



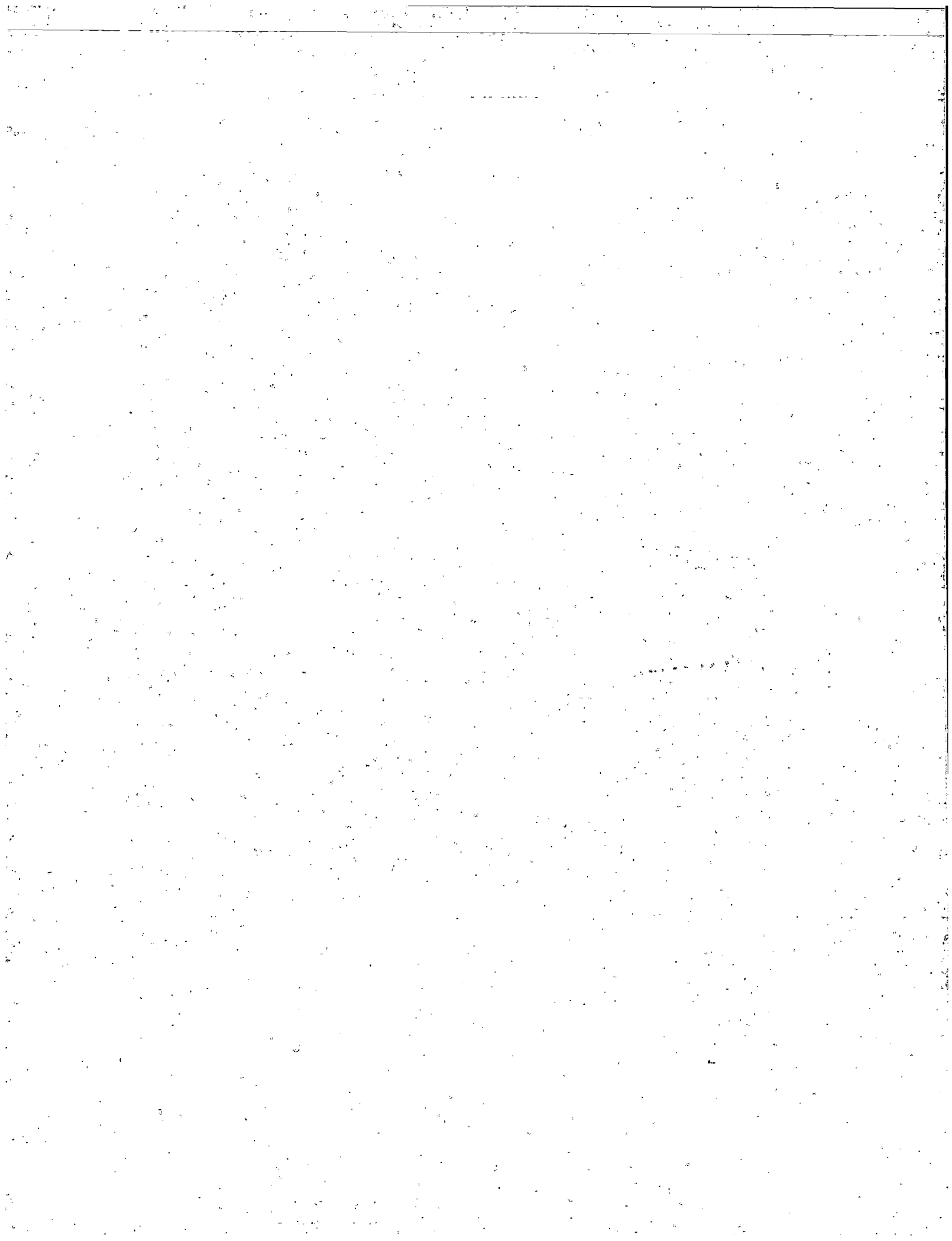
Office of National Drug Control Policy

PULSE CHECK *National Trends in Drug Abuse*

Executive Office of the President
Office of National Drug Control Policy
Lee P. Brown, Director

Spring 1995

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Introduction

This issue of *Pulse Check* summarizes information gathered during the months of January and February of 1995 by Abt Associates under the direction of Dr. Dana Hunt for the Office of National Drug Control Policy. Since April 1992, information has been accumulated for *Pulse Check*, through the use of quarterly phone conversations with drug-use experts throughout the country. Sources are ethnographers and epidemiologists working in the drug field, drug treatment providers, and law enforcement officials.

Pulse Check provides a current subjective look at drug use and availability across the country. It is not intended as a substitute for more thorough, time-consuming profiles developed from surveys

employing probability samples. Every attempt is made to collect the data summarized for each report from the same set of ethnographic, epidemiologic, and police sources. The treatment providers are selected from a random sample of all treatment providers, so those providing input will change slightly each quarter. This is done both to avoid overburdening busy treatment providers and to vary reporting. Conversations follow general guidelines or topics, though respondents sometimes decline to report on some topics and sometimes cover topics not included on the outline.

The following briefly describes the sources used and summarizes the results of *Pulse Check* calls made in January and February 1995:

Description of the Sources

Ethnographic sources

Ethnographers, epidemiologists, and other ethnographic sources from twenty urban areas were interviewed for this issue of *Pulse Check*. In the drug research field, ethnography is a qualitative research technique which, unlike highly structured observation methods, observes and records activity “on its own terms”, that is, without predetermined ideas about the activity. It is important to understand that ethnography is not undercover work. The ethnographer, a social scientist fully revealed as someone doing research, enters the drug user’s world, records and describes it.

The fourteen ethnographic sources contacted by *Pulse Check* this quarter include some the best known drug researchers in the country. In some cases, they are trained ethnographers; in other cases, they are epidemiologists with access to ethnographic information; a few are social researchers working in a field site collecting ethnographic data.

Police Sources

Police sources are derived from the Abt staff’s existing contacts within law enforcement and from contacts developed through the recommendations of law enforcement agencies. These sources are typically officers working on special squads, narcotics task forces, and DEA agents. This round of calls reached police sources in nine cities.

Treatment Providers

The sample of treatment providers is derived from the files of the National Drug Abuse Treatment Unit Survey (NDATUS). NDATUS is divided into four regions. The states comprising each region are listed on the Treatment Provider Summary Tables for each drug (Tables 3, 6, and 9). Each region has a similar number of treatment programs, so the four regions are treated equally for sampling. The original sample based on the 1991 NDATUS has been refreshed using the 1992 files. From each region, 15 programs are identified, 10 are contacted, with the remainder serving as replacements. Samples are stratified to include equal numbers of small (under 100 clients) and large programs. This round of calls reached 39 treatment providers.

Summary of Findings

Heroin

- The prevalence of high purity heroin continues to be the major story in many areas of the country.
- Older users still dominate markets in all areas, though, as reported last quarter, in some areas there are reports of increasing numbers of young users (under 30 years of age), as well as of users not traditionally seen in inner city areas (suburban, middle class users).
- Though injection is still the predominate mode of ingestion in all areas, heroin inhalation continues to be a growing practice in some areas.
- Ethnographers in Atlanta and other areas where heroin is becoming increasingly popular report that crack and cocaine dealers are changing their product lines completely; that is, getting out of cocaine and into heroin.
- In all regions except Region II (the south and southern border areas), over 40 percent of treatment providers report that the number of clients enrolled with heroin as the primary drug of abuse is increasing. In Region II, only 20 percent of providers report such an increase.

