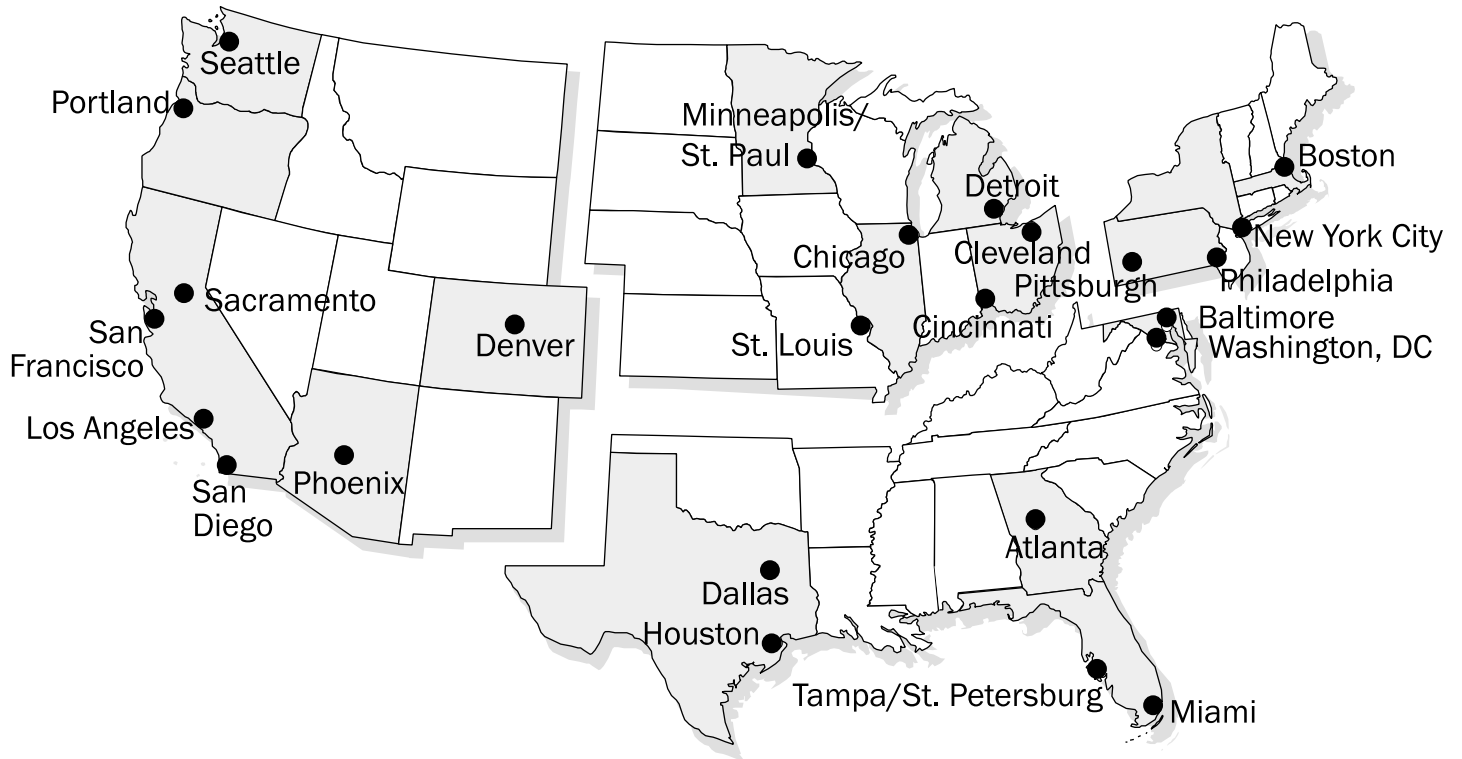




PULSE CHECK



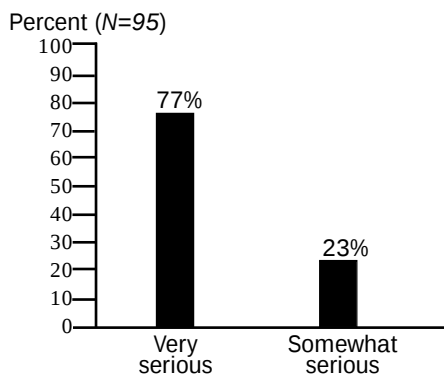
NATIONAL SNAPSHOT



PULSE CHECK NATIONAL SNAPSHOT*

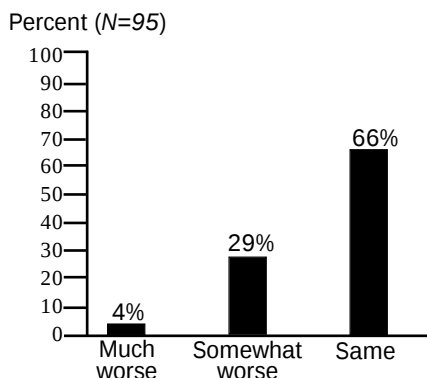
This report is based on discussions with 97 epidemiologists, ethnographers, law enforcement officials, and methadone and non-methadone treatment providers from 25 *Pulse Check* sites. Telephone discussions with these individuals, conducted in two waves, during December 2002 through January 2003 and March through May 2003, reveal that overall, when comparing fall 2002 with the previous spring period, the majority of *Pulse Check* sources believe their communities' drug abuse problem to be very serious but stable. (*Exhibits 1 and 2*)

Exhibit 1. How serious is the perceived drug problem in the 25 *Pulse Check* communities? (Fall 2002)



Sources: Law enforcement, epidemiologic/ethnographic, and treatment respondents

Exhibit 2. How has the perceived drug problem changed? (Spring vs fall 2002)



Sources: Law enforcement, epidemiologic/ethnographic, and treatment respondents

KEY FINDINGS: LOCAL DRUG MARKETS—A DECADE OF CHANGE

Over the past decade, various communities have used a range of anti-drug strategies with varying degrees of success. The following are just a few examples:

- **Food stamps:** Innovative technologies in lieu of paper, such as debit cards, vouchers, or electronic transfer, have disrupted food stamps-for-drugs trading in several cities, including Atlanta, Denver, Detroit, Houston, Philadelphia, and Pittsburgh.
- **Task forces:** Task forces of varying composition and focus have been used effectively over the past decade in all 25 *Pulse Check* cities.
- **Drug courts:** The majority of *Pulse Check* sites have some sort of drug court program, and sources in those areas generally consider them highly effective.

