OFFICE OF NATIONAL DRUG CONTROL POLICY

PULSE CHECK

National Trends in Drug Abuse

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Highlights

The *Pulse Check* is a report on the use and distribution of illicit drugs in various areas of the country that is published semi-annually by the Office of National Drug Control Policy (ONDCP). It is based on conversations with drug researchers (i.e., ethnographers, epidemiologists), law enforcement officials (i.e, State police, DEA agents) and substance abuse treatment providers nationwide. Highlights of the current issue are summarized below.

Heroin

• The increased popularity of heroin has reached most regions of the country. High purity heroin is widely available in the urban areas of the Northeast, Mid-Atlantic and West. While it is less common in the South, its use is rising in that region also.

• Sources in all areas report the appearance of more new, young users, although the majority of heroin users are still older, established users. Young users are likely to initiate heroin use by snorting the drug, but if they become habituated they switch to injecting.

• In the Southwest Border region it is more common to find low purity Mexican black tar heroin. Thus, most users (including initiates) inject. Some users in this area are finding ways to dissolve the substance and squirt it intra-nasally.

• With the price of heroin low, sources in Bridgeport, Atlanta, and Miami report that crack users are starting to use heroin in addition to crack or they are switching to heroin as their primary drug. In addition, sources report that at-risk youth who may have been likely to try crack in an earlier era are now trying heroin.

• Double-breasting — joint distribution of heroin and cocaine — continues to rise. These dealers are usually young, entrepreneurial non-drug users unlike typical heroin dealers who distribute through a network of acquaintances. While they combine distribution of heroin and cocaine, they usually do not sell marijuana, hallucinogens, methamphetamine or any other drugs.

Cocaine

• Crack use is stable though it remains the dominant drug in most markets. Crack users are an older cohort than they were in the early 1990s, indicating fewer initiates.

• The price of crack is dropping in most areas. Pieces or rocks which sold for $10-20 may now sell for as little as $3–5. In Texas, "shavings" or small crumbling pieces are available for even lower prices. However, lowered prices appear to have had little impact on a continued decline in popularity.

• Sources in Denver and Miami report that crack has gained a reputation as a "junkie" drug among young, new drug users, and this has contributed to a decline in its popularity.

• Cocaine used in powdered form is reappearing in some areas (i.e., Baltimore, San Antonio/El Paso) after a long period of low availability. The renewed interest is primarily among middle-class users.

Marijuana

• Marijuana continues to be widely abused, though the greatest concentration of use is among youth. Young marijuana users often use a number of other drugs including MDMA, hallucinogens, and alcohol.

• Varieties of "blunts," (marijuana wrapped in cigar packaging) continue to crop up. Blunts may be just a larger form of the traditional "joint." They may also contain marijuana mixed with other drugs — such as PCP, crack, or heroin — or be dipped in substances like cough syrup or even cleaning products. These enhanced blunts are marketed as special products and command a higher price than untreated blunts.

• The price of marijuana has dropped in the Southwest Border region, in part because large local harvests have reached the market.

• Treatment providers report that approximately one-third of all clients in treatment for marijuana abuse are under 20 years old, and over 75 percent of them also have problems with alcohol abuse. Treatment providers also report an increase in the number of young marijuana clients who abuse inhalants.

Emerging Drugs

• Methamphetamine use continues to rise in the West and Southwest and in Hawaii. Users are most often White males in their twenties, often in blue collar occupations. Recent seizures of large quantities of precursor materials along the Southwest Border suggest an increase in domestic production of methamphetamine.

• The use of "club drugs" continues in many areas (i.e., suburban New York and Maryland, Miami, Austin, Baltimore, Cleveland, and New York City). Club drugs are used by young, middle-class users who are into the "rave" or nightclub scene. The category includes: prescription drugs; hallucinogens; and in some areas, marijuana, heroin, and methamphetamine.

• Inhalant abuse is rising among young people. "Huffing" of glue, paint, aerosols, and cleaning fluids is becoming more popular among adolescents in some areas (i.e., Washington, D.C., Columbia, and San Antonio/El Paso).

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Introduction

The *Pulse Check* is published twice each year by the Office of National Drug Control Policy (ONDCP). Since its first publication in 1992, the goal of each *Pulse Check* has been to capture current information about drug abuse and drug markets from people in the field: drug researchers, law enforcement officers, and substance abuse treatment providers. Approximately 90–100 sources from all parts of the country are consulted for this report.

The *Pulse Check* is not a population-based survey and should not be considered a substitute for this type of research. Rather, it is designed to provide a concise, qualitative description of the drug scene so that policy makers and researchers are aware of changes or trends as they develop. *Pulse Check* findings often are corroborated by longer term statistical survey research.

The *Pulse Check* is conducted by Dr. Dana Hunt and staff of Abt Associates. Information is collected through lengthy conversations with drug ethnographers and epidemiologists; law enforcement agents; and drug treatment providers across the country. The first two sets of sources are selected to represent various regions of the country and generally are the same reporters each round of calls. Treatment providers are selected randomly from a national directory of treatment programs, and represent both small and large programs across the country. Thus they are a unique group for each *Pulse Check.*

Methods of data collection and topics of discussion are described in the appendix. Findings are summarized in narrative form, and then presented in detailed tables at the end of the report. This issue also includes a special section on developments in heroin use patterns.

Description of Sources

All *Pulse Check* sources are asked to describe their impressions about changes and trends in the use and markets for heroin, cocaine, marijuana, and emerging drugs.

Nine ethnographers and epidemiologists were contacted for this report. In this issue, ethnographic/epidemiologic sources reported from: Bridgeport, Connecticut; Atlanta, Georgia; San Francisco, California; Orange County, New York; Denver, Colorado; San Antonio/El Paso, Texas; Miami, Florida; Seattle, Washington; and Austin, Texas. For clarity, Orange County, New York will be referred to as New York State in the ethnographers' reports and corresponding tables in order to distinguish that it is a suburban rather than urban area. The appendix lists all sources contacted.

In this issue, representatives of police departments reported from ten cities: Cleveland, Ohio; Baltimore, Maryland; Chicago, Illinois; New York, New York; Bridgeport, Connecticut; Miami, Florida; San Antonio, Texas; Trenton, New Jersey; Columbia, Maryland and Washington, D.C. For security reasons, the names of law enforcement contacts are not published.

Sixty-eight substance abuse treatment providers were contacted for this issue. Treatment providers were selected randomly from a national database of providers. They represent both small and large programs from all regions of the country. The appendix describes how they are selected and the types of information they provide.

Trends in Drug Use: Winter 1997

PART I: HEROIN

The rise in the availability of higher purity heroin and increased use that began in Northeastern cities in the early 1990s has now reached all areas of the country. In this round of calls, some sources report increases in the number of heroin users entering treatment facilities as well as increased numbers of emergency room episodes and overdose deaths related to heroin. Law enforcement sources report that heroin is part of both the street drug trade and the club drug market and is being sold by a wider range of dealers who are likely to sell both heroin and cocaine. In short, heroin has made a comeback almost everywhere, and it is no longer confined to older addicts from another generation of drug users. Many sources report that it is once again a flourishing part of the drug culture in their areas.

Ethnographers and Epidemiologic Sources (Table 1)

Sources report that heroin use is increasing or high in all areas. Sources from areas across the country, such as Seattle, Miami, New York State, Atlanta, San Francisco, and Austin report that the presence of heroin is rising in their areas. Bridgeport and Denver sources report that heroin is stable at a high level. As has been reported in past *Pulse Checks*, the majority of heroin users are still long-term users who inject, but there is an increasing number of young, new users who primarily snort the drug.

Reporters in Bridgeport, Atlanta, and Miami indicate that there is evidence that some crack users are switching to heroin. These crack users may be older users who have turned to heroin to supplement their crack use, or at-risk youth who may have become heavy crack users in an earlier era, but now experiment with heroin due to its high availability. This is significant because there has traditionally been two different types of user groups for heroin and crack. The Bridgeport source describes some young crack users' claims that they started using heroin as an "antidote" to crack, touting its calming effect, only to find that they had later developed a heroin habit. The differences between the two groups are emphasized in the comments of the Atlanta source, who reports that older heroin users are uncomfortable with crack users who switch to heroin or add it to their drug use. These longer-term heroin users are forming their own "shooting galleries" (a more traditional setting for heroin users), rather than frequenting "get off houses," locations for both heroin and crack use. In addition, young users in Atlanta claim that they snort partially because they are unable to find older users who willing to teach them to inject. This is described in more detail in the special section on changes in heroin use patterns at the end of this report.