Cocaine

- The availability of crack and cocaine in powdered form (cocaine HCl) is reported as uniformly high across the country, though half of the ethnographers reported that its use is stabi-

lizing. In Los Angeles there are reports that use there may be down slightly.

- Intravenous administration of cocaine is primarily confined to users who combine the drug with heroin, a population demographically different from either crack users or inhalers. Injectors tend to be older, experienced drug users from the inner cities.
- For both crack and cocaine HCl, seller and user profiles, with a few notable exceptions, usually match.
- New York sources report a "scrape-and-snort" phenomenon, in which large pieces of crack are purchased and shared by scraping off small powdery amounts for snorting.
- Cocaine still presents a major treatment problem in all regions. A majority of programs in each region reported that the percentage of their clients who report cocaine as their primary drug of abuse is unchanged from last quarter, though there is a slight increase in cocaine clients in the Northeast.

Marijuana

- Marijuana availability is reported to be high everywhere except in Miami.
- The typical users in all locations were young (under 25 years old), and represented all ethnicities. Reporters in Texas, Florida, and New Jersey also noticed an increasing number of middle class youths.

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- Most areas reported that marijuana dealing is distinct from the dealing of other drugs. Atlanta, where crack dealers also sell marijuana, is an exception. In most areas, the demographic characteristics of the sellers match those of the users.
 - Marijuana potency (THC level) is reported as generally good, but variable.
 - All police sources except those in New York, Seattle, and Boston reported that use and availability of marijuana are either rising or remain high. In most areas, users are described as young (high school or college aged).
 - Three sources (Texas, Florida, and Delaware) mention the appearance of the substance Rohypnol in their areas. Rohypnol, a benzodiazepines like Valium, is a controlled substance in this country, but its use is not restricted in most of the rest of the world. Rohypnol is a powerful tranquilizer which is attracting young, new users in the U.S. market. It is currently being smuggled in from Mexico and South American countries. Its street price is low (\$1-3 per tablet) and users often take multiple doses to produce a euphoric effect.
 - The continued mention of methamphetamine use is of special concern this quarter. For many years, methamphetamine use has been confined to certain areas of the country (the West and Southwest) and to certain distinct groups of users (motorcycle gangs, older poly-drug users). It is apparently becoming more attractive to younger users and its use is expanding into areas of the country not previously involved with methamphetamine.

Other Emerging Drugs

- Several sources report an increased prevalence of a variety of prescription drugs on the illicit market. Washington, D.C. police report the appearance of the combination of Doriden and Tylenol-4 ("Dors and 4s") as well as Elavil, Clonidine, and Diluadid.

Trends in Drug Use

HEROIN

Ethnographers (Table 1)

The prevalence of high purity heroin continues to be the major story in many areas of the country. The Northeast (New York, New Jersey, Connecticut, Delaware) and parts of the South (Georgia) report either that heroin use has stabilized at a high level, or that use is increasing. The West and Southwest (Oakland, San Francisco, Los Angeles, El Paso) report no significant change, though ethnographers in these areas report higher-purity heroin being sold at lower prices. Only the Florida source reports overall low levels of use, while noting that use is rising in the Miami area.

Older users still dominate markets in all areas, though, as reported last quarter, in some areas there are reports of increasing numbers of young users (under 30 years of age), as well as of users not traditionally seen in inner city areas (suburban, middle class users). One New York reporter and the Atlanta reporter described a significant number of former users, who had been in jail or in treatment, returning to heroin use because of the increased availability, lower price, and higher purity. In New York, due to fear of HIV infection, many returning users are inhaling rather than injecting the drug.

Reports from New York, Colorado, New Jersey, Connecticut, California, and Georgia indicate heroin is being purchased by younger users than during last quarter. In New York there is a reported increase both in the number of suburban users coming into the city to buy heroin and in the sale of synthetic opiates such as Diluadid, referred to as "hospital heroin" on the street. This characterization coincides with a report from Delaware concerning

heroin use in Dover, Delaware and in nearby Philadelphia. The ethnographer from that area describes three distinct categories of heroin users: 1) traditional, older inner city users, 2) middle class, employed users, and 3) professionals who binge on the weekends. The latter two categories represent new users, attracted by the availability of high purity, inexpensive, inhalable heroin. An influx of white and African American youth who have little prior experience with hard drugs is reported in Atlanta.

Though injection is still the predominate mode of ingestion in all areas, heroin inhalation continues to be a growing practice. In New Jersey, statewide admissions to treatment show that 60 percent of new clients report inhaling heroin; this number is even higher (80%) in Newark where high purity heroin is readily available. The New Jersey reporter also noted that since many of the inhalers will eventually turn to injection (for efficiency and/or when the purity of the drug declines), this trend has serious implications for future HIV infection rates. One New York ethnographer noted that small glassine envelopes in which heroin is packaged litter many areas where high levels of heroin trafficking occur, indicating that users buy the product, inhale it immediately, and dispose of the container on site. This contrasts with injectors, who move to more hidden locations to "cook up" or prepare their purchases for injection.

The West Coast (Los Angeles, Denver, and San Francisco) reports few users are inhaling heroin. This may be due in part to the dominance of black tar heroin in these markets. Black tar heroin is inappropriate for inhalation and is, as the Denver report notes, "unsmokable." Black tar heroin is most often found in a resinous or gummy form, rather than in

the powdered form of either white (most often Columbian or Southeast Asian, in origin) or brown (most often Mexican) heroin. Black tar heroin can be heated and injected, but is difficult, if not impossible, to inhale. Its transformation in Texas into a solution used much like nose drops, mentioned in the last round of *Pulse Check*, speaks to the ingenuity of users in areas where black tar heroin predominates.

A variety of groups are selling heroin across the country. Some ethnographers report young non-users selling and others report the preponderance of sales are by older street addicts. In most areas, heroin sellers are still distinct from cocaine or marijuana sellers. Exceptions are Connecticut and Colorado where "one-on-one" packages (heroin and cocaine) are offered for speedballing. In these instances, buyers are primarily heroin users supplementing existing use patterns with cocaine, rather than people who predominantly use cocaine.

Street sales of heroin are reported as brisk, with areas like Connecticut reporting as many as seven or eight sellers on a single street corner. It is reported this quarter that, in Atlanta and other areas where heroin is becoming increasingly popular, crack and cocaine dealers are changing their product lines completely — getting out of cocaine and into heroin. Sources in New York, New Jersey, Delaware, and Connecticut mention that some crack users are switching to snorting heroin because it is cheaper, more plentiful and less stigmatized than crack.

Countries mentioned as the primary sources for heroin include Mexico, Columbia, Southeast Asia, and areas within the former Soviet Union. In the Southwest border areas, the heroin trade is reported to be controlled by two different groups: the Mexican Mafia, which controls distribution in cities

away from the border itself; and *El Sindicato*, which controls trade at the border. The El Paso ethnographer reports that heroin potency at the border is considerably higher and addicts who travel from in-country areas to the border may misjudge the purity of their purchase and overdose. He also reports that in cities such as San Antonio, young sellers are recruited while in prison or jail, often with the offer of payment of bail. The Mexican Mafia and *El Sindicato* appear to have exclusive control of their markets. The El Paso reporter states: "Sellers in San Antonio know, if you don't sell for the Mexican Mafia, you don't sell."