Illicit drug dealers have employed different marketing tactics over the past decade, such as the examples below, posing varying degrees of challenge to detection and disruption efforts:

- **Detection and disruption efforts** have not been hampered much by dealers' use of unique packaging or brand names.
- **Throwaway cell phones** and other developments in digital communications technology have posed the greatest challenge to law enforcement efforts. Some sources believe that phone companies are offering new technologies to the public before offering counter-technologies to law enforcement.

Several changes have contributed to the widespread availability, use, and consequences of marijuana over the past decade:

- The decline in social disapproval of marijuana (by peers, parents, etc.) and the decline in users' perception of its harmfulness have had an impact on its widespread use and availability over the past 10 years.
- In order to obtain marijuana, youth are increasingly engaging in risky or criminal activities, such as trading sex, guns, or shoplifted merchandise for the drug.
- Law enforcement sources consider the promotion of marijuana as "medicine" as a more significant problem than do their epidemiologic/ethnographic counterparts.
- Many *Pulse Check* sources believe the media have reported marijuana-related issues responsibly. However one source (Miami^L) believes that some local media "are quick to report on legalization efforts and medicinal uses" of marijuana but not on its harmful effects.
- Because marijuana prices have remained generally stable over the past 10 years, sources do not attribute increased use to price declines.

HIGHLIGHTS: CURRENT DRUG MARKETS AND CHRONIC USERS

The illicit drug situation is characterized by several key features:

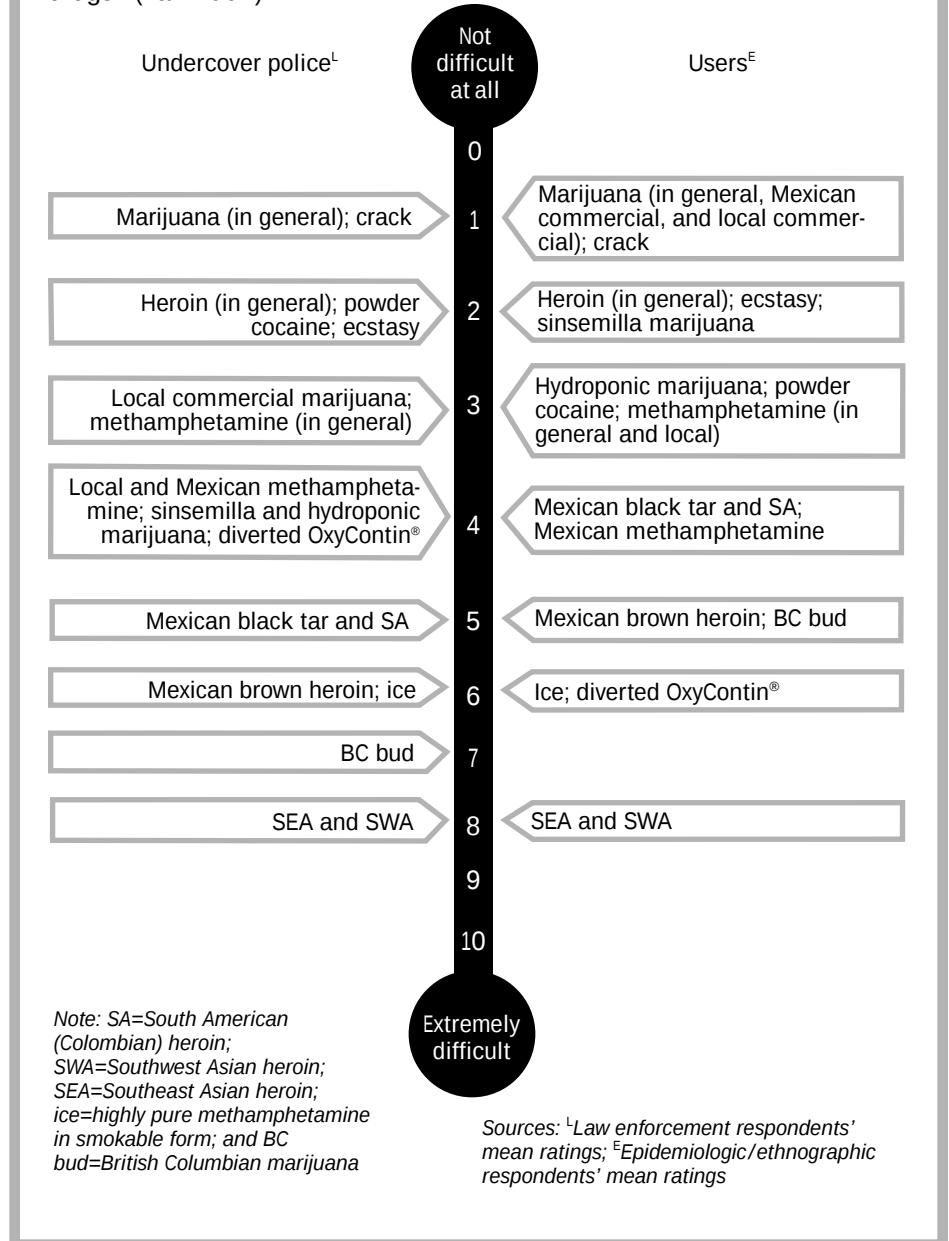
- Overall, law enforcement and epidemiologic/ethnographic respondents are remarkably similar in their perceptions of how difficult it is to buy various drugs across the country.^{LE} (*Exhibit 3*)

*The following symbols appear throughout this chapter to indicate type of respondent: ^LLaw enforcement, ^EEpidemiologic/ethnographic, ^NNon-methadone treatment, and ^MMethadone treatment.



