Marijuana	Alcohol
<b>Who's Selling</b>	Variable; typically African American males under 25 years; dealers often move from city to city according to market.	Usually African Americans from inner city.	Crack dealers are predominantly African American males; powdered cocaine dealers are predominantly Latino.	Mostly young (15- 18 years); mostly male; usually do not sell other types of drugs; all ethnicities; all types of neighborhoods.
<b>Purchase Amount/ Purity</b>	\$10 per rock	Powder: \$180 for 1/8 ounce; \$375 for 3 ounces. Crack: \$25 per rock, \$395 for 3 ounces; fairly high purity (60-70%).	Powder: \$40-\$50 for 1/2 gram, \$75-\$100 per gram. Crack: \$40 per gram.	Powder: \$25-\$30 per gram; \$24,000 per kg; variable purity. Crack: \$3,\$5,\$10 per vial; high purity.
<b>Other/ Comments</b>				

**Table 5 (cont'd.)  
Law Enforcement Report on Cocaine/Crack**

	City		
	Cleveland, OH	Eugene, OR	Austin, TX
<b>Use</b>	Up slightly	Stable	Up slightly
<b>Who's Using/ Change in Users</b>	"Everybody"; though predominantly African American users.	Mostly Caucasian users; both male and female users; mostly adult users.	Wide range of users.
<b>Method of Use</b>	Smoking Snorting	Smoking Snorting Injection	Smoking
<b>Drugs in Combination</b>		Heroin	Heroin
<b>Who's Selling</b>	"Everyone"	Mostly Latinos and Mexican nationals; also sell methamphetamine and marijuana.	African American, Caucasian, and Latino males; African American females; also sell other drugs.
<b>Purchase Amount/ Purity</b>	\$100 per gram for crack.	\$20 for 1/4 gram; \$100 per gram; \$800-\$1000 per ounce.	\$10 per small rock.
<b>Other/ Comments</b>			

**Table 5 (cont'd.)  
Law Enforcement Report on Cocaine/Crack**

	City		
	San Antonio, TX	Seattle, WA	Yakima, WA
<b>Use</b>	Up	Stable	Stable
<b>Who's Using/ Change in Users</b>	Wide range of users; both male and female users; Latinos and Caucasians; under 40 years.	Crack: diverse group of users. Cocaine: older than crack users.	Both male and female users; 15-50 years.
<b>Method of Use</b>	Snorting Smoking	Smoking Snorting	Snorting
<b>Drugs in Combination</b>	Marijuana Alcohol		Heroin Methamphetamine
<b>Who's Selling</b>	Wide range of sellers; mostly males; 20's; usually don't sell other drugs.	Predominantly Mexicans; also sell methamphetamine, cocaine, and marijuana.	Mostly Mexican males; also sell methamphetamine, heroin, and marijuana.
<b>Purchase Amount/ Purity</b>	\$80-\$90 per gram; \$825 per ounce; purity has decreased slightly (60% purity).	\$700-\$5000 per ounce.	\$40 per gram; 10%-25% purity at street level; 25%-80% purity at wholesale level.
<b>Other/ Comments</b>			



**Table 6**  
**Treatment Providers Report on Cocaine/Crack Use Patterns**

	Region			
	I: Northwest N=21	II: Mid-Atlantic & South N=30	III Midwest N=29	IV: West & Southwest N=21
<b>Clients with Cocaine/Crack Listed as Primary Drug of Choice</b>	32%	31%	20%	18%
<b>Change in Use Over Last 6 Months</b>				
Increase	5%	27%	17%	14%
No change	81%	67%	83%	72%
Decrease	14%	7%	0%	14%
<b>Clients Injecting</b>	16%	19%	10%	25%
<b>Clients Inhaling/Smoking</b>	84%	81%	90%	75%
<b>Other Drugs Abused</b> (% providers mention)				
heroin	19%	14%	0%	0%
marijuana	48%	62%	59%	38%
alcohol	95%	86%	83%	100%
tranquilizers	0%	0%	7%	0%
amphetamines	5%	7%	24%	38%
other	19%	14%	0%	5%
Region I: Connecticut, Maine, Massachusetts, New York, New Jersey, Rhode Island, New Hampshire, Vermont, Pennsylvania Region II: Alabama, Florida, Georgia, Kentucky, Mississippi, Texas, North and South Carolina, Tennessee, Arkansas, Louisiana, Oklahoma, Maryland, Delaware, Virginia, West Virginia, Washington D.C. Region III: Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin, Iowa, Kansas, Missouri, Nebraska, North and South Dakota Region IV: Colorado, Montana, Utah, Wyoming, Nevada, Arizona, California, Idaho, New Mexico, Washington, Oregon				