For the first time, San Antonio/El Paso, Miami, Seattle, and New York State sources report a rise in the number of emergency room (ER) episodes and overdose deaths in their areas, primarily among older addicts, in the last six months. The most recent Drug Abuse Warning Network (DAWN) data (for 1995) show that the proportion of heroin-related ER episodes accounted for by persons 35 and older

has more than tripled since 1978, and now accounts for 55 percent of all such episodes. In short, few older users are novices. They are more often persons who have abused heroin for many years, or users who have returned to drugs after years of abstinence. Particularly in the latter case, users may not be accustomed to the increased purity of today's heroin and may overdose.

Four sources report that "double-breasting" — joint sales of heroin and cocaine — occurs in their areas (i.e., Atlanta, Bridgeport, San Francisco, and San Antonio/El Paso). For example, in Atlanta, until recently, crack was available everywhere while heroin was sold only in a few neighborhoods. Now both drugs are available in many neighborhoods throughout the city. In Bridgeport, joint sellers of heroin and cocaine are generally in their early twenties, not users themselves, and organized into crews. The Bridgeport ethnographer reports that despite recent police crackdowns in dealing areas, there is still a high volume of sales of both heroin and cocaine. The majority of dealers sell powdered cocaine, crack, and heroin. However, the heroin volume has increased over the last year and has overcome the once dominant position of crack. The ethnographer reports that in selling both drugs, "these guys talk about making crazy money all night long — real mad loot." The success which results from selling both drugs in an organized fashion is attracting young, individual entrepreneurs as well as more organized groups or gangs.

Sources in Miami, Seattle, and Bridgeport report that the purity of heroin has risen in their areas. For example, there was considerably more low grade or heavily cut heroin ("scramble") available in Connecticut six months ago; now there is little deviation from the high end product on the street. Even in Atlanta, where purity has declined somewhat in the past six months, it is still over 50 percent. Purity of heroin is high everywhere except the Southwest Border region where there is little or no Southeast Asian or South American heroin; both sources in Texas report that there is only black tar heroin in the region. However, there have been some indications that a higher purity Mexican black tar heroin, that can be snorted, has emerged in Texas. This appears to be an attempt to compete with the higher purity varieties that are available in other regions. The street unit price remains around $10–20 for 1/10–2/10 gram bags, balloons, or paper in most areas. Larger quantities like "eightballs" (1/8 ounce units) or bundles for ten $10 bags are also available through many street level dealers.

New users typically begin by snorting — which is only possible with high purity powder. Since high purity powder is widely available, young or novice users often initiate use this way. However, if they continue, and dependence is established, they are likely to switch to the more efficient method of injection, or to a combination of injection and snorting. In the Southwest Border region, typically only low purity Mexican black tar heroin is available, therefore, all users, even novices, inject. Established users always inject the drug. There have been reports of more creative ways to use heroin; in the San Antonio/El Paso area, some users dissolve it and squirt it intra-nasally. Some users in Atlanta dissolve crack along with heroin and inject it in a crack/heroin speedball, or sprinkle heroin over a piece of crack and smoke it.

In Miami, there is still far less consumption than in other areas, but use is rising nonetheless. Heroin is appearing in "after

hours" clubs where it is used to enhance the "partying" activity of a young, affluent clientele. These users are often injecting or skin-popping (i.e., injecting a drug under the skin into soft tissue rather than directly into the bloodstream) in places where injection marks are not apparent, such as between the toes, to avoid the appearance of being an injection drug user.

Law Enforcement Sources (Table 2)

Six of the ten law enforcement sources report that the availability of heroin is high in their areas (i.e., Baltimore, Chicago, New York, Bridgeport, Washington, D.C., and Columbia); the other three describe heroin availability as stable. In Baltimore, the number of arrests related to heroin has tripled. Police sources report that the drug is showing up at unlikely places as city dealers move into the county and is even appearing at some area high schools. Washington, D.C. police sources report that they are "starting to see heroin like we used to see crack." The expanded presence of heroin is evident in many ways: more busts of dealers at all levels; more paraphernalia or evidence of use on the streets; and more arrestees for all crimes being heroin users.

Most law enforcement sources report that the majority of heroin users are "old timers" (older, long-term users who inject). However, sources in all areas report that they see new, young users, who are most often snorting. In general, users represent all ethnicities and both genders. New York police report that young club goers are starting to use heroin in addition to the many popular club drugs. "[T]he ones who are into designer drugs" are now experimenting with snorting heroin. Like the ethnographers, law enforcement sources state that heroin dealers are now more evident in club areas as there is money to be made in this market.

Sellers vary according to their market. In most cases they are young males, and dealers of varying ethnicities sell in their respective neighborhoods. Along the Texas border, sellers are typically linked to the Mexican Mafia, though unrelated selling "families" have made inroads into the market. In the Baltimore/Washington area, heroin is sold more frequently in open air markets along with cocaine. Bridgeport police report that they increasingly find dealers with many different drugs for sale, rather than geographically distinct drug markets.

Street level prices remain stable at $10–20/bag and street level purity is reportedly high (20–50%) in most areas. Again, the exception is the Southwest Border, where there is only black tar heroin available; its purity is typically below 5 percent at the street level.

Treatment Providers (Table 3)

Treatment providers in three regions (Northeast, Midwest, and West/Southwest) report that the number of clients who enter treatment for heroin abuse has risen since the last *Pulse Check*. This rise was concentrated in the Northeast (Region 1) and the West/Southwest (Region 4), where 62 percent and 44 percent of programs, respectively, report more heroin clients than the last *Pulse Check*. Even programs in rural areas of the country, where there has traditionally been little or no heroin use report some clients entering treatment with heroin abuse problems.

In areas where the number of heroin clients increased the most — the Northeast and the West/Southwest — approximately half of

the clients inject and the other half snort. A California program director stated that he was amazed that 85 percent of his heroin treatment clients reported that they primarily snort the drug given that only a few years ago snorting heroin was "almost unheard of." In contrast, a large program in Washington state provides a different profile: 35 percent of the clients are heroin users; of those, 70 percent are injecting. However, these clients are not the older heroin addicts who have injected for years, but young, fairly new users. A program director in Oklahoma City notes that the progression from first use, to addiction and then to treatment has become quicker due to the availability of high purity heroin: "They are 'more hooked sooner' . . . the purity of the drug damages them quicker." This results in a younger population seeking treatment for heroin abuse.

Over 45 percent of heroin treatment clients in all regions are over 31 years old. This is consistent with the fact that most heroin users are older, long-term drug abusers. A large Brooklyn program reports that over 50 percent of their clients who report heroin as their primary drug of abuse are over 40 years old. Programs in Massachusetts and Missouri report similar statistics — three-fourths of clients are over 30, with one-half over 40. In general, it takes months or even years of use before a narcotics user reaches such a point of " burnout" or life problems that he or she seeks treatment.

However, when programs report an increasing number of addicts in their early twenties, this shows that the age of initiation and/or serious abuse was during teen years. Several programs in the Mid-Atlantic and South report more heroin clients, and the majority of these new clients are *younger* users. For example, two large suburban Maryland programs report that the number of heroin clients is increasing, and over half of these new clients are under 20 years old. The West/Southwest region also reports more young heroin clients in the 20–30 year-old range than in previous *Pulse Check* reports. A treatment provider in San Francisco comments that in that program, "heroin users are getting younger and cocaine users are getting older."

As has been reported in prior *Pulse Checks*, most heroin users in treatment have had prior treatment. This indicates that they are, by and large, experienced drug users. In the Northeast, Mid-Atlantic/South, and Midwest, over seventy percent of clients have had prior treatment, and even in the West/Southwest, this proportion is close to 60 percent.

Alcohol is still the most commonly mentioned secondary drug in all regions, followed by cocaine and marijuana. The popularity of amphetamines is apparent in the higher percentage of amphetamine mentions (31%) for programs in the West/Southwest region. Some programs in places like Iowa and Missouri report clients using methamphetamine.