- Marijuana and crack are the illicit drugs most easily purchased by users and undercover police across the country. They are followed, in descending order, by heroin, ecstasy, powder cocaine, methamphetamine, and diverted OxyContin® (oxycodone hydrochloride controlled-release).^{LE} (*Exhibits 3 and 4*)
- Marijuana remains the country's most widely abused illicit drug, as reported by 37 sources in 22 cities. (*Exhibits 5 and 6*)
- Crack remains a serious problem in 18 cities, according to 28 sources primarily in the Northeast, South, and Midwest. It is considered the most commonly used drug by 16 sources in 12 cities. (*Exhibits 5 and 6*)
- Methamphetamine is reported as an emerging or intensifying problem in 15 cities. (*Exhibit 7*) Furthermore, sources in eight cities, particularly in the West, consider it to be the drug contributing to the most serious consequences. And sources in five western cities consider it the most commonly abused drug. (*Exhibits 5 and 6*)
- Sources in 18 *Pulse Check* cities believe their communities do not have any emerging drug problems. (*Exhibit 7*)
- Methylenedioxymethamphetamine (MDMA or ecstasy) continues to emerge or intensify as a problem in 16 cities. (*Exhibit 7*)
- Increased law enforcement efforts and media attention have somewhat reduced the supply of diverted OxyContin® in some cities. Nevertheless, it continues to emerge or intensify as a problem in 15 cities. (*Exhibit 7*) In some cases, people who have become addicted to it are switching to either heroin or diverted methadone.

Exhibit 3. How difficult is it for undercover police and users to buy drugs? (Fall 2002)



- Diverted methadone and phencyclidine (PCP) are reported as emerging problems in several cities. (*Exhibits 7, 8, and 9*)
- Heroin is the drug associated with the most serious consequences—such as overdose deaths and involvement in emergency department episodes—as perceived by nearly

half (44) of the *Pulse Check* sources in 22 cities. (*Exhibits 5 and 6*)

- Illicit drug prices generally remained stable between spring and fall 2002, with a few exceptions, such as declines in heroin and methamphetamine prices in some western cities. (*Exhibits 10a–10f*)

SEPTEMBER 11 FOLLOWUP

- More than 60 percent of respondents believe that the September 11 attacks have had no continuing effects on the drug abuse situation.
- The most commonly mentioned post-September 11 effects include the following: supplies of some drugs have declined in some cities; some trafficking routes have shifted away from the East Coast; vehicular and other means of transport have sometimes replaced air shipment; many sources perceive a shift in law enforcement priorities from drugs to homeland security; and some drug users in treatment continue to experience elevated levels of mental health disorders.
- One source in Detroit notes that because of increased security measures, users believe that they may have increased difficulty obtaining drugs or maintaining their personal drug supply. They are therefore more willing to use a variety of drugs or to make their own drugs.^N

Exhibit 4. How difficult is it for undercover police and users to buy drugs (0–10 scale, 0=not difficult at all, 10=extremely difficult)? (Fall 2002)

City	Heroin	Crack	HCl	MJ	Meth	X	Oxy
Northeast	Boston, MA	1.5	0.5	0.5	8.5	0.5	1.5
	New York, NY	0	0	0	3.5	2	3.5
	Philadelphia, PA	1.5	1	4.75	1.75	8.75	3.75
	Pittsburgh, PA	1.75	2	2	1.5	2.25	4
South	Atlanta, GA	2.5	0	3	0	2	^a 10
	Baltimore, MD	0	0	1.5	0	^a 7	3
	Dallas, TX	0	0	0	0	0	0.5
	Houston, TX	2.5	1	2	0.5	5	1.5
	Miami, FL	5	0.5	0	0.5	4.5	0
	Tampa/St. Petersburg, FL	2	0	1.5	0.5	5	1
Midwest	Washington, DC	0	0	7.5	0	^a 7	3
	Chicago, IL	1.5	1.5	4	1.5	8.5	4.5
	Cleveland, OH	3	0.5	2	0.5	^a 6	2
	Detroit, MI	3	1	3	0	2.5	3.5
	Minneapolis/St. Paul, MN	3	0.5	1	0.5	1.5	3
West	St. Louis, MO	2	1	1.5	1.5	3.5	1
	Denver, CO	3.5	2	4	0	1.25	4.5
	Los Angeles, CA	4.5	1	1	0.5	1.25	1.25
	Phoenix, AZ	0	^a 0	^a 0	0	0	2.5
	Portland, OR	1	^a 0	2	0.5	1	^a 3
	Sacramento, CA	^a 0	^a 0	^a 0	^a 0	^a 0	^a 4
	San Diego, CA	0.75	0.75	3.75	0.75	0.25	3.25
	San Francisco, CA	0.5	0.5	4	0.5	1	1.5
	Seattle, WA	2.5	3	^a 5	0.5	2	2.5
Averages		1.75	0.7	2.25	0.5	3.4	2.2

^aOnly the law enforcement rating