The \$10 or \$20 bag or balloon of heroin remains the primary unit of distribution on the street. Los Angeles reports slightly higher typical unit costs (\$20 to \$40/balloon), while New York and Delaware reported lower unit costs (\$3 and \$5 bags). Purity of street heroin is high (40% to 80%) in most areas. One San Francisco reporter said that users told him that current purity is reminiscent of heroin found on the streets during the heroin epidemic of the late 1960s.

Police Sources (Table 2)

All police contacts report that heroin use is either stable or increasing in their areas. Most of the users they encounter appear to be older and are injecting the drug. Three sites (New York, Seattle, and Washington, D.C.) mention the appearance of younger users.

Though inhalation is reported by all of the Northeast city police, injection predominates in most areas. Some new, younger users in the Seattle area are not injecting the drug into a vein, but rather are "skin-popping" it. This practice, a common behavior among experimenters who often become intravenous users, involves injecting the drug under the

skin or into surface muscle tissue. Police sources also report that synthetic opiates, such as Percodan and Dilaudid, are available in Maryland.

Several sources described upper-level dealers of white heroin as being either Columbian or Nigerian, and of black tar heroin as being Mexican. Street level or middle level distributors are most often described as users who sell drugs in order to support and maintain their own habits. Maryland police substantiate ethnographers' reports of increasing numbers of young crack dealers switching to heroin sales.

Kilogram-level prices are reported to vary considerably from location to location: ranging from \$120,000 per kilogram on the West Coast for black tar, to \$180,000 per kilogram in Washington, D.C. for white powder. The street level price in a given area, however, remains consistently at \$3, \$10, and \$20 per bag or balloon. Though purity varies according to where in the distribution chain the police acquire the product, it is generally high everywhere except in Los Angeles and Miami. Maryland State Police sources report that recent large scale interdiction efforts produced large seizures of small prepackaged bags (1/3 gram). Some of these were found to be 75 to 85 percent pure.

Treatment Providers (Table 3)

In all regions except Region II (the south and southern border areas), over 40 percent of treatment providers report that the number of clients enrolled with heroin as the primary drug of abuse is increasing. In Region II, only 20 percent of providers report such an increase. The other 80 percent in Region II report no significant change. Most users in treatment were injecting, except in the Northeast where it is reported that there are now equal numbers of heroin inhalers and injectors entering treatment.

Ethnographers confirm these reports by treatment providers. During the last two years *Pulse Check* has documented the rising popularity of inhalation in the Northeast. This is coincident with the increasingly widespread availability of high purity heroin in that region. Though injection still remains the most common mode of ingestion among clients in Region III, providers report the proportion of clients who inhale or smoke (38%) doubled from what was reported last quarter (16%).

The profile of heroin users in treatment remains essentially the same as last quarter: over half the users are over 30 years old, they are 3:1 male, and the majority have been in treatment before. Alcohol, cocaine, and marijuana remain concurrent problems for heroin users in treatment, and amphetamines show increased popularity everywhere except Region I.

COCAINE

Ethnographers (Table 4)

Availability of crack and cocaine in powdered form (cocaine HCl) is uniformly high across the country, though half of the ethnographers reported that its use is stabilizing. Remarkably, Los Angeles reports that use there may be down slightly.

Reports described three types of users: 1) the younger, often minority crack user; 2) the older injector who is combining cocaine HCl with heroin in a speedball; and 3) the older, more affluent user who is snorting cocaine HCl. The first does not appear to be drawing large numbers in most areas, though snorting is reportedly rising among younger white males in California. One New York source reports some heavy crack users continue to resort to heroin to level off after a long crack binge.

Intravenous administration of cocaine is primarily confined to users who combine the drug with heroin, a population demographically different from either crack users or inhalers. Injectors tend to be older, experienced drug users from the inner cities.

For both crack and cocaine HCl, seller and user profiles, with a few notable exceptions, often match. Crack distributors are most often young, and frequently Hispanic or African American. In some areas (Denver, Oakland, New York) they are generally involved with gangs. Denver sources report that crack-selling gangs have pushed traditional cocaine and heroin injectors out of their areas (because they aren't their clientele). Even these seasoned users are afraid of the violence associated with the crack trade. This displacement has been particularly acute in Denver where gentrification has consolidated much of the drug trade into a single area of the city.

On the other hand, sources report considerable difference in marketing strategy between distributors of cocaine for injection or inhalation. Cocaine intended for injectors may be sold by heroin dealers ("one-on-one" packaging) and, in this case, is sold in units similar to those familiar to the heroin trade (\$10 and \$20 bags or balloons). Cocaine intended for snorters, available through a more diverse group of sellers, is sold in larger units (multiples and fractions of grams and ounces).

Prices for cocaine HCl vary across the country from 1/8 ounce in the Northeast at \$100 to one ounce for \$400 in Los Angeles. Crack prices vary from \$5, \$10, and \$20 per rock in California, with lower unit prices (\$3 and \$5) in the East. New York sources report a "scrape and snort" phenomenon, in which large pieces of crack are purchased and

shared by scraping off small powdery amounts for snorting.

Cocaine purity in most areas is reported to be variable, but generally high. For example, the Delaware ethnographer reports that, while some high purity cocaine is available, very poor-quality and highly adulterated cocaine known as "street sweep" is also available. Additionally, several reports cite the increasingly common practice of crack users purchasing large amounts of cocaine HCl to "cook up their own." They do this rather than pay the higher price that prepackaged crack often demands. One New York ethnographer comments that "basing your own" is thought to produce better crack.

Police Sources (Table 5)

All police sources report that cocaine availability is at stable, albeit high, levels. For a long time, its use has been associated with younger, minority users. This profile has not changed. Although Los Angeles, Cleveland, and Washington, D.C. report increased injection, the most common cocaine use seen by police is still crack smoking.

Although cocaine distribution is typically separate from the distribution of other drugs, Maryland police note that users' recent interest in heroin induces dealers to offer cocaine and heroin, in combination. Gangs are reportedly involved in the crack trade in Seattle and Cleveland. Wholesale level sources include Columbian, Cuban, Iranian, Haitian, and Jamaican dealers. New York police also mention a recent focus on Russian distribution networks.

Prices for cocaine vary across the country, ranging from as low as \$35-50 per gram in Miami to \$80-100 per gram in the Maryland/D.C. area. Purity is

¹The size of the piece of crack determines the price in all cases. However, what varies from location to location is the availability of small pieces (at smaller unit prices) and larger, more expensive pieces.

variable, but generally high in all areas except Los Angeles.

Treatment Providers (Table 6)

Cocaine still presents a major treatment problem in all regions. A majority of programs in each region reported that the percentage of their clients who report cocaine as their primary drug of abuse is unchanged from last quarter, though there is a slight increase in cocaine clients in the Northeast.

The overwhelming majority of cocaine clients either snort or smoke the drug as crack. Only in the West is there a substantial number of injectors (28%) in the treatment population.

Treatment providers uniformly cite alcohol as the number one concurrent drug problem for cocaine treatment clients. Other substances most often used are heroin (particularly in those regions where high purity heroin is readily available), marijuana, and amphetamines.

Clients in treatment for cocaine problems are reported to be younger than heroin clients, though few are under age 20. They are also more likely to be males than females, and in most areas only about half have been in treatment before.