PART II: COCAINE

According to most *Pulse Check* sources, the market for cocaine and crack appears to have stabilized, though in many areas it is at a high level, and in a couple of areas, there has been a re-emergence of cocaine powder after a period of low availability. While crack cocaine is still the dominant illicit drug on the national scene, it appears that crack users are an aging group. Some sources report that crack use has become unfashionable, and has developed the image of a "junkie" or "burnout" drug

among young, new drug users. As a result, these users are not as likely to try crack, though they may be trying heroin instead. Prices for both cocaine HCl and crack appear to be stable or declining, though this has not led to a noticeable effect on use. The proportion of clients who enter treatment for cocaine/crack abuse appears to have remained stable since the last *Pulse Check.*

Ethnographers and Epidemiologic Sources (Table 4)

Seven out of nine sources say that the use of cocaine, both in powdered form (HCl) and as crack, is stable in their areas though four (i.e., San Antonio/El Paso, Seattle, Denver, and Atlanta) say that it is at a high level. The source in Atlanta reports that crack is still "by far the dominant drug on the market" but its use has begun to stabilize. Only New York State and Austin sources say that it has gone down since the last *Pulse Check.*

Cocaine and crack still attract a wider variety of users than heroin. Most areas report that there are younger and older users, of all ethnicities and both sexes. In Miami, Bridgeport, and Atlanta, there continue to be some new, young users, particularly in the club scene, where cocaine smoked in powdered form remains popular when available. In Texas, younger, middle class White or Hispanic users are also attracted to cocaine powder rather than crack, which is more frequently consumed by older African-American users.

The Miami reporter notices that "crack users, both under and over 30, are regarded as the neighborhood burnouts, even in inner-city areas." This was echoed by sources in Denver, Atlanta, and San Francisco. San Francisco and Denver sources find crack users to be an "aging" crowd, with few younger, new users attracted to it. Among at-risk Denver youth, who might have been attracted to crack in the past, the drug is becoming unfashionable. Unfortunately, the trendy alternative in that area is increasingly another stimulant, methamphetamine. The exception to this trend appears to be in Austin, where there has been a recent increase in the number of young Hispanic females using crack or free-basing HCl.

When cocaine is used, smoking it as crack is still the most common method everywhere. In this *Pulse Check*, there are more reports of users combining crack with heroin, either smoked or injected. Users who inject cocaine are primarily heroin users who add cocaine periodically in a speedball combination. That is, their primary drug is heroin, not cocaine. Ethnographers from Texas, New York, and Georgia describe users transforming crack into a soluble form and injecting it. In suburban New York and Atlanta, some crack users dissolve crack in vinegar and water and inject it or crush crack pieces into a fine powder and snort it. While smoking crack has not been routinely associated with heroin use, these transformation methods are making crack an easy companion drug for heroin, either by injection or snorting.

Some users report that they consume heroin to reduce the overstimulation associated with heavy crack use; others are switching to heroin as it becomes more plentiful and as easy or easier to obtain than crack or cocaine in powdered form. This is described in the special section on developments in patterns of heroin use.

The cocaine/crack market continues to merge with the heroin market in some areas (i.e., Bridgeport, San Francisco, San Anto-

nio/El Paso, and Seattle). While the two markets have traditionally been distinct, with crack sellers typically being young, non-users who may be in a gang, and heroin sellers being older users who distribute to a network of acquaintances, there is now considerable overlap between the two. In Bridgeport and in Seattle, double-breasted dealing is becoming more organized. The majority of sellers in these areas are not users themselves, are most often young males, and are organized in crews or gangs. In Bridgeport, dealers have closed the market to new distributors, making it difficult for independent operators to sell and producing widespread turf battles.

By contrast, in Atlanta, the dealing structure is not highly specialized and appears organized more loosely along ethnic lines (e.g., African-Americans deal crack; Whites deal methamphetamine). The Atlanta source notes that the crack trade of the 1980s, with its introduction of very small and inexpensive units at the street level, has forced dealers of all drugs to market in smaller units in order to attract users with only ten or twenty dollars to spend.

In Texas, crack and HCl distribution are managed by Mexican dealers with ties to established criminal organizations (the Mexican syndicate and the Mexican Mafia) that operate on both sides of the border. Mid-level distribution of powdered cocaine is managed by Whites, and street-level distribution of crack is handled by Hispanic and African-American youths, some with gang involvement.

Prices for both HC1 and crack appear to be dropping, though there are regional variations. In Denver, a piece of crack sells for approximately $5–10; in Atlanta, a piece sells for $3–5; and in Texas, pieces can start as low as $1. In Texas, the $5 and $10 piece of crack, which was a staple of the market, is now less common. Instead, "shavings" of crack are sold even more inexpensively. Atlanta also reports active competition between the crack and methamphetamine markets, with comparable prices attracting the same customers.

Law Enforcement Sources (Table 5)

Police sources in four areas (i.e, Baltimore, San Antonio/El Paso, Trenton, and Cleveland) report that cocaine and crack availability has gone up as of this *Pulse Check.* Baltimore law enforcement sources find that crack is the drug most often involved in arrests and that cocaine HC1 is beginning to appear on the streets again after a period of low availability.

Four police contacts describe cocaine use and availability as stable (i.e., New York, Miami, Washington, DC, and Columbia), and two report a slight decline (i.e., Chicago, Bridgeport). Police sources in New York describe crack as "in every neighborhood, in our best high schools, in our best colleges." However, sources in Chicago report that cocaine is currently not as available as in previous reports. In fact, sellers have reduced the amount of cocaine used in production of crack so much so that there have been seizures of crack that do not contain any cocaine. That is, the "crack" is made up completely of substances used to "cut" the drug. Miami police note that seizure statistics and intelligence from informants suggest that there is less cocaine available at the wholesale level.

Like ethnographic and epidemiologic sources, police report a diverse group of users of crack and HC1. Crack appears to be somewhat more popular among older users, confirming ethnographic reports that new users are less likely to try crack. Powdered cocaine is

somewhat more popular among users under 30. San Antonio and Bridgeport police report a recent increase in use among middle-class users. The Baltimore source also notes that they are seeing some new young users of cocaine, snorting it in powdered form. In Bridgeport, police find a number of White suburban users coming into the dealing areas of the city from nearby affluent communities to buy both crack and cocaine powder.

Law enforcement sources in suburban Maryland indicate that synthetic substances ("designer powder") are appearing on the market and being sold as cocaine. Baltimore police sources report that after a period of low availability of both HCl and crack, supplies are up again and many dealers are now offering users anything from one or two "baggies" to multi-ounce quantities.

In Florida and along the Southwest border, middle- and upper-level dealers are likely to be Hispanic. In all areas, street-level dealers are likely to match local demographics for both crack and powder.

In Bridgeport, Trenton, and Washington, D.C., there is continuing evidence of dealers selling both heroin and cocaine. This confirms ethnographic reports of double-breasting in those areas. However, in Washington, D.C., these sellers are older users, unlike in other areas where double-breasting tends to be conducted by young, entrepreneurial non-users.

Law enforcement sources report that cocaine prices remain stable since the last *Pulse Check*. At the street level, a vial containing small pieces or a rock of crack ranges from $5–10 and a gram of cocaine HCl costs from $70–100. At the kilo level, prices range from $18,000 along the Southwest border to $20,000–25,000 in the Mid-Atlantic region. All police sources report that purity is high at larger purchase levels, though variable at street level.

Treatment Providers (Table 6)

Treatment providers everywhere report that approximately the same proportion of clients enter treatment for cocaine or crack abuse as the last *Pulse Check*. The proportion is highest in the Northeast (37%) and lowest in the Mid-Atlantic and South (21%). The Northeast and West/Southwest have the largest percentage of programs that are experiencing a decrease in the proportion of cocaine clients entering treatment.

The majority of cocaine treatment clients (78%-93%) are either snorting cocaine in powdered form or smoking the drug as crack. The Mid-Atlantic and South have a somewhat higher proportion of injectors than other regions, but this proportion is still relatively low (22%), which confirms ethnographic and police reports that users who inject cocaine only are rare. Treatment providers state that the majority of cocaine injectors have a concurrent heroin addiction, and typically add cocaine as a secondary drug in a speedball combination. These individuals are more likely to appear for treatment of heroin as their primary problem, though they are also abusers of cocaine. Several treatment providers also mentioned that more crack clients appear to suffer from mental illness than users of other substances.

The most commonly reported "other" drugs used by clients in treatment for cocaine abuse are alcohol and marijuana. Three providers from the West/Southwest report that cocaine appears to be a substitute for metham-

phetamine for many users, given the enormous popularity of methamphetamine in that region. When meth is not available, these users may look for cocaine. Methamphetamine, however, is more desirable since it is generally less expensive and longer-acting than cocaine. Programs in the West and Southwest report that, on average, 26 percent of clients also have a problem with amphetamines.