**Table 6 (cont'd.)  
Treatment Providers Report on Cocaine/Crack Use Patterns**

	<b>Region</b>			
	<b>I: Northeast</b> N=21	<b>II: Mid-Atlantic &amp; South</b> N=30	<b>III: Midwest</b> N=29	<b>IV: West &amp; Southwest</b> N=21
<b>Age</b>				
Under 20	13%	18%	14%	18%
21-30	43%	41%	44%	39%
31+	44%	41%	42%	44%
<b>Race/Ethnicity</b>				
African-American	38%	33%	30%	20%
Caucasian	50%	57%	66%	50%
Latino & Other	12%	10%	4%	30%
<b>Gender</b>				
Male	68%	62%	70%	66%
Female	32%	38%	30%	34%
<b>Prior Treatment?</b>				
Yes	71%	50%	57%	50%
No	29%	50%	43%	50%
<p>Region I: Connecticut, Maine, Massachusetts, New York, New Jersey, Rhode Island, New Hampshire, Vermont, Pennsylvania</p> <p>Region II: Alabama, Florida, Georgia, Kentucky, Mississippi, Texas, North and South Carolina, Tennessee, Arkansas, Louisiana, Oklahoma, Maryland, Delaware, Virginia, West Virginia, Washington D.C.</p> <p>Region III: Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin, Iowa, Kansas, Missouri, Nebraska, North and South Dakota</p> <p>Region IV: Colorado, Montana, Utah, Wyoming, Nevada, Arizona, California, Idaho, New Mexico, Washington, Oregon</p>				

**Table 7  
Ethnographers and Epidemiologists Report on Marijuana**

	City			
	San Diego, CA	San Francisco, CA	Denver, CO	Bridgeport, CT
<b>Use</b>	Stable		Stable	
<b>Who's Using/ Change in Users</b>	Wide range of users; more children are using.	Wide range of users; 16-35 years is prevalent age range; both male and female users; mostly Caucasian users.	Mostly young users.	Wide range of users; 13-60 years old; all economic statuses; more males than females.
<b>Drugs in Combination</b>		Alcohol	Alcohol	Alcohol
<b>Who's Selling</b>	Wide range of sellers.	Wide range of sellers; mostly young Caucasians; most do not sell other drugs.	Wide range of sellers; don't sell other drugs.	Sellers are young, urban; this has not changed.
<b>Purchase Amount/Purity</b>	Purity is high and price may have increased due to increase in indoor cultivation.	Higher quality: \$50-\$60 for 1/8 ounce; \$400-\$500 per gram. Lower quality: \$20 for 1/8 oz.; \$100-\$150 per gram.	No change in price; \$3 per joint.	\$10 per bag (2-3 joints); variable quality.
<b>Other/ Comments</b>				

**Table 7 (cont'd.)  
Ethnographers and Epidemiologists Report on Marijuana**

	City			
	Newark, DE	Miami, FL	Atlanta, GA	Chicago, IL
<b>Use</b>	Up	Up	Up	Up
<b>Who's Using/ Change in Users</b>	Increase in young users (junior high, high school and college students); also increase in older "baby-boomer" generation; many ethnicities; more male users.	Increasingly popular in high school age, college age, and club scene.	Young middle-class users; crack users; increased use among young users.	Younger users, both males and females.
<b>Drugs in Combination</b>	"Everything"	Alcohol; Heroin; Cocaine. In club scene: MDMA; Ketamine; Rohypnol.	Cocaine Methamphetamine	Crack PCP
<b>Who's Selling</b>	Young males in 20's who grow hydroponically; teens sell lower quality marijuana along with prescription drugs.	Sellers are all sorts of young people; usually do not sell other drugs.	Young males; crack dealers.	Wide variety of sellers; gangs.
<b>Purchase Amount/Purity</b>	Hydroponic: \$35-\$50 per bag. Low quality: \$10-\$20 per bag.	\$25-\$30 for 1/8 ounce; \$150-\$300 per ounce; 10%-12% THC; highest=20% THC.	\$3 per joint; \$25 per bag.	\$600-\$700 per pound; increased THC levels.
<b>Other/ Comments</b>	More hydroponic marijuana.			