MARIJUANA

Ethnographers (Table 7)

Marijuana availability is reported to be high everywhere except Miami. The Miami ethnographer noted that marijuana's availability is no longer seasonal. With year round availability, its use is described as stable. In New Jersey, marijuana is

readily available as "Phillies blunts." In New York, Dutch Masters cigar wrappers are replacing the Phillies wrappers, because they are viewed as "easier to roll and better tasting." Regardless of the paper choice, blunts are increasingly common throughout the East and South. The practice of rolling marijuana into a cigar wrappers has not gained much popularity in the West.

The typical users in all locations were young (under 25 years old), and represented all ethnicities. Reporters in Texas, Florida, and New Jersey also noticed an increasing number of middle class youths. Increased use in the Hispanic community is reported in Los Angeles and Atlanta.

Cocaine, alcohol, and MDMA are mentioned as other drugs used by some marijuana smokers. In Texas, older, low income users combine marijuana with inhalants such as paint. The problems associated with paint inhalation are seen as serious, particularly among segments of the Native American communities. These users spray paint into small containers and inhale the fumes to produce a hallucinogenic effect. Inhaling solvents from paint or aerosol cans is also reported in New Jersey, where currently there are attempts to limit the sale of aerosols to persons over eighteen years of age.

Most areas reported that marijuana dealing is distinct from the dealing of other drugs. Atlanta, where crack dealers also sell marijuana, is an exception. In most areas, the demographic characteristics of the sellers match those of the users.

Marijuana potency (THC level) is reported as generally good, but variable. For example, in Denver both very good and very poor marijuana are

available in the market. Poorer quality marijuana is available as "street joints" in lower income areas and higher grade marijuana is sold in upper-income "yuppie neighborhoods." Prices reflect these varying types and quality. Street units were \$5 and \$10 bags in most places. In San Francisco, for example, bags containing about one gram of marijuana are sold in the high school market for \$10-15. Prices for larger quantities ranged from \$600 a pound at the Texas border to \$3,500 a pound on the West coast for the highly valued sinsemilla. Product identification was reported as common among street dealers ("Maui Waui," "Acapulco Gold"). However, New York reporters described the use of dealer-level bag markings, a practice not usually associated with marijuana and possibly indicative of both a highly active and somewhat better organized market.

Police Sources (Table 8)

All police sources except those in New York, Seattle, and Boston reported that use and availability of marijuana are either rising or remain high. In most areas, users are described as young (high school or college aged), though there is a wider range of user ages reported in Seattle and Miami. The most common substances used in conjunction with marijuana are hallucinogens and alcohol. This is reported to be the case across the nation.

Sources of marijuana are reported to be plentiful and are located both inside the U.S. borders and in nearby Mexico and the Caribbean. Much of the

domestically grown marijuana is local to each area, though sources in Miami and Washington, D.C. point to Texas as a common domestic source area. Washington, D.C. police report that an increasingly popular method of smuggling marijuana into that area is via UPS or Federal Express in packages weighing up to 100 pounds. Police report marijuana is being packaged in \$5 and \$10 units. Maryland State police note that the smaller packaging unit makes the product more affordable for young users.

Treatment Providers (Table 9)

Treatment providers report that marijuana is the primary drug problem for less than a quarter of all treatment clients. This is essentially the same proportion they have reported throughout the last year. The other drugs most often used by marijuana clients are alcohol, cocaine, tranquilizers, and amphetamines. As one treatment provider from California commented, "Most of the people who come into treatment for a marijuana problem are actually people with a polydrug problem. They use alcohol and assorted other things as much as they use marijuana."

Unlike the users of the other drugs, clients in treatment for marijuana use are young, ranging from 19 percent under 20 years old in Region II programs to almost 60 percent under 20 in Region IV programs. With the exception of clients in Region I programs, over two-thirds are new to treatment.

Other Drugs/Emerging Drugs

Prescription Drugs

Several sources report an increased prevalence of a variety of prescription drugs on the illicit market. Washington, D.C. police report the appearance of the combination of Doriden and Tylenol-4 ("Dors and 4s") as well as Elavil, Clonidine, and Diluadid. Nearby, Maryland sources report that Clonidine, an anti-hypertension medication, is being used by addicts to "boost" the narcotic effect of heroin. San Francisco, Miami, and Los Angeles sources report an increase in the popularity of tranquilizers like Xanax and Prozac.

Three sources (Texas, Florida and Delaware) also mention the appearance of the substance Rohypnol in their areas. Rohypnol, like other benzodiazepines (i.e., Valium), is a controlled substance in this country, but its use is not restricted in most of the rest of the world. It is becoming a growing drug of abuse in Europe. Rohypnol is a powerful tranquilizer which is attracting young, new users in the U.S. market. It is currently being smuggled in from Mexico and South American countries. One Texas source describes most Rohypnol users as teens and young adults who purchase the drug legally in Mexico and bring it back across the border for use and sale. Its street price is low (\$1-3 per tablet) and users often take multiple doses to produce a euphoric effect.

Hallucinogens

Hallucinogens like LSD and MDMA continue to be popular among young users in New York, Miami, and on the West coast.

Methamphetamine

The continued mention of methamphetamine use is of special concern this quarter. For many

years, methamphetamine use has been confined to certain areas of the country (the West and Southwest) and to certain distinct groups of users (motorcycle gangs, older polydrug users). It is apparently becoming more attractive to younger users and its use is expanding into areas of the country not previously involved with methamphetamine. Among the ethnographers and police reporting this quarter, five from diverse areas report the emergence of (Los Angeles, San Francisco, Seattle, Dover/Philadelphia and Denver). Methamphetamine, used for its stimulant effects, is often part of the drug scene which includes marijuana, LSD, and MDMA, as opposed to heroin or crack. In San Francisco and New York, methamphetamine is increasingly popular among young white male nightclub patrons. It may be injected, inhaled, or smoked and is often associated with extended partying. It has also been reported in the media and elsewhere as a drug associated with the rave scene. It allows youthful rave-goers to stay awake and physically active during their all-night dance activities. While methamphetamine does not have as benign a reputation as marijuana or hallucinogens among its users, it is erroneously seen as "less harmful than the hard drugs."

Ephedrine is a chemical precursor for the manufacture of methamphetamine. Twenty-five milligram ephedrine hydrochloride tablets are available in many areas. For example, the ethnographic source reporting on the Dover/Philadelphia area also mentioned the appearance of ephedrine. While this is the first mention of ephedrine in the Mid-Atlantic area, previous *Pulse Check* reports from Texas and Florida mentioned the appearance of ephedrine in their drug markets. While ephedrine alone became a federally regulated substance in November 1994,

ephedrine in combination (or pseudoephedrine) can still be purchased legally in some areas. The drug is also widely available in Mexico and South America.

Ephedrine tablets are often the basis for the large scale manufacture of methamphetamine through a conversion/extraction method. Using large quantities of these tablets and dissolving them in water or alcohol, manufacturers extract ephedrine. According to the DEA sources, it takes almost 50,000

tablets to extract one kilogram of ephedrine. Ephedrine is then converted into methamphetamine at a rate of 50-70 percent of the ephedrine weight.

The methamphetamine market in Southern California and the Southwest is dominated by Mexican manufacturers and distributors. While always present, these dealers have now multiplied considerably and, according to DEA sources, they have become far more active in recent months.