Cocaine and crack clients in treatment are also an "aging population" as the drug becomes less popular with younger users. Treatment providers in the West/Southwest and in the Northeast report that a large proportion of clients (45-60%) are over 30. One large California program reports that 50 percent of their cocaine clients are over 40 years old.

PART III: MARIJUANA

In most areas, the use of marijuana appears to be stable or rising. Marijuana attracts a diverse groups of users, though the majority is young. One *Pulse Check* source comments that users may not even consider marijuana a drug — its use is widespread, and it is a constant where other illicit drugs are being consumed. High quality marijuana, including domestic varieties, is available in most areas. One popular method of using marijuana is in the form of "blunts," which are hollowed-out cigars that contain marijuana alone or marijuana combined with other licit and illicit substances. Treatment providers report a higher proportion of treatment clients who enter their facilities for marijuana abuse, and about one-third of these clients are under the age of 20.

Ethnographers and Epidemiologic Sources (Table 7)

Only two of nine ethnographic sources (i.e., suburban New York and Seattle) report that marijuana use is up in their areas, while the other seven report that it is stable. While the majority of users are young (teens and twenties), marijuana attracts a diverse group of users of all ages, ethnicities, and income groups. As the Bridgeport source notes, marijuana is "the most widely used illegal drug in every social set." The Seattle source reports that in a large alcohol and drug hotline service, marijuana is most commonly mentioned drug, with one-half of all the calls from young people being related to marijuana.

Many marijuana users consume other drugs. Marijuana use among teens and young adults is often associated with use of hallucinogens, MDMA, prescription drugs or alcohol. Sources in Texas, California, and Georgia report that young users combine marijuana with a variety of substances such as crack, PCP or heroin and roll it into "blunts." Blunts are hollowed out cigars that contain marijuana alone or marijuana in combination with other substances. In Texas, blunts may be soaked in embalming fluid or dipped in codeine cough syrup, with the latter combination dubbed a "Candy blunt." While adding little to the pharmacological effect of marijuana, these combinations or dipping solutions are effective marketing devices. The specially treated blunts have exotic, recognizable names ("Amps, Fry, Primos, Swisher Sweets, Woolies") and command a higher price that untreated blunts.

In the East and South, source distributors of imported product are often Jamaican while local youths or young adults distribute domestic varieties. In the Southwest, young Hispanic

dealers distribute Mexican marijuana, and adult Anglos distribute Colombian and locally grown marijuana. Sellers of marijuana are a more varied group than sellers of heroin or cocaine, which reflects its diverse user population.

The Bridgeport source notes that neither the volume nor the frenzied pace of sales that characterize the heroin and cocaine market is part of the marijuana trade. For example, while it may be easy to find marijuana for sale during daylight hours or on the weekends, it is not a "round-the-clock" trade like heroin and cocaine distribution. Since marijuana is a bulkier product for dealers to carry, most street level sales are in small amounts (e.g., individual joints or quantities of less than an ounce). Larger quantities are available in most areas, but the sale is usually handled by beeper or delivery to a predetermined location.

Sources in San Francisco and Bridgeport note that marijuana has become more expensive recently due to decreased availability. However, in Texas, prices dropped as both the local and Mexican harvest became available. Typical street sales are $10 bags that produce 1–3 marijuana cigarettes. In Texas, larger quantities sell at $450–800/pound for domestic marijuana and $700–3,000/pound for Colombian marijuana. All police sources report that the marijuana available in street markets is of high quality, particularly the local hydroponically grown varieties. The Denver source reports that these domestic varieties, now widely available in that area, are considered a great improvement over other domestic or Mexican varieties.

Law Enforcement Sources (Table 8)

Unlike the ethnographic sources, the majority of law enforcement sources report an increase in marijuana use. Police sources in Washington D.C. report that use has risen so drastically that the regional U.S. Attorney has asked for an increase in penalties for marijuana trafficking. Only law enforcement sources in Miami, New York, and Bridgeport describe use in their areas as "stable."

Police sources find marijuana users to be a diverse group, though the majority are teens and young adults. The Baltimore law enforcement source comments that people of all ages are using marijuana and that it "is not being seen as a drug." He finds that among users of other drugs, marijuana use is a constant. Police sources in Washington, D.C., Baltimore, Cleveland, and suburban Maryland report that combinations of marijuana with PCP and cocaine are popular in their areas, most often in the blunt form described above.

Law enforcement sources in Trenton, Miami, and Bridgeport report a predominance of Jamaican sellers, though distributors in all areas are described as a more diverse group than for other drugs. There are a large number of local distributors, typically teens or young adults, who sell locally grown products. The Baltimore source describes the structure of the distribution network as "made up of extremes," that is, there are upper level dealers — often Jamaican or Hispanic — and lower level dealers who are local "home growers," with very little in between. The former are more likely to deal in specific inner-city areas and in large quantities; the latter deal in a more geographically scattered market, often relying on established customers or well-known ties for distribution. In addition, local sources are

also obtaining marijuana through the mail. There have been seizures in Mid-Atlantic cities of marijuana mailed from Arizona and New Mexico via Federal Express and regular mail. In Trenton, there is evidence of increased selling of marijuana by crack distributors, a new phenomenon in that area.

Marijuana is inexpensive in Texas and in the Southwest Border region due to recent harvests of local crops. Prices have dropped in other areas as well (i.e., Cleveland, Washington, D.C., Trenton). New York police report that expensive chemically treated marijuana is available, and sells for $2,000–4,000/pound, or $10-15 for individual cigarettes.

Treatment Providers (Table 9)

In all regions except the West/Southwest, there has been a slight increase in clients entering treatment for marijuana abuse since the last *Pulse Check*. The change is most evident in the Mid-Atlantic and South, where 79 percent of programs reported an increase. Treatment providers describe a younger treatment population for marijuana than for heroin or cocaine. Almost one third are under twenty, and more than one half have no prior treatment experience. In Texas, 70 percent of the adolescent admissions name marijuana as their primary drug of abuse.

Alcohol is the most common secondary drug used by marijuana clients in all regions, followed by cocaine. One treatment provider comments that the real question is how many people whose "real problem is alcohol, but who also use other drugs" enter substance abuse treatment. This is illustrated clearly by the case of Alaska, where all of the treatment providers state that while marijuana is their most common illegal drug problem, its abuse is almost always secondary to severe alcohol problems.

Several treatment providers mention an increased use of inhalants among their young treatment clients, often in conjunction with marijuana. "Huffing" of glue, aerosols, paint and cleaning fluids is becoming popular among adolescents and some young adults, particularly in the Mid-Atlantic and the West/Southwest. Huffing entails placing a substance in a bag or soda can to sniff or inhale the fumes. This produces a drunken, disoriented or sometimes hallucinogenic effect. Depending on the toxicity of substance inhaled, repeated use can also produce nausea, headaches and loss of consciousness. One Ohio source commented that young teens are particularly susceptible to inhalant abuse because they have less access to the illegal drugs used by older peers and almost unlimited access to the many household substances which can be inhaled. Parents who are aware of the dangers of sniffing glue may not realize the popularity of sniffing other substances like aerosols, Freon or common cleansers.

PART IV: EMERGING DRUGS (Tables 10 & 11)

Methamphetamine and **hallucinogens** continue to be mentioned as emerging drugs in many areas across the country. Ethnographic sources in Denver, Seattle, and Austin cite the presence of meth in their areas, as do law enforcement sources in Washington, DC and Columbia. In Colorado, meth is the only drug for which treatment admissions have risen consistently over the past few years. The Denver ethnographic source reports that there are different groups of users: street users who

inject repeatedly and are "going after the high continuously;" working class users who smoke the drug both recreationally and to stay awake or alert; and transient street youth who inject methamphetamine and use heroin sporadically. However, while patterns of use differ, all groups consist primarily of White males. The drug is readily available in that area and street sales of a gram ($120) are not uncommon. It is also available in smaller units costing $20, $40, and $60.

Methamphetamine is also increasing in popularity in Atlanta and Seattle. Street dealers in Atlanta tout the drug as longer lasting than crack and vie for the same customers. The Atlanta source also reports that there is more methamphetamine in the rural areas of Georgia where production laboratories are located. Again, in this area, the methamphetamine market is dominated by Whites, who are the majority of buyers, manufacturers, and sellers. In Seattle, the majority of users are blue collar workers. There also is considerable use in the gay community and meth is found in many gay bars or clubs in the area. The Seattle source notes the dangerous upward trend in unprotected sex and intravenous use of methamphetamine in the gay community, where HIV seroprevalence rates are already close to 50 percent.