**Table 7 (cont ' d.)  
Ethnographers and Epidemiologists Report on Marijuana**

	City		
	Baltimore, MD	New York, NY	Seattle, WA
<b>Use</b>			Up
<b>Who ' s Using/ Change in Users</b>	Increase in younger users.	Wide variety of users.	
<b>Drugs in Combination</b>	Heroin	Cocaine/Crack Heroin PCP	
<b>Who ' s Selling</b>	Younger sellers (18-30 years old); no change in group.	Wide variety of sellers.	
<b>Purchase Amount/ Purity</b>	No change in price; purity fluctuates.	\$100-\$600/700 per ounce.	\$15-\$20 per gram; \$40-\$50 per 1/8 ounce; \$70-\$80 for 3 ounces; decrease in purity.
<b>Other/ Comments</b>			

**Table 8  
Law Enforcement Report on Marijuana**

	City			
	Birmingham, AL	Los Angeles, CA	Denver, CO	Bridgeport, CT
<b>Use</b>	Up	Up	Up	Up
<b>Who ' s Using/ Change in Users</b>	"Everyone"	Teenagers, Latinos, African Americans; more males than females.	Variety of users; all races.	
<b>Drugs in Combination</b>	Cocaine	Alcohol	Methamphetamine	
<b>Who ' s Selling</b>	Sellers are in their 20 ' s to early 30 ' s.	Latinos, African-Americans; these sellers do not sell other drugs.	Mexican cartels	Sold in housing projects, low rent areas; Jamaicans.
<b>Purchase Amount/Purity</b>	\$700-\$1200 per pound.	\$5 per bag; good purity.	\$80 per ounce.	\$5 per bag
<b>Other/ Comments</b>				"It seems like more homeless girls are doing marijuana."

**Table 8 (cont'd.)  
Law Enforcement Report on Marijuana**

	City			
	Washington, DC	Miami, FL	Chicago, IL	Boston, MA
<b>Use</b>	Up	Up	Stable	Up slightly
<b>Who's Using/ Change in Users</b>	Young users; 50/50-male/female.	Increased amount of younger users.	Increased amount of young users.	Everyone; many college students.
<b>Drugs in Combination</b>	Laced with PCP, crack, powder cocaine.	Cocaine	Alcohol	
<b>Who's Selling</b>		Multi-drug sellers	Gang structures; usually sold in Latino areas.	Everybody; wholesalers in the city.
<b>Purchase Amount/Purity</b>	\$10 per bag (800-1000 mg per bag); average purity.	\$50 for 1/4 ounce; \$200 per ounce; \$3,000 per pound high quality.	\$10 for 2.5-3 grams; increasing purity.	Variable price; \$1500-2000 per pound; variable purity-homegrown more potent.
<b>Other/ Comments</b>				Marijuana being imported from CA & other western States via Federal Express.

**Table 8 (cont'd.)  
Law Enforcement Report on Marijuana**

	City			
	Baltimore, MD	Columbia, MD	Trenton, NJ	New York, NY
<b>Use</b>	Up	Up	Up slightly	Stable
<b>Who's Using/ Change in Users</b>	Wide range of users; increase in younger users.	Wide range in age and ethnicity.	All races; 14-45 years; both male and female users.	Both male and female users; every ethnicity; 14+ years.
<b>Drugs in Combination</b>	Cocaine	PCP	Cocaine	
<b>Who's Selling</b>	"Everybody"; usually do not sell other drugs.	Wide variety of sellers; depends on user population.	Market is controlled by Jamaicans; distributed by all ethnicities.	"Everybody" ; dealers often use beepers; usually do not sell other drugs.
<b>Purchase Amount/Purity</b>	Smallest available amount: \$10 per bag.	\$30 for 1/8 ounce; \$50 for 1/4 ounce.	\$5 per gram; \$20 for 5 grams; price seems to have decreased.	\$20-\$25 per bag; high purity in hydroponically produced marijuana.
<b>Other/ Comments</b>	More people are growing indoors.			