Table 1

Ethnographers - Heroin: 1/95

City	Incidence	Who's Using	Δ in Users	Method	Other Drugs	Emerging Drugs	Who's Selling
Bridgeport, CT (Geter)	high	African Americans; Hispanic; some suburban white users	getting younger; more women; more snorters	injection; snorting	crack	mescaline; LSD	young sellers (15-24), often many on a single site
San Antonio/ El Paso, TX (Ramos)	stable	Mexican Americans; still primarily older users	none	injection	cocaine in speedball; alcohol	none	controlled by Mexican Mafia in towns away from border and <i>El Sindicato</i> in border towns
Los Angeles, CA (Annon)	stable	older users, predominantly Hispanic, though also white users; 70% male	none	injection	cocaine in speedball	amphetamines	variety of sellers; primarily Hispanics
San Francisco, CA (Murphy)	up	older users, some new young users (early 20s); all ethnicities	more young users	75% inject; 20% smoke; 5% snort	alcohol; marijuana; cocaine	methamphetamine	Mexicans, African Americans, whites
Oakland, CA (Feldman)	stable	primarily older users (30-60 yrs old)	more younger users who inhale	injection; some snorting	cocaine in speedball; alcohol	---	
New York, NY (Goldsmith)	increasing	older users; all ethnicities; sees many former users going back to use	more former users	snorting becoming dominant; some skin popping; injecting	cocaine in speedball	---	older sellers than those who sell cocaine; steady street presence of heroin sellers
Atlanta, GA (Sterk-Elifon)	increasing	older users returning to use, African American, white; new young users, African American, white	more new users	snorting; injection	marijuana alcohol; cocaine in speedball	---	older male African Americans and whites; young male crack dealers
Denver, CO (Koester)	unchanged	heavy use in Latino community; some users 18- 22, but most in 30s and 40s	none	little smoking; primarily injection	cocaine in speedball	some methamphetamines	only prevalent in one area; some "one-on-one" sales, but heroin and cocaine primarily sold separately
Miami, FL (Page)	increasing	early 30s, Hispanic, Anglo, African American	more Hispanic	injection	cocaine in speedball	Rohypnol	---
Trenton/ Newark, NJ (French)	unchanged; still high	variety of users; all ethnicities	more snorters	snorting; injecting	cocaine; alcohol	---	traditional street addicts; some young male non-users

Table 1

Ethnographers - Heroin: 1/95

City	Incidence	Who's Using	Δ in Users	Method	Other Drugs	Emerging Drugs	Who's Selling
New York, NY (Galea)	stable, unchanged	traditional older users; some suburban users	more suburban users apparent	primarily injection; young inhalers	cocaine	Dilaudid	Chinese traffickers; Columbian dealers felt to have best quality; Russian distributors of Thai heroin
Austin, TX (Maxwell)	slight increase	older, primarily male; 17% African American; 34% white; 49% Hispanic	some anecdotal evidence of more young white users inhaling	primarily injection		Rohypnol	---
Newark, DE (Pazzaglino)	up	3 district groups: · lower SES users · middle class users · professionals who are weekend users	more snorting	injecting and snorting, but shift toward more snorting	Xanax; valium; cocaine		wide variety of sellers including non-using kids acting as runners

Table 1 (cont'd.)

Ethnographers - Heroin: 1/95

City	Purchase Amount	Purity	Other/Comments
Bridgeport, CT (Geter)	\$10, \$20/bag	P-dope purity is 65-70%	Sales very high. Some areas have 7-8 sellers at one spot in the early evening; nightclub sales, but they are different users than the street sales.
San Antonio/El Paso, TX (Ramos)	\$10, \$20 units	somewhat better	Purity and price vary greatly from border to towns further in. Two different groups control these areas: Mexican Mafia (a newer group) and <i>El Sindicato</i> . Heroin is better at the border.
Los Angeles, CA (Annon)	\$2500/oz. for Black Tar; \$20-\$40/balloon	70-80%	
San Francisco, CA (Murphy)	\$45-\$65/gram	40-50%	Prices have dropped, but quality is up. People say it is as good as it was in the late 60s.
Oakland, CA (Feldman)	\$10/bag or balloon	---	
New York, NY (Goldsmith)	\$10/bag	reportedly high	The number of plastic envelopes found on sidewalk indicate more snorting than injecting, as injectors have to take purchase to hidden place to inject.
Atlanta, GA (Sterk-Elifon)	\$10-\$20/bag	60-90%	Older users (ex-addicts) are "reappearing" now that high quality heroin is available; also appearing among persons who previously used crack.
Denver, CO (Koester)	\$20 units	---	
Miami, FL (Page)	\$10-\$15/"cap"	variable, but generally high	
Trenton/Newark, NJ (French)	\$15/bag	high	Some users are trying to smoke heroin with crack but are finding it's inefficient and stop. Also seeing lots of physiologically addicted users who have never injected.
New York, NY (Galea)	\$10 bags; \$3 bags available	good	Noticeable decrease in number of shooting galleries; PCP readily available.
Austin, TX (Maxwell)	---	---	Rohypnol use expanding.
Newark, DE (Pazzaglioni)	\$5, \$10/bag up to \$50- \$70/bag	high	

Table 2
Police - Heroin: 1/95

City	Incidence	Who's Using	Δ in Users	Method	Other Drugs	Emerging Drugs	Who's Selling
Dover, DE P.D.	increase	older traditional users	none	injection dominates, but some snorting	alcohol		the supply sometimes comes through the area on Amtrak and is distributed through street corner dealers
Maryland State Police	increase	traditional injectors; some new snorters	no change	injection; snorting	cocaine	nitrous oxide; PCP; LSD; MDMA	young dealers, often those who sold crack; primarily separate dealers/areas for each drug
Boston, MA P.D.	still high	older traditional users	none	primarily injection	cocaine	marijuana in blunts	---
Seattle, WA DEA	stable	older, hardcore users; some younger users skin popping	younger users skin popping	injection; skin popping		methamphetamine	most local sellers are users maintaining habit
Los Angeles, CA P.D.	increasing	30-60 years old; primarily African American and Hispanic	none	injection	cocaine	methamphetamine	Mexican sellers
New York, NY P.D. Central Narcotics	stable	older traditional users	some younger users seen (aged 17-20)	injection; some inhaling	cocaine	---	---
Miami, FL P.D.	increase in smuggling	older traditional users	none	primarily injection			Colombians selling white heroin; brown or black tar heroin also available
Washington, DC P.D.	stable, though increase in heroin related deaths	older users	some former and current crack users appearing	---	cocaine; clonidine	PCP	sellers may also sell cocaine in "one-plus-one" combination; Nigerians, Ghanians, Asians, and African Americans dominate middle distribution market; some Colombians also present
Cleveland, OH P.D.	stable	traditional users	none	primarily injection			

Table 2 (cont'd.)