In Hawaii, treatment providers describe methamphetamine as a companion drug "for everything" in their area, where the drug has been well-established for several years. It is inhaled or smoked in its crystalline form ("ice") and attracts a more diverse group of users than it does in any other State. As noted in the special methamphetamine report in the last *Pulse Check*, it is the major illicit drug of abuse for treatment admissions in Hawaii.

Texas sources also report a substantial problem with methamphetamine, particularly in the northern part of the state. Police report that they expect to find more home laboratories or locally produced meth based on recent large seizures of ephedrine and pseudoephedrine, two base substances in methamphetamine production. Texas sources report that two types of methamphetamine are being produced: a yellow product that is made in stainless steel equipment and preferred by injectors, and a white product, that is made in glass equipment and preferred by snorters.

Methamphetamine has turned up less frequently in other areas. Although methamphetamine has traditionally been limited to the Western states, law enforcement sources report that the drug has been involved in arrests in suburban Maryland, New York City and Chicago.

Hallucinogens and a variety of other club drugs were cited as emerging drugs by sources in many areas. Ethnographers and police sources in New York, Miami, Seattle, Cleveland and Baltimore all report the presence of LSD, MDMA ("Ecstasy"), or other club drugs. Police sources in suburban Maryland, Washington, D.C. and Baltimore describe a variety of drugs related to raves including MDMA, LSD and LSD-look alikes, Ketamine, and various legal and illegal drugs used in combination. For example, Maryland police described a rave-related arrest that involved prescription drugs, Ketamine, calcium tablets, methamphetamine, cocaine, caffeine, and a coffee grinder (presumably to concoct various combinations) in a single seizure. Baltimore and Washington, D.C. sources mentioned an unusual combination called "red rock Opium" that consists of caffeine, Robitussin cough syrup, sugar and a combination of tobacco and

No Doz crushed and smoked together. Washington, D.C. police report that youth who attend raves are sucking on pacifiers soaked in LSD as well as "beaning"— chewing coffee beans.

Prices for "club drugs" like MDMA or Ketamine are fairly consistent across areas. MDMA, popular in New York and described as the "drug of choice in clubs" in Miami, costs approximately $20–30 per tablet dose and is distributed among a network of user/associates rather than through street sales. Ketamine has a similar price and distribution structure.

Inhalant abuse was described as an emerging problem by law enforcement sources in Washington, D.C. and as a continuing problem by ethnographic sources in San Antonio/El Paso. In Texas, this takes the form of inhaling paint, fumes, glue or aerosols and is done by users of all ages. Along the border, inhalants are often combined with alcohol or marijuana. In Washington, D.C., "huffing" or inhaling is done almost exclusively by young users who use such things as aerosol cans (whipped cream), glue or Freon. Whether they are used alone or in combination, inhalants can quickly produce noticeable dysfunction and cognitive impairment.

Illicitly used prescription drugs were described by sources in Baltimore, San Antonio, and Austin as emerging drugs. Rohypnol continues to be available in Texas and Florida, though its distribution has slowed somewhat in both areas due to changes in its legal status and pressure on Mexican pharmacies. However, other drugs that are only available by prescription in the United States, such as Ritalin, Clonapin and Lexotan, are still being diverted into illicit markets. In addition, the Austin source reports problems with abuse of the prescription drugs fenfluramine and phentermine, which are used in weight loss programs.

Developments in Heroin Use Patterns

Over the last few rounds of *Pulse Check* calls, there have been increasing reports of drug users "switching" from crack cocaine to heroin or "substituting" heroin with crack as their initial drug of choice. While heroin and powdered cocaine have long been used together in the speedball combination, the use of heroin with crack is not common. In this *Pulse Check*, ethnographic sources in Bridgeport, Atlanta, and Miami report rising evidence of an intersection between crack use and heroin use. These reports suggest two types of new behavior: the first is combination crack/heroin use that eventually leads to the user to switch to heroin, while the second relates more to the initial drug choice of new, young users.

"Switching" is described by the Bridgeport ethnographer as occurring among (young) crack users who begin to use heroin to deal with the overly wired feelings associated with heavy crack use. Heroin is a powerful depressant that purportedly "evens out" the agitated sensations of crack. Using even a relatively small amount of heroin over an extended period of time in this fashion can lead the user into physiological dependence, in a sense forcing the user to switch their primary drug of abuse to heroin.

"Substituting" is occurring among young people who, in an earlier time, may have been attracted to crack, but are now more likely to use heroin. In general, young people initiate drug use with what is cheap, plentiful and considered "fashionable" in their areas. In the 1980s and early 1990s that drug was crack,

particularly in inner city areas where its distribution was highly organized, its low price made it within the financial reach of young users, and it had not yet fallen out of favor as "junkie" drug. Currently, a similar pattern is being observed with heroin in the Northeast and Mid-Atlantic areas, primarily in inner city areas. It is inexpensive, easily administered (i.e., snorted rather than taken intravenously) and is being aggressively marketed, often by persons who previously distributed cocaine and/or crack. At the same time, crack is increasingly characterized as unpopular and harder to find than heroin.

Though the bulk of heroin consumers are still older users, young users have been described by all three types of *Pulse Check* sources. Like cocaine a decade earlier, heroin has achieved a mystique, counting among its users rock stars and young film stars. In many circles, it no longer carries the connotation of a "junkie" drug that it had for many years. Its presence has expanded in drug markets all over the country, and it is likely to remain attractive to both inexperienced and experienced drug users as they adapt to changing norms and market conditions.

Conclusions

According to *Pulse Check* sources, while cocaine, and particularly crack cocaine, continues to be the most widely abused illicit drug on the market, the market for cocaine has stabilized. As it developed a reputation as a "junkie" drug, cocaine has attracted less initiates. However, the market for heroin appears to be growing; sources in all regions of the country report that heroin use and availability are growing. Marijuana use, especially youth marijuana use, is also increasing.

The growth in the availability of high purity heroin in large urban areas has had several consequences on the drug market. First, double breasted dealing continues in many areas, with dealers supplying both heroin and cocaine to users. Second, many young users are experimenting with heroin. These new, young users may be at-risk youth who, in an earlier era, probably would have been likely to use crack. They may also be middle-class teenagers or young adults who are part of the "rave" or club scene. Third, some older, long-term crack abusers are now switching from crack to heroin or substituting crack with heroin.

Sources report that youth drug use is growing in many areas. Youth marijuana use, particularly in the form of "blunts," continues to rise. "Club drugs" are also increasingly popular. The category of club drugs typically includes: hallucinogens, such as LSD, MDMA, and psychedelic mushrooms; prescription drugs, such as Clonapin, Lexotan, and Rohypnol; and heroin, cocaine, methamphetamine, or marijuana, depending on availability. These drugs are taken in various combinations, and may be mixed with licit substances such as caffeine, coffee beans, and codeine cough syrup to enhance the total drug effect. In addition, some sources report an increase in the use of inhalants, such as Freon, glue, paint, and aerosols, by young people.

Treatment providers report that the major illicit drug of abuse at admission continues to be cocaine. Most cocaine treatment clients are crack users; they tend to be an older population who are long-term drug abusers. There has been an increase in heroin abusers entering treatment facilities, especially in the Northeast and West/Southwest regions. Most heroin clients are older, long-term heroin users who

have had prior treatment. There has been a slight increase in all regions in marijuana abuse treatment clients, many of whom are young users with no prior treatment experience. Treatment providers notice that more of these young clients also have problems with inhalant abuse. Alcohol abuse continues to be a problem for almost every type of treatment client.

Tables
Winter 1997

Table 1
Ethnographers and Epidemiologists Report on Heroin

	City			
	Bridgeport, CT	**San Antonio/ El Paso, TX**	**Seattle, WA**	**New York State[a]**
Use	stable at a high level	up	up	up
Who's Using/ Change in Users	majority over 30 years old, but some new young (18-25) users apparent	older Chicano users; some young recreational users	White, females increasing, in 30s; some new young users	older users, White
Method	older users inject; some snorting among new users	primarily injection or cooking down and squirting into nose	injection	increased snorting but primarily injection
Drugs in Combination	younger users may also use crack	cocaine crack	cocaine	blunts (i.e., marijuana) laced with heroin
Who's Selling	young (18-25) sellers; some gang activity; sellers often not users; double breasting continues	Mexican Mafia and Syndicate; seeing more double breasting		NYC dealers, and residents who travel to NYC for supplies, are sources for suburban dealers and users
Purchase Amount/Purity	$10/bag	$10-$20/spoon $450-1/2 oz. low purity (black tar)	purity has increased as prices drop; less than $1/mg pure	
Other/Comments	High purity heroin most available; rarely see "scramble" or heavily cut bags	Primarily Mexican brown heroin available		Increased number of ER mentions and overdose deaths

[a] The New York data describes drug use in suburban Orange County, rather than the city, and is based on a study being conducted by the New York State Office of Alcoholism and Substance Abuse Services.