**Table 8 (cont'd.)  
Law Enforcement Report on Marijuana**

	City		
	Cleveland, OH	Eugene, OR	Austin, TX
<b>Use</b>	Stable	Stable at high level	Stable
<b>Who's Using/ Change in Users</b>	Variety of users.	All ages; mostly white users.	Wide variety of users.
<b>Drugs in Combination</b>	PCP		
<b>Who's Selling</b>	"Everybody"	Young sellers; teens-early 20's distribute at the street level; also sell LSD, psilocybin.	Wide variety of sellers.
<b>Purchase Amount/ Purity</b>	\$150 per ounce.	Mexican (low purity): \$10-\$15 per gram; \$100-\$200 per ounce; \$2500 per pound. Home-grown (high purity): \$20 per gram; \$350 per ounce; \$5000-\$6000 per pound.	\$800 per pound.
<b>Other/ Comments</b>			

**Table 8 (cont'd.)  
Law Enforcement Report on Marijuana**

	City		
	San Antonio, TX	Seattle, WA	Yakima, WA
<b>Use</b>	Stable	Stable	Stable
<b>Who's Using/ Change in Users</b>	All ethnicities; teens-60's; both male and female users.	Mostly young, Caucasian users.	Both male and female users; all races; 15-50 years.
<b>Drugs in Combination</b>	Alcohol	Methamphetamine Cocaine Opiates	
<b>Who's Selling</b>	Predominantly males; mostly Latinos and Caucasians.	Predominantly Mexicans; sell heroin, methamphetamine, and cocaine also.	Mexicans sell at wholesale level; at retail level, mostly male and female Caucasians; retail sellers do not usually sell other drugs.
<b>Purchase Amount/ Purity</b>		\$10-\$20 per bag; \$500-\$1,000 per pound for Mexican; \$2,000-\$5,000 per pound for sinsemilla.	\$1,100 per pound for Mexican; \$4,000 per pound for sinsemilla; 10% THC.
<b>Other/ Comments</b>		Besides Mexican grown marijuana, there is also a lot of field grown and indoor grown marijuana.	

**Table 9**  
**Treatment Providers Report on Marijuana Use Patterns**

	<b>Region</b>			
	<b>I: Northeast</b> N=17	<b>II: Mid-Atlantic &amp; South</b> N=29	<b>III: Midwest</b> N=29	<b>IV: West &amp; Southwest</b> N=18
<b>Clients with Marijuana Listed as Primary Drug of Choice</b>	14%	15%	23%	13%
<b>Change in Use Over Last 6 Months</b>				
Increase	17%	17%	32%	14%
No change	83%	76%	68%	81%
Decrease	0%	7%	0%	5%
<b>Other Drugs Abused</b> (% providers mention)				
cocaine	18%	36%	10%	22%
marijuana	94%	96%	93%	83%
alcohol	0%	4%	3%	0%
tranquilizers	0%	7%	3%	0%
amphetamines	0%	18%	10%	22%
other	0%	7%	0%	11%
<p>Region I: Connecticut, Maine, Massachusetts, New York, New Jersey, Rhode Island, New Hampshire, Vermont, Pennsylvania</p> <p>Region II: Alabama, Florida, Georgia, Kentucky, Mississippi, Texas, North and South Carolina, Tennessee, Arkansas, Louisiana, Oklahoma, Maryland, Delaware, Virginia, West Virginia, Washington D.C.</p> <p>Region III: Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin, Iowa, Kansas, Missouri, Nebraska, North and South Dakota</p> <p>Region IV: Colorado, Montana, Utah, Wyoming, Nevada, Arizona, California, Idaho, New Mexico, Washington, Oregon</p>				

**Table 9 (cont ' d.)  
Treatment Providers Report on Marijuana Use Patterns**

	<b>Region</b>			
	<b>I: Northeast</b> N=17	<b>II: Mid-Atlantic &amp; South</b> N=29	<b>III: Midwest</b> N=29	<b>IV: West &amp; Southwest</b> N=18
<b>Age</b>				
Under 20	46%	37%	37%	34%
21-30	34%	36%	45%	37%
31+	20%	27%	21%	29%
<b>Race/Ethnicity</b>				
African-American	31%	26%	19%	2%
Caucasian	57%	60%	75%	57%
Latino & Other	12%	14%	6%	41%
<b>Gender</b>				
Male	66%	64%	68%	69%
Female	34%	36%	32%	31%
<b>Prior Treatment?</b>				
Yes	34%	34%	42%	34%
No	76%	66%	58%	66%
Region I: Connecticut, Maine, Massachusetts, New York, New Jersey, Rhode Island, New Hampshire, Vermont, Pennsylvania Region II: Alabama, Florida, Georgia, Kentucky, Mississippi, Texas, North and South Carolina, Tennessee, Arkansas, Louisiana, Oklahoma, Maryland, Delaware, Virginia, West Virginia, Washington D.C. Region III: Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin, Iowa, Kansas, Missouri, Nebraska, North and South Dakota Region IV: Colorado, Montana, Utah, Wyoming, Nevada, Arizona, California, Idaho, New Mexico, Washington, Oregon				