Police - Heroin: 1/95

City	Purchase Amount	Purity	Other/Comments
Dover, DE P.D.		up to 90%	
Maryland State Police	\$65-\$300/gram	variable: for injection 12-13%; for snorting higher purity	Recent large scale interdiction efforts produced large seizures of 1/3 gram pkgs. which were 75-85% pure and stamped "White Mönkey."
Boston, MA P.D.			
Seattle, WA DEA	\$120,000/kilos; street bundles of \$10-\$20 bags	high	Black tar dominant in Seattle. Some young users (white, non-innercity) are experimenting with skin popping.
New York, NY P.D. Central Narcotics	\$10/bag; \$5/bag	good	
Los Angeles, CA P.D.	\$3, \$5/balloon	poor; 3-5% pure at street level	Heroin has not made the comeback in L.A. that it has in the East. Seems to be used among the same traditional groups in city as always.
Miami, FL P.D.	\$150,000/kilo; \$10, \$20/bag in street	street level 2-3% pure; carriers picked up with 85-89% pure in condoms swallowed for transport	
Washington, DC P.D.,	\$180,000/kilo	15-47%	Use of synthetics among heroin users such as Dilaudid, Percodan, as well as Clonidine.

Summary Table 3

**Treatment Providers
Drug Use Patterns
1/95
DRUG: HEROIN**

REGION	% clients w/drug listed as 1 ^o drug of abuse	Δ over last year		% clients injecting	% clients inhaling/smoking	Other Drugs Used (% Mentioned)
I N=6	$\bar{X}=28\%$	increase no change decrease	40% 60% 0%	$\bar{X}=45\%$	$\bar{X}=55\%$	cocaine 80% marijuana 20% alcohol 100% tranquilizers 40% hallucinogens 20% other 20%
II N=13	$\bar{X}=20\%$	increase no change decrease	20% 80% 0%	$\bar{X}=86\%$	$\bar{X}=14\%$	cocaine 55% marijuana 64% alcohol 100% tranquilizers 18% amphetamines 18% other 9%
III N=10	$\bar{X}=6\%$	increase no change decrease	50% 50% 0%	$\bar{X}=62\%$	$\bar{X}=38\%$	cocaine 50% marijuana 50% alcohol 50% tranquilizers 17% amphetamines 17%
IV N=10	$\bar{X}=19\%$	increase no change decrease	50% 38% 12%	$\bar{X}=89\%$	$\bar{X}=11\%$	cocaine 75% marijuana 50% alcohol 75% tranquilizers 13% amphetamines 25% other 38%

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, 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

Summary Table 3 (cont'd.)

Treatment Providers
 Characteristics of Users by Drug of Abuse

1/95

DRUG: HEROIN

REGION	Percent by Age			Percent by Race/Ethnicity			Percent by Sex		Prior Treatment	
	under 20	21-30	31+	African American	White	Hispanic and Other	Male	Female	Yes	No
I N=6	\bar{X} =3%	\bar{X} =36%	\bar{X} =61%	\bar{X} =46%	\bar{X} =38%	\bar{X} =16%	\bar{X} =77%	\bar{X} =23%	\bar{X} =87%	\bar{X} =13%
II N=13	\bar{X} =2%	\bar{X} =26%	\bar{X} =72%	\bar{X} =21%	\bar{X} =73%	\bar{X} =6%	\bar{X} =79%	\bar{X} =21%	\bar{X} =75%	\bar{X} =25%
III N=10	\bar{X} =8%	\bar{X} =35%	\bar{X} =57%	\bar{X} =30%	\bar{X} =63%	\bar{X} =7%	\bar{X} =74%	\bar{X} =26%	\bar{X} =71%	\bar{X} =29%
IV N=10	\bar{X} =13%	\bar{X} =27%	\bar{X} =60%	\bar{X} =6%	\bar{X} =79%	\bar{X} =15%	\bar{X} =81%	\bar{X} =19%	\bar{X} =56%	\bar{X} =44%

Table 4

Ethnographers - Cocaine: 1/95

City	Incidence	Who's Using	Δ in Users	Method	Other Drugs	Emerging Drugs	Who's Selling
Bridgeport, CT (Geter)	stable	2 categories of users: crack (low income, minority) and powder (more affluent, often white)	more females	some IV use; crack and snorting more prevalent	P-dope; alcohol	---	young sellers; club sales of powder
San Antonio/ El Paso, TX (Ramos)	availability high	Whites are snorters; Mexican Americans inject it with heroin; African Americans use crack	none	snorting; injecting; smoking	heroin in speedball	none	---
Los Angeles, CA (Annon)	down slightly	African American predominant for crack; 1/2 male/female	some anecdotal reports of more white males snorting	injection	heroin in speedball	---	"everybody," though Hispanics dominate
San Francisco, CA (Murphy)	stable	White middle class use powder, in their 30s; African Americans and Hispanics use crack, average 35 yrs old	some rise in high school users for powder	75% snort HCl; 25% crack	alcohol; marijuana		Whites sell HCl; Hispanics and African Americans sell crack
Oakland, CA (Feldman)	crack somewhat up	primarily African Americans over 30	none	crack	some heroin snorting	variety of prescription drugs	youngsters & older heroin users sell crack
New York, NY (Goldsmith)	high	wide range, reflective of each neighborhood; 20s-40s, all ethnicities	none	crack	alcohol; marijuana; heroin in speedball	---	sold in grocery stores and by young sellers on the street
Atlanta, GA (Sterk-Elifon)	continues to dominate the market	crack: men and women, primarily African American aged from 18-45; HCl: 18 and older, mainly white	fewer young users	smoking dominates; injecting; some snorting			both male & female dealers of crack
Denver, CO (Koester)	crack is readily available	all ethnicities, though more African Americans use crack	more African Americans	crack; injection	alcohol		African American gangs control crack trade, more diversity among HCl dealers

Table 4

Ethnographers - Cocaine: 1/95

City	Incidence	Who's Using	Δ in Users	Method	Other Drugs	Emerging Drugs	Who's Selling
Miami, FL (Page)	stable	wide age range	fewer very young users	crack; injection	heroin in speedball		
Trenton Newark, NJ (French)	fluctuates, but generally stable	higher among African Americans	none	primarily as crack	heroin; alcohol	---	general non-addict sellers
New York, NY (Galea)	stable, but some slight increase in crack sales again	---	no changes	smoking dominant, then injection	alcohol		young dealers
Austin, TX (Maxwell)	leveling off	older (over 35); 57% African American 29% white 13% Hispanic	none	injection among whites; smoking among African Americans; inhaling among Hispanics		Rohypnol	---
Newark, DE (Pazzaglioni)	up	all groups	some rise among late teens	minimal IV use; smoking and snorting dominate	ephedrine; methamphetamine	methcathene	same sellers as heroin