Table 1, cont'd. Ethnographers and Epidemiologists Report on Heroin			
	City		
	Denver, CO	**Miami, FL**	**Atlanta, GA**
Use	stable	up	up
Who's Using/ Change in Users	some young users, but primarily an older population	some new users; "old shooters" returning to use	African Americans, older White users, new young White users
Method	injection, some smoking	injection, skin popping (injecting into soft tissue rather than vein)	injection; snorting among young users
Drugs in Combination	cocaine in speedball among older users		crack (with heroin sprinkled over it)
Who's Selling	gangs involved in street sales, tend to specialize in one drug	diverse sources: South American, Mexican	dealers sell all drugs available at one time
Purchase Amount/ Purity	$120-$140/gram $20/"pill" or 1/10 of a gram	increasing purity	$10/bag; recent reduction in purity
Other/Comments	marked increase in methamphetamine use—injecting, smoking, snorting	more ER reports and deaths attributable to heroin use	heroin is now available in almost all inner city neighborhoods, whereas before it was more localized

Table 1, cont'd. Ethnographers and Epidemiologists Report on Heroin		
	City	
	Austin, TX	**San Francisco, CA**
Use	up	up
Who's Using/ Change in Users	older, Anglo and Hispanic users; some young snorters	older addicts and new young users
Method	injection, low amount snorting (maybe 3%)	
Drugs in Combination		
Who's Selling	Mexican Americans or Mexican Nationals	some convergence between heroin and crack markets
Purchase Amount/Purity	black tar ($2,300-$5,300/oz.)	high purity
Other/Comments	a little white heroin; mainly Mexican brown and black tar; increased ER mentions and deaths	

Table 2 Law Enforcement Report on Heroin				
	City			
	Baltimore, MD P.D.	**Chicago, IL P.D.**	**New York, NY P.D.**	**Bridgeport, CT P.D.**
Use	up	up	up	up
Who's Using/ Change in Users	wide range of users; older users, new young users more evident	young (20-30) users; predominantly African American males	old time users, using injection; increasing number of new users (club goers) who are snorting	range of users; all ethnicities; more young users
Method	snorting injection		injection snorting	
Drugs in Combination	cocaine prescription drugs		MDMA Ketamine	
Who's Selling		African American sellers	Neighborhood sales in high use areas, club sales	African Americans, Hispanics; sell both heroin and cocaine
Purchase Amount/Purity		$10-$15/bag 20-30% pure	$10/bag 40-50% pure	high purity
Other/Comments	Users have gone from shooting to snorting and back to shooting as heroin became available. Evidence of heroin being dealt with cocaine in open air markets	less double breasting than a few months ago, though still occurring		

Table 2, cont'd. Law Enforcement Report on Heroin				
	City			
	Miami, FL P.D.	**San Antonio, TX P.D.**	**Trenton, NJ P.D.**	**Washington, DC P.D.**
Use	stable, but at moderate to low level	stable	stable at high level	up
Who's Using/ Change in Users	African American males; more young users	mid 20s–40s	young (16-30 yrs. old) males, all ethnicities	African Americans 25–50; more young users evident
Method			injection snorting	snorting injection smoking
Drugs in Combination				
Who's Selling	African Americans who are also users	gang members; Mexican Mafia; some unrelated "families" now selling	heroin and cocaine sold together in Hispanic areas; various ethnicities sell in their respective neighborhoods	older sellers dealing both heroin and cocaine
Purchase Amount/Purity	$10/bag $120K/kilo high at kilo level	$800-$900/oz. (powder); $2,500-$3,000/oz. (black tar) 3-4% pure	$18-$20/bag high purity at street level	$20-$40/bag $400-$600/800 mg "spoon" 15-25% pure
Other/Comments				

Table 2, cont'd. Law Enforcement Report on Heroin		
	City	
	Columbia, MD P.D.	**Cleveland, OH P.D.**
Use	up	slightly down
Who's Using/ Change in Users	African American males & females; more young White males & females	
Method	snorting injection	injection snorting
Drugs in Combination	cocaine	cocaine Valium
Who's Selling	young, African American males	
Purchase Amount/Purity		purity up $20/bag $600/gram
Other/Comments		

Table 3
Treatment Providers Report on Heroin Users in Treatment

	Region			
	I: Northeast	**II: Mid-Atlantic and South**	**III: Midwest**	**IV: West/ Southwest**
	N = 15	**N = 14**	**N = 20**	**N = 19**
Clients w/drug listed as primary drug of abuse (%)	37	12	11	20
Change since last report (%)				
increase	62	42	37	44
no change	38	58	53	50
decrease	0	0	10	6
Clients injecting (%)	49	67	70	55
Clients snorting/smoking (%)	51	33	30	45
Other drugs abused (% clients who mention)				
cocaine	40	21	35	58
marijuana	33	29	40	47
alcohol	60	50	55	68
tranquilizers	27	21	5	11
amphetamines	13	7	10	31
other	0	7	5	16
Average by age (%)				
under 20	9	12	18	13
21-30	30	31	25	40
31+	61	57	57	47
Average by race/ethnicity (%)				
African-American	28	35	41	14
White	62	5	54	58
Hispanic & Other	10	6	5	28
Average by sex (%)				
Male	71	75	73	64
Female	29	25	27	36
Prior treatment (%)				
Yes	81	74	73	59
No	19	26	27	41

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, Alaska, Hawaii

Table 4 Ethnographers and Epidemiologists Report on Cocaine/Crack				
	City			
	Bridgeport, CT	**San Antonio/ El Paso, TX**	**Seattle, WA**	**New York State[a]**
Use	stable	crack stable at high level	stable at high level	up
Who's Using/ Change in Users	wide range of users; HCl used in clubs	African Americans; middle class Whites snort HCl	African Americans for crack; Whites for cocaine	early 20s to 40s; men and women; primarily African American
Method	smoking	smoking		smoking; injection of dissolved crack
Drugs In Combination	heroin	heroin; inhalants among youths		alcohol marijuana
Who's Selling	Young, gang sellers who are not users themselves sell both heroin and cocaine	Mexican Mafia in San Antonio; Mexican Syndicate in El Paso; street sales are users and some gang kids; double breasting	Hispanic sellers at upper levels; gangs distribute crack	NYC sources with local users distributing
Purchase Amount/Purity			1/8 – 1/10 gr. = $20	
Other/Comments			ER mentions and deaths increased significantly from 1994–1996, but now have begun to stabilize	More crack users are describing dissolving rock in vinegar and injecting or crushing rock and snorting it

[a]The New York data describes drug use in suburban Orange County, rather than the city, and is based on a study being conducted by the New York State Office of Alcoholism and Substance Abuse Services.

Table 4, cont'd. Ethnographers and Epidemiologists Report on Cocaine/Crack			
	City		
	Denver, CO	**Miami, FL**	**Atlanta, GA**
Use	stable at high level	stable	stable at high level
Who's Using/ Change in Users	older users, crosses all ethnic groups	variety of urban users; club goers snort HCl	young users still apparent
Method	smoking	smoking snorting injecting	smoking; injection of crack (dissolved)
Drugs in Combination	methamphetamine	club drugs with HCl	Some crack users are shifting to heroin or doing both; crack becoming unfashionable
Who's Selling	African-American and Hispanic sellers; gang sales, beeper sales		lots of gang activity, but not related to drugs; African Americans domestic crack market; Whites control methamphetamine market
Purchase Amount/ Purity	$5-$10/piece or rock		$3-5/rock; a little powder evident
Other/Comments	Crack users are getting older. It is not considered by youth to be "cool" to use it. Methamphetamine is use rising--smoking and injecting, particularly among Whites and youths		There is competition between crack and methamphetamine dealers for the same market. Meth is marketed as a cheaper, longer lasting high by its dealers