**Table 10**  
**Ethnographers and Epidemiologists Report on Emerging Drugs**

<b>City</b>	<b>Other Drugs/Emerging Drugs</b>
<b>San Diego, CA</b>	LSD
<b>San Francisco, CA</b>	Ketamine
<b>Denver, CO</b>	Methamphetamine
<b>Bridgeport, CT</b>	
<b>Newark, DE</b>	Ketamine, GHB, heroin w/scopolamine and strychnine, hallucinogens
<b>Miami, FL</b>	GHB
<b>Atlanta, GA</b>	Ketamine, methamphetamine
<b>Chicago, IL</b>	
<b>Baltimore, MD</b>	Methamphetamine, "BAM" (diet drug), PCP, blunts
<b>New York, NY</b>	Mixtures of heroin & crack marketed under other names
<b>Seattle, WA</b>	LSD, MDMA

**Table 11  
Law Enforcement Report on Emerging Drugs**

<b>City</b>	<b>Emerging Drugs</b>
<b>Birmingham, AL</b>	Dilaudid
<b>Los Angeles, CA</b>	Methamphetamine
<b>Denver, CO</b>	Methamphetamine
<b>Bridgeport, CT</b>	
<b>Washington, DC</b>	Rohypnol, Ritalin, illegally used prescription drugs
<b>Miami, FL</b>	Rohypnol, GHB
<b>Chicago, IL</b>	GHB
<b>Boston, MA</b>	Methamphetamine, MDMA
<b>Baltimore, MD</b>	Illegally used prescription drugs
<b>Columbia, MD</b>	MDMA, Ketamine, methamphetamine
<b>Trenton, NJ</b>	
<b>New York, NY</b>	MDMA, Ketamine, GHB, Rohypnol
<b>Cleveland, OH</b>	
<b>Eugene, OR</b>	
<b>Austin, TX</b>	Rohypnol
<b>San Antonio, TX</b>	Rohypnol
<b>Seattle, WA</b>	
<b>Yakima, WA</b>	

# Appendix

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## ***Pulse Check* Methodology**

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The *Pulse Check* report has been published periodically since 1992. Its goal is straightforward: to provide the most current information on recent and changing trends in drug abuse in the United States. The *Pulse Check* draws on discussions with ethnographers and epidemiologists, law enforcement officials, and treatment providers all working in the drug field to compose a snapshot of the current state of drug abuse nationwide. For this issue, approximately 138 contacts were consulted from these three fields.

### **Ethnographers, Epidemiologists, and Other Ethnographic Sources**

Ethnography is a mode of research that analyzes the behavior of groups in their natural settings. Through field observation and interviewing, ethnographers gather behavioral data. Ethnography is not conducted in an undercover manner. Rather, ethnographers are fully identified as social scientific researchers as they attempt to enter the natural setting of the group being studied. The goal of the ethnographers interviewed for this report is to enter the drug user's world and describe it free of predetermined notions, or "on its own terms."

Epidemiologists are also interviewed for this report. Epidemiologists study the origins, spread, and control of diseases, generally using a public health paradigm. In the field of drug abuse, they track changes in patterns of drug use, including the incidence and prevalence of the use of specific drugs, characteristics of users, and any emerging trends. Many of the epidemiologists who report for the *Pulse Check* are members of the National Institute of Drug Abuse (NIDA) Community Epidemiology Working Group (CEWG).

Other ethnographic sources consulted for the *Pulse Check* report are sociologists and psychologists who use ethnographic methods in their studies of drug abuse.

In sum, the ethnographic sources consulted for the *Pulse Check* report are some of the best-known drug researchers in the country. In some cases, they are trained ethnographers, in the other cases they are epidemiologists, sociologists, and psychologists who employ ethnographic research methodology. Generally, the same people report from each *Pulse Check* city.

The twelve ethnographers, epidemiologists, and other ethnographic sources contacted for this issue of the *Pulse Check* are listed below:

**San Diego, CA:** Susan Pennell, M.A. Director, Criminal Justice Research Division, San Diego Association of Governments.