Table 4 (cont'd.)
Ethnographers - Cocaine: 1/95

City	Purchase Amount	Purity	Other/Comments
Bridgeport, CT (Geter)	1/8 oz. = \$100	60-70%	Number of snorters have declined in housing project areas in favor of crack users. Snorters tend to be in more affluent areas and in the clubs.
San Antonio/ El Paso, TX (Ramos)	1/8 oz., grams, 1/4 grams available	good	
Los Angeles, CA (Annon)	\$18,000/kilo; 1 oz. of crack = \$400; \$5, \$10/rock	50-60% (crack)	
San Francisco, CA (Murphy)	\$60-\$80/gram; \$20/rock	40-50% for HCl	Quality of cocaine declining even in large purchases; HCl is generally sold in folded white papers, crack in glass bottles or wrapped in cellophane.
Oakland, CA (Feldman)	\$2, \$5, \$10 rocks	---	Drug sales are part of economic reality of many communities. Work is ongoing on developing a variety of community-based strategies to reduce sales, while recognizing this fact.
New York, NY (Goldsmith)	\$5, \$10 for tiny ziplock bags; some vials	---	Sales from small groceries often extend to next owner when store changes hands; called "spots" to distinguish from regular stores.
Atlanta, GA (Sterk-Elifon)	\$5/rock in plastic bags	stable	
Denver, CO (Koester)	1/4 gr. = \$20; 1 gr. = \$80-\$100	good, but variable	Gangs control crack. They push traditional cocaine and heroin injectors out of area because these older users don't use crack. They are also more violent and scare the traditional user.
Miami, FL (Page)	---	variable, but pretty high	Crack sold in tinfoil or glass vials, powder in bags. Crack is now also being used by older users and, for these users, is often related to street-level prostitution.
Trenton/Newark, NJ (French)	less than \$1/mg.	40-60%	
New York, NY (Galea)	---	---	Now seeing some of the younger crack dealers leaving it for the heroin trade; also seeing "scrape and snort" phenomenon where large rocks are shared by scraping off amounts for snorting.
Austin, TX (Maxwell)	---	---	
Newark, DE (Pazzaglini)	\$10-\$30/bag for HCl; \$5-\$40 pieces for crack	high	Term "street sweep" used for low purity cocaine.

Table 5
Police - Cocaine: 1/95

City	Incidence	Who's Using	Δ in Users	Method	Other Drugs	Emerging Drugs	Who's Selling
Dover, DE P.D.	slight increase	large, varied group; high use in Haitian community	none	crack; some HCl			Haitian distributors
Maryland State Police	stable	---	---	smoking; snorting	alcohol		separate dealers and areas for heroin & cocaine, though some recent crossover of cocaine buyers seeking heroin as well
Boston, MA P.D.	still high	young African American users; Hispanic users	none	smoking; snorting	heroin; marijuana	---	---
Seattle, WA DEA	stable	crack associated with gangs	none	smoking; some snorting			gangs distribute crack
Los Angeles, CA P.D.	still high	primarily African American men	none	smoking; injection	some speedballing among prostitutes		African American and Hispanic sellers, separate from heroin sellers
New York, NY P.D. Central Narcotics	stable	young teens to late 20s	none	crack	alcohol; marijuana	few designer drugs	---
Miami, FL P.D.	high	all ages, all ethnicities	none		marijuana		Columbian smugglers
Washington DC P.D.	stable at a high level	---	---	smoking; injection	PCP; heroin		controlled by Panamanian, Columbian, Cuban, Iranian, Dominican, and African Americans. Recent increase at retail level of Jamaicans
Cleveland, OH P.D.	stable	younger users for crack	none	crack; some HCl	marijuana		some gang involvement

Table 5 (cont'd.)

Police - Cocaine: 1/95

City	Purchase Amount	Purity	Other/Comments
New York, NY P.D. Central Narcotics	---	good	Special focus has been on Russian distribution; not an emerging problem, but a focus of this group lately.
Dover, DE P.D.		good	
Maryland State Police	dropping prices: \$60/gram	varies, but generally high purity (68-73%)	Increase in crack seizures.
Boston, MA P.D.			
Seattle, WA DEA	\$100/gram HCl; \$5, \$10, \$25 vials of crack	30-35%	More amphetamines reappearing through Mexico where chemicals for its manufacture are easy to obtain.
Los Angeles, CA P.D.	\$10, \$15/chip; also \$50 rocks available	low	
Miami, FL P.D.	\$17,500/kilo; \$35-\$50/gram	high; even street level 40- 50% pure	
Washington, DC P.D.	\$80-\$100/gram	77-80%	D.C. and Prince George Co. continue to be major source of supply to suburban areas. Mid-level dealers obtain supplies from So. American sources in New York, Miami, Los Angeles, and Texas.

Summary Table 6
Treatment Providers
Drug Use Patterns
1/95

DRUG: COCAINE/CRACK

REGION	% clients w/drug listed as 1 st drug of abuse	Δ over last year		% clients injecting	% clients inhaling/smoking	Other Drugs Used (% Mentioned)
I N=6	\bar{X} =62%	increase no change decrease	40% 60% 0%	\bar{X} =8%	\bar{X} =92%	heroin 40% marijuana 60% alcohol 100% amphetamines 20%
II N=13	\bar{X} =40%	increase no change decrease	25% 75% 0%	\bar{X} =5%	\bar{X} =95%	heroin 25% marijuana 83% alcohol 100% tranquilizers 25% amphetamines 8% other 8%
III N=10	\bar{X} =20%	increase no change decrease	33% 67% 0%	\bar{X} =11%	\bar{X} =89%	heroin 11% marijuana 67% alcohol 100% other 11%
IV N=10	\bar{X} =30%	increase no change decrease	14% 57% 29%	\bar{X} =28%	\bar{X} =72%	heroin 29% marijuana 43% alcohol 100% tranquilizers 14% amphetamines 29%

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, D.C.

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Summary Table 6 (cont'd.)

Treatment Providers
 Characteristics of Users by Drug of Abuse
 1/95

DRUG: COCAINE/CRACK

REGION	Percent by Age			Percent by Race/Ethnicity			Percent by Sex		Prior Treatment	
	under 20	21-30	31+	African American	White	Hispanic and Other	Male	Female	Yes	No
I N=6	\bar{X} =3%	\bar{X} =45%	\bar{X} =52%	\bar{X} =43%	\bar{X} =50%	\bar{X} =7%	\bar{X} =71%	\bar{X} =29%	\bar{X} =60%	\bar{X} =40%
II N=13	\bar{X} =9%	\bar{X} =48%	\bar{X} =43%	\bar{X} =47%	\bar{X} =42%	\bar{X} =11%	\bar{X} =64%	\bar{X} =36%	\bar{X} =49%	\bar{X} =51%
III N=10	\bar{X} =14%	\bar{X} =49%	\bar{X} =37%	\bar{X} =19%	\bar{X} =79%	\bar{X} =2%	\bar{X} =74%	\bar{X} =26%	\bar{X} =59%	\bar{X} =41%
IV N=10	\bar{X} =12%	\bar{X} =41%	\bar{X} =47%	\bar{X} =6%	\bar{X} =81%	\bar{X} =13%	\bar{X} =73%	\bar{X} =27%	\bar{X} =51%	\bar{X} =49%

Table 7

Ethnographers - Marijuana: 1/95

City	Incidence	Who's Using	Δ in Users	Method	Other Drugs	Emerging Drugs	Who's Selling
Bridgeport, CT (Geter)	high	all ethnicities, 13-24 yr. olds primarily	younger	blunts			Rastafarian sellers in addition to young street sellers
San Antonio/ El Paso, TX (Ramos)	high	Anglo teens; gang members	increase in middle class teen users		some concurrent use of inhalants (paint) among low income users	none	
Los Angeles, CA (Annon)	up	young (17 or younger); 60% male; all ethnicities	more young, new users; more Hispanics		some mixing with crack or PCP		young dealers who sell only marijuana; older dealers may deal multiple substances
San Francisco, CA (Murphy)	high	---	---	---	---	---	White, younger sellers
Oakland, CA (Feldman)	up	users under 25	none	---	alcohol	none	
New York, NY (Goldsmith)	high	---	---	---	---	---	---
Atlanta, GA (Sterk-Elifon)	high	crack users; college students; Hispanic males (older)	increase in Hispanic community	---	cocaine		some crack dealers are selling; mainly white sellers of only marijuana
Denver, CO (Koester)	high	everyone	none	---	---	---	Mexican sources
Miami, FL (Page)	stable	wide range of users	increased use among young middle class	---	MDMA	---	

Table 7

Ethnographers - Marijuana: 1/95

City	Incidence	Who's Using	Δ in Users	Method	Other Drugs	Emerging Drugs	Who's Selling
Trenton/ Newark, NJ (French)	continuing to rise	variety of users; many more whites		blunts	---	---	
New York, NY (Galea)	high; "it is all over the place"	"everyone"	none	blunts	---	---	varies, but matches the ethnicity of neighborhood
Austin, TX (Maxwell)	high	young adults, teens; 35% African American; 40% white	increase in African Americans				
Newark, DE (Pazzaglino)	high	everyone, including as young as junior high age	---	---	---	---	---

Table 7 (cont'd.)