Table 4, cont'd. Ethnographers and Epidemiologists Report on Cocaine/Crack		
	City	
	Austin, TX	**San Francisco, CA**
Use	up	stable
Who's Using/ Change in Users	older, African Americans for crack; younger, White or Hispanic for snorters of HCl	older users
Method	3/4 smoking 1/8 snorting 1/8 injecting	smoking
Drugs in Combination	codeine marijuana	marijuana
Who's Selling	African-American and Hispanic gang members deal crack; older Colombian and Mexican dealers sell powder.	heroin and cocaine markets converging
Purchase Amount/Purity	Prices dropped; $10-20K/kilo; $20-100/gram; $1-40/rock	high
Other/Comments	Young Hispanic females are increasingly using crack or free basing HCl	Crack users are an "aging" crowd. There are few new users

Table 5 Law Enforcement Report on Cocaine/Crack				
	City			
	Baltimore, MD P.D.	**Chicago, IL P.D.**	**New York, NY P.D.**	**Bridgeport, CT P.D.**
Use	up	down slightly	stable at high level	down
Who's Using/ Change in Users	crack users in mid-30s HC1 users are 18-25	diverse user group	diverse user group, all ages, all ethnicities	diverse group of users
Method	smoking snorting	smoking	smoking	
Drugs in Combination	heroin			
Who's Selling	wide variety of units sold on street–from 1 or 2 "baggies""to multi-ounce quantities	African-American and Hispanic gangs at street level	sellers in every neighborhood; in high school areas, colleges	moved to younger dealers selling both heroin and cocaine
Purchase Amount/Purity	$10/rock	$10/rock 75-85% at Kilo level	$10/vial 80-90% pure	high
Other/Comments	Crack is the most prevalent drug in arrest cases. Starting to see an increase in powder availability again	Currently, cocaine is not available. Some crack samples tested have proved negative for cocaine	Cocaine tends to "hit the younger crowd," but it's "not prejudiced."	The number of incidents have declined from 709 in 1995 to 139 in first half of 1997

Table 5, cont'd. Law Enforcement Report on Cocaine/Crack				
	City			
	Miami, FL P.D.	**San Antonio, TX P.D.**	**Trenton, NJ P.D.**	**Washington, DC P.D.**
Use	stable	up	up	stable
Who's Using/ Change in Users	diverse user group	diverse user group; all ages, all ethnicities; more middle-class users now evident	crack users are 15-35 years old, African-American; HC1 users are 18-30, White and Hispanic	diverse user group 20-50
Method	smoking	smoking injection	smoking snorting injection	smoking snorting
Drugs in Combination	marijuana			
Who's Selling	African Americans at street level; Colombians or Cubans at kilo level	at mid-level, upper middle-class Hispanic	African-American males also often selling marijuana	sellers 25-40; sell both heroin and cocaine
Purchase Amount/Purity	$5-$10/rock 40-50% pure	$800/oz. $18,000/kilo 60-80% pure	$25-$30/gram crack $70-$100/gram HCl	$10/bag $800-$1400/oz. $20-$25K/kilo 60-80% pure
Other/Comments	Marijuana and crack are used in sequence so the marijuana can take the edge off the cocaine effect (probably because there is more marijuana available)		Crack is our #1 problem	

Table 5, cont'd. Law Enforcement Report on Cocaine/Crack		
	City	
	Columbia, MD P.D.	**Cleveland, OH P.D.**
Use	stable	up
Who's Using/ Change in Users	diverse user group	
Method	smoking snorting injection	smoking
Drugs in Combination	marijuana	heroin
Who's Selling	wide range of sellers	
Purchase Amount/Purity	$25-1/4 gram $1,000/oz.	$100/gram $10/rock
Other/Comments	Problem with "designer powder" (synthetics) being confused for heroin and cocaine	Many crack units seized test negative for cocaine content because there is little cocaine powder available

Table 6
Treatment Providers Report on Cocaine/Crack Users in Treatment

	Region			
	I: Northeast	II: Mid-Atlantic and South	III: Mid-West	IV: West/ Southwest
	N = 15	N = 14	N = 20	N = 19
Clients w/drug listed as primary drug of abuse (%)	37	21	28	25
Change since last report (%)				
increase	23	21	26	11
no change	54	72	74	63
decrease	23	7	0	26
Clients injecting (%)	7	22	19	15
Clients snorting/smoking (%)	93	78	81	85
Other drugs abused (% clients who mention)				
heroin	7	0	5	5
marijuana	67	64	65	63
alcohol	80	79	90	79
tranquilizers	7	14	5	5
amphetamines	7	7	10	26
other	7	7	15	16
Average by age (%)				
under 20	16	13	29	18
21-30	24	37	39	37
31+	60	50	32	45
Average by race/ethnicity (%)				
African-American	32	31	36	17
White	59	62	60	52
Hispanic & Other	9	7	4	31
Average by sex (%)				
Male	63	69	69	61
Female	37	31	31	39
Prior treatment (%)				
Yes	59	55	51	56
No	41	45	49	44

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, Alaska, Hawaii

Table 7
Ethnographers and Epidemiologists Report on Marijuana

	City			
	Bridgeport, CT	**San Antonio/ El Paso, TX**	**Seattle, WA**	**New York State[a]**
Use	stable	stable	up	up
Who's Using/ Change in Users	diverse user group; most widely used drug	wide variety of users	diverse group	adolescents and young adults, all ethnicities
Drugs in Combination		teens lacing a marijuana cigarette with heroin	alcohol	LSD Ketamine MDMA
Who's Selling	Jamaicans; high school kids	young sellers; local and Mexican sources	Mexican sellers; lots of locally grown	
Purchase Amount/Purity	$10/bag (1-2 cigarettes)	$10/bag $500-$800/lb.	$4,000/lb for sinsemilia, $35/lb. for Mexican	
Other/Comments				Marijuana and alcohol are the two major drugs of concern in suburban counties

[a] The New York data describes drug use in suburban Orange County, rather than the city, and is based on a study being conducted by the New York State Office of Alcoholism and Substance Abuse Services.

Table 7, cont'd. Ethnographers and Epidemiologists Report on Marijuana			
	City		
	Denver, CO	**Miami, FL**	**Atlanta, GA**
Use	stable	stable	stable at high level
Who's Using/ Change in Users	wide range of users	young users	Diverse users, all ethnicities and ages
Drugs in Combination		club drugs alcohol	marijuana used by crack users to "come down"
Who's Selling	widely available		
Purchase Amount/Purity	high		
Other/Comments	The quality has improved because of the widespread use of hydroponic growing techniques		

Table 7, cont'd. Ethnographers and Epidemiologists Report on Marijuana		
	Austin, TX	**San Francisco, CA**
Use	stable at high level	stable
Who's Using/ Change in Users	young users, all ethnicities	wide variety of users, many who use only marijuana
Drugs in Combination	PCP, tranquilizers mixed in a blunt; "primos" (marijuana with crack)	blunts now popular
Who's Selling	Young Hispanic gangs distribute Mexican marijuana; Anglos sell Colombian marijuana	
Purchase Amount/Purity	$450-800/lb. for domestic; $700-$3000/lb. for Colombian	prices up
Other/Comments	Increasing problem with trafficking of fenfluramine and phenteramine ("fen/phen")	Marijuana is expensive and hard for users to find

Table 8 Law Enforcement Report on Marijuana				
	City			
	Baltimore, MD P.D.	**Chicago, IL P.D.**	**New York, NY P.D.**	**Bridgeport, CT P.D.**
Use	up slightly	up slightly	stable	stable
Who's Using/ Change in Users	diverse user group; "10-75 yrs. old;" increasing number of teens	Hispanic and White users; increased number of juveniles.	diverse user group	diverse users group, but primarily young users
Drugs in Combination	PCP cocaine			
Who's Selling	The market is made up of extremes–big dealers and home growers, little in between.	predominantly Hispanic sellers	wide range of sellers in most areas of city	Jamaican gangs
Purchase Amount/Purity	$10/bag	$30–$40/bag (9 grams); high purity	$2,000-$6,000/lb; most expensive is chemically treated, selling for $25/2 joints.	
Other/Comments	It is not being seen as a drug. It is a "given" that it is used in addition to everything			

Table 8, cont'd. Law Enforcement Report on Marijuana				
	City			
	Miami, FL P.D.	**San Antonio TX P.D.**	**Trenton, NJ P.D.**	**Washington, DC P.D.**
Use	stable	up	up	up
Who's Using/ Change in Users	diverse user group–"grade school to adults"	diverse group; teens–30s	14–40 yrs. old, male, female, all ethnicities	10–20 year-olds, male and female
Drugs in Combination	cocaine			PCP, marijuana, and cocaine
Who's Selling	Jamaican sources; wide range of street sellers	Hispanic dealers	All ethnicities, especially Jamaicans. Recent rise in crack dealers also selling marijuana	teens, selling only marijuana
Purchase Amount/Purity	$5–$10/bag	$400–$500/oz.	$100-$150/oz.	$90-$100/oz. $10/bag 205 pure
Other/Comments		Harvest season has made it very cheap and abundant, often not cut, and a "moist green" color		It has increased, and drastically. U S Attorney has asked for increase in penalties