**San Francisco, CA:** Sheigla Murphy, Ph.D. Director, Institute for Scientific Analysis.

**Denver, CO:** Owen Murdoch. Ethnographer, Urban Links, University of Colorado at



Denver.

**Bridgeport, CT:** Garry Geter. Addictions Counselor, Connecticut Department of Health.

**Newark, DE:** Mario Pazzaglini, Ph.D. Private Consultant to the State of Delaware and several drug treatment facilities. Formerly with the State of Delaware, Bureau of Alcoholism and Drug Abuse and the University of Delaware.

**Miami, FL:** Bryan Page, Ph.D. Professor of Anthropology and Psychiatry and Behavioral Science, University of Miami.

**Atlanta, GA:** Claire Sterk, Ph.D. Emory University School of Public Health.

**Chicago, IL:** Lorna Thorpe. Research Specialist, Department of Epidemiology and Biostatistics, University of Illinois.

**Baltimore, MD:** Rodney Hopson, Ph.D. Research Associate, Health Policy Management, Johns Hopkins University.

**New York, NY:** John Galea, M.A. Chief of Ethnography, New York State Office of Alcoholism and Substance Abuse Services. Former Commanding Officer of the New York City Police Department Youth Gang Intelligence Unit. Adjunct Professor of Social Science, St. John's University, Queens, NY.

**New York, NY:** Doug Goldsmith, M.A. Ethnographer, National Development and Research Institute Inc.

**Seattle, WA:** Michael Garmen, Ph.D., M.P.H., M.S.W. Research Scientist, Alcohol and Drug Abuse Institute, University of Washington.

## **Law Enforcement Sources**

Law enforcement sources are derived from a database of Abt Associates contacts and from contacts developed upon recommendation from various law enforcement agencies. These sources are typically narcotics task force officers, special squad officers, and DEA agents.

This issue of *Pulse Check* contacted law enforcement sources from 18 cities. Generally, law enforcement contacts remain the same across issues of this report. However, when replacements must be made, they are done so upon recommendation, and when new contacts are established in new cities, they are included. For safety reasons, law enforcement sources cannot be identified by name.

## **Treatment Providers**

The sample of treatment providers was selected from the Uniform Facility Data Set (UFDS, formerly the National Drug Abuse Treatment Unit Survey), a compilation of drug and alcohol treatment programs composed by the U.S. Department of Health and Human Services. The UFDS is drawn from the National Facility Register, a directory compiled by the Substance Abuse and Mental Health Administration.

This issue of *Pulse Check* has a sample of 108 treatment providers representing four geographic regions. From each region, 20 large programs (over 100 clients) and 20 small programs (less than 100 clients) were identified, and 10-20 of each type were contacted. The States represented in each region follow:

**Region I:** Connecticut, Maine, Massachusetts, New Hampshire, New York, Pennsylvania, Rhode Island.

**Region II:** Florida, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas.

**Region III:** Illinois, Indiana, Kansas, Michigan, Minnesota, Missouri, Ohio, South Dakota.

**Region IV:** Alaska, Arizona, California, Colorado, Hawaii, Montana, Oregon, Washington.

## **Topics of Discussion**

The following is a sample of items discussed during *Pulse Check* calls.

### *ETHNOGRAPHIC AND LAW ENFORCEMENT SOURCES*

- Current rate of use of heroin, cocaine, and marijuana in the community, and any change in rate of use over the last six months.
- Age, ethnicity, and gender of users of heroin, cocaine, and marijuana in the community, and any change in these characteristics over the last six months.
- Frequency of use, typical dosage, and primary route of administration of heroin, cocaine, and marijuana, and any change over the last six months.
- Whether and how users are combining drugs.

- Whether there are any emerging drugs in the community.
- Characteristics of sellers in the community, any changes in those characteristics, and whether or not sellers deal multiple drugs.
- Typical purchase amounts and purity of heroin, cocaine, and marijuana.

#### *TREATMENT PROVIDERS*

- Percentage of treatment population reporting heroin, cocaine, marijuana, and alcohol as the primary drug of abuse, and any change in these percentages over the last six months.
- Percentage of treatment population injecting versus inhaling/smoking heroin and cocaine, and any change in these percentages over the last six months.
- Other drugs abused in concert with heroin, cocaine, marijuana, and alcohol.
- Age, ethnicity, and gender of treatment population according to primary drug of choice.
- Percentage of treatment population having had prior treatment.