Ethnographers - Marijuana: 1/95

City	Purchase Amount	Purity	Other/Comments
Bridgeport, CT (Geter)	\$10/bag	good	
San Antonio/ El Paso, TX (Ramos)	\$600-\$700/lb.	variable	
Los Angeles, CA (Annon)	sensimillia \$800-\$3500/lb.; \$100-\$300 oz.; little in smaller units	THC content 7-15%	
San Francisco, CA (Murphy)	\$400-\$450/oz. for locally grown	high	Gram bags are being sold in small baggies in the high schools for \$10-\$15.
Oakland, CA (Feldman)	\$80 = 1/2 oz.; \$5, \$10/bag; \$150 = 1/4 oz. for sensimillia	variable	
New York, NY (Goldsmith)			Sold in clear glass envelopes with logos on them
Atlanta, GA (Sterk-Elifon)	\$10-\$15/bag	good	
Denver, CO (Koester)		variable, but some very high quality and very expensive	Two grades of marijuana sold: one (poor quality) for street joints, and other (high quality) for "the yuppy neighborhoods."

Table 7 (cont'd.)

Ethnographers – Marijuana: 1/95

City	Purchase Amount	Purity	Other/Comments
Miami, FL (Page)	---		It is moving out of the hardcore street group to young (12 and up) from all social classes.
Trenton/Newark, NJ (French)			Marijuana use is prevalent and available as Phillies blunts. However, there are few arrests for marijuana.
Tampa, FL (Mieczkowski)			
New York, NY (Galea)	\$5, \$10, \$20/bags; \$100/oz.	good	Dutch Masters are replacing Phillies as cigar of choice for blunts as they are seen as softer, easier to roll and better tasting.
Austin, TX (Maxwell)			
Newark, DE (Pazzaglino)	6" x 6" baggie sold for \$40	good	Sources for better quality are from out of state though there is a lot grown locally (in Delaware).

Table 8
Police - Marijuana 1/95

City	Incidence	Who's Using	Δ in Users	Method	Other Drugs	Emerging Drugs	Who's Selling
Dover, DE P.D.	slight increase	high school, college aged users	none	---	PCP; LSD; alcohol		Diverse sources, some locally grown
Maryland State Police	availability high and increasing	young users	none	---	alcohol	---	---
Boston, MA P.D.	stable	young users	none	---			new marketing evident
Seattle, WA DEA	stable	older users, but increased use among school age	increase in teens	---			lots of local, older "hippies" who travel to Mexico to buy or grow locally
Los Angeles, CA P.D. (So. Central)		young users 18-23; especially prevalent among gang members	none	---	alcohol		Mexican Americans sell after receiving from Mexican sources; young street sellers
New York, NY P.D. Central Narcotics	stable	teens	none	---	---	---	---
Miami, FL P.D.	increasingly available	"everyone"	none	---	LSD	---	Tex-Mex growers as well as Jamaican sources; domestically grown sensimillia
Washington DC P.D.	up	teens and young adults		blunts	PCP; alcohol		Jamaican and domestic growers; also Mexican & Texan sources
Cleveland, OH P.D.	increasing seizures						

Table 8 (cont'd.)

Police - Marijuana: 1/95

City	Purchase Amount	Purity	Other/Comments
New York, NY P.D. Central Narcotics	\$5 bags now available	good	
Dover, DE P.D.		high	
Maryland State Police	\$55-\$60 = 1/4 oz. \$30-\$35 = 1/8 oz.	---	Smaller unit packaging apparent making it more available to young users.
Boston, MA P.D.			
Seattle, WA DEA	exotic varieties = \$600-\$700/lb.	varies	
Los Angeles, CA P.D. (So. Central)	\$10/bag	good	Much comes from Mexico, e.g., recent incident where 50 lbs. was brought over in a gas tank.
Miami, FL P.D.	\$150-\$200/oz. \$10-\$20/bag		Small bags, envelopes available and increasingly seized on street.
Washington, DC P.D.			Increasingly popular mode of smuggling supplies into DC is UPS or Federal Express in shipments weighing up to 100 lbs.

Summary Table 9

**Treatment Providers
Drug Use Patterns
1/95**

DRUG: MARIJUANA

REGION	% clients w/drug listed as 1 ^o drug of abuse	Δ over last year		Other Drugs Used	
I N=6	\bar{X} =18%	increase no change decrease	25% 75% 0%	cocaine alcohol tranquilizers	50% 75% 25%
II N=13	\bar{X} =19%	increase no change decrease	18% 82% 0%	heroin cocaine alcohol amphetamines	18% 36% 100% 9%
III N=10	\bar{X} =16%	increase no change decrease	0% 90% 10%	cocaine alcohol tranquilizers	20% 100% 10%
IV N=10	\bar{X} =21%	increase no change decrease	0% 100% 0%	alcohol amphetamines other	75% 13% 25%

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, 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

Summary Table 9 (cont'd.)

**Treatment Providers
Characteristics of Users by Drug of Abuse
1/95**

DRUG: MARIJUANA

REGION	Percent by Age			Percent by Race/Ethnicity			Percent by Sex		Prior Treatment	
	under 20	21-30	31+	African American	White	Hispanic and Other	Male	Female	Yes	No
I N=6	$\bar{X}=21\%$	$\bar{X}=65\%$	$\bar{X}=14\%$	$\bar{X}=36\%$	$\bar{X}=63\%$	$\bar{X}=1\%$	$\bar{X}=86\%$	$\bar{X}=14\%$	$\bar{X}=50\%$	$\bar{X}=50\%$
II N=13	$\bar{X}=19\%$	$\bar{X}=40\%$	$\bar{X}=41\%$	$\bar{X}=35\%$	$\bar{X}=50\%$	$\bar{X}=15\%$	$\bar{X}=74\%$	$\bar{X}=26\%$	$\bar{X}=31\%$	$\bar{X}=69\%$
III N=10	$\bar{X}=28\%$	$\bar{X}=38\%$	$\bar{X}=34\%$	$\bar{X}=12\%$	$\bar{X}=84\%$	$\bar{X}=4\%$	$\bar{X}=77\%$	$\bar{X}=23\%$	$\bar{X}=24\%$	$\bar{X}=76\%$
IV N=10	$\bar{X}=59\%$	$\bar{X}=31\%$	$\bar{X}=10\%$	$\bar{X}=2\%$	$\bar{X}=72\%$	$\bar{X}=26\%$	$\bar{X}=69\%$	$\bar{X}=31\%$	$\bar{X}=34\%$	$\bar{X}=66\%$

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