Table 8, cont'd. Law Enforcement Report on Marijuana		
	City	
	Columbia, MD P.D.	**Cleveland, OH P.D.**
Use	up	up
Who's Using/ Change in Users	mix of users, but primarily youth	
Drugs in Combination	PCP with marijuana in a blunt	
Who's Selling	diverse group of sellers	
Purchase Amount/Purity	$5/joint $95/1/2 oz.	$150/oz. $6/gram
Other/Comments		Price has dropped; a lot of marijuana evident

Table 9
Treatment Providers Report on Marijuana Users in Treatment

	Region			
	I: Northeast	II: Mid-Atlantic and South	III: Mid-West	IV: West/ Southwest
	N= 15	N = 14	N = 20	N = 19
Clients w/drug listed as primary drug of abuse (%)	23	28	28	23
Change since last report (%)				
increase	25	79	26	17
no change	67	21	74	66
decrease	8	0	0	17
Other drugs abused (% clients who mention)				
heroin	7	21	0	16
cocaine	20	35	25	32
alcohol	80	100	90	89
tranquilizers	20	29	0	5
hallucinogens	0	0	0	0
amphetamines	7	21	5	21
other	13	21	15	16
Average by age (%)				
under 20	34	28	32	35
21-30	30	29	39	33
31+	36	43	29	32
Average by race/ethnicity (%)				
African-American	28	26	32	15
White	63	60	66	55
Hispanic & Other	9	14	2	30
Average by sex (%)				
Male	72	74	65	62
Female	28	26	35	38
Prior treatment (%)				
Yes	41	47	47	43
No	59	53	53	51

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, Alaska, Hawaii

Table 10 Ethnographers and Epidemiologists Report on Emerging Drugs	
City	**Emerging Drugs**
Bridgeport, CT	mescaline
Atlanta, GA	methamphetamine
San Francisco, CA	
New York State	LSD; Ketamine; MDMA
Denver, CO	methamphetamine
San Antonio/El Paso, TX	Rohypnol; inhalants, including paint
Miami, FL	Rohypnol; club drugs
Seattle, WA	methamphetamine MDMA
Austin, TX	ephedrine & pseudoephedrine; Clonapin; Lexotan; GHB; methamphetamine; Rohypnol; Ritalin

Table 11 Law Enforcement Report on Emerging Drugs	
City	**Emerging Drugs**
Baltimore, MD	LSD; prescription drugs; Tylenol sticks (prescription Tylenol and liquid opium combined in a stick that looks like a Slim Jim); psilocybin; Ketamine
Chicago, IL	
New York, NY	MDMA; Ketamine; other club drugs
Bridgeport, CT	methadone
Miami, FL	
San Antonio, TX	Rohypnol
Trenton, NJ	
Washington, DC	methamphetamine; LSD; inhalants
Columbia, MD	opium gum; inhalants (Freon); methamphetamine; LSD; MDMA; Ketamine
Cleveland, OH	LSD; tranquilizers

Appendix

Pulse Check Methodology

Since its first publication in 1992, *Pulse Check* has provided the most current intelligence about drug markets and patterns of drug abuse nationwide. The *Pulse Check* draws on discussions with ethnographers and epidemiologists working in the drug field; law enforcement agents in Federal, and State agencies; and substance abuse treatment providers from small and large programs nationwide. All sources describe drug-related activity in their area over the previous six month period.

Ethnographers, Epidemiologists, and Other Ethnographic Sources

Ethnography is a mode of research that analyzes the behavior of groups in the natural settings where this behavior occurs. Ethnographers use field observations and in-depth interviews to gather data. Ethnography is *not* undercover work. Rather, the ethnographer, who is fully revealed as a social science researcher, enters the drug users' world to record and describe it "on its own terms," that is, without predetermined ideas.

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

The ethnographic and epidemiologic sources contacted by *Pulse Check* include some of 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 researchers working in a field site collecting ethnographic data. Reporters are generally the same for each round of calls, though availability influences the selection as well.

Nine ethnographers, epidemiologists, and other ethnographic sources reported for this issue of *Pulse Check*. All reported from urban areas, with the exception of John Galea in New York, who described drug use in suburban Orange County, rather than New York City. He has reported on New York City in prior issues of *Pulse Check*. A complete list of sources follows:

Atlanta, GA: Claire Sterk-Elifson, Ph.D. Women's and Children's Center, School of Public Health, Emory University.

Austin, TX: Jane Maxwell, M.A. Director, Needs Assessment Department, Texas Commission on Alcohol and Drug Abuse.

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

Denver, CO: Stephen Koester, Ph.D. Professor, University of Colorado School of Medicine.

Miami, FL: Bryan Page, Ph.D. Professor of Anthropology and Psychiatry and Deputy Director, Center for the Biopsychosocial Study of AIDS, University of Miami.

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.

San Antonio/El Paso, TX: Reyes Ramos, Ph.D. Institute of Texas Cultures, University of Texas.

San Francisco, CA: Sheigla Murphy, Ph.D. Center for Substance Abuse Studies, Institute for Scientific Analysis.

Seattle, WA: Michael Gorman, Ph.D. Alcohol and Drug Abuse Institute, University of Washington.

Police Sources

Police sources are drawn from Abt Associates' database of law enforcement contacts and from contacts developed through the recommendations of law enforcement agencies. These sources typically are officers working on special squads or narcotics task forces, or in some cases, agents from the Drug Enforcement Administration.

This issue of *Pulse Check* reached police sources in 10 cities. Reporters are generally the same for each round of calls. When police contacts must change as officers take on new positions, replacements are typically made on the recommendation of the officer who had been the *Pulse Check* reporter.

Treatment Providers

Sixty-eight treatment providers reported for this *Pulse Check*. The sample of treatment providers is derived from the National Facility Register, a directory of treatment programs compiled by the Substance Abuse and Mental Health Administration, U.S. Department of Health and Human Services. The listings are divided into four regions that have a similar number of treatment programs and are treated equally for sampling. The states in each region are listed below.

- ***Region I (Northeast)*:** Connecticut, Maine, Massachusetts, New York, New Jersey, Rhode Island, New Hampshire, Vermont, Pennsylvania

- ***Region II (Mid-Atlantic and South)*:** Alabama, Florida, Georgia, Kentucky, Mississippi, Texas, North Carolina, South Carolina, Tennessee, Arkansas, Louisiana, Oklahoma, Maryland, Delaware, Virginia, Washington, D.C., West Virginia

- ***Region III (Midwest)***: Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin, Iowa, Kansas, Missouri, Nebraska, North Dakota, South Dakota

- ***Region IV (West/Southwest)***: Colorado, Montana, Utah, Wyoming, Nevada, Arizona, California, Idaho, New Mexico, Washington, Oregon, Hawaii, Alaska

This *Pulse Check* incorporates the comments of 68 treatment providers. From each of the four regions listed above, 20–30 large (over 100 clients) programs and 20–30 small (under 100 clients) programs were identified, 15 of each type were contacted, and the remaining programs served as replacements. The samples were stratified to include equal numbers of large and small programs. We do not list specific programs here in order to maintain their privacy.

Topics of Discussion

Below is a sample of topics that are raised with *Pulse Check* reporters.

ETHNOGRAPHERS, EPIDEMIOLOGISTS, AND LAW ENFORCEMENT SOURCES

- Level of illicit drug use in the community. Changes in the use of drugs over the last six months.

- Age, ethnicity, and sex of users in your area.

- Frequency of use, prevailing routes of administration. Changes over the last six months.

- Who is selling. Changes in this group over the last six months. Other drugs sold by this group.

- Current prices. Changes in prices over the last six months. Typical units of purchase.

TREATMENT PROVIDERS

- Proportion of population reporting heroin/cocaine/marijuana/alcohol as the primary drug of abuse.

- Proportion of population that is injecting versus snorting/smoking the drug. Changes in this proportion over the last six months.

- Other drugs used.

- Characteristics (e.g., age, ethnicity, and sex) of clients.

- Proportion of population that has had prior treatment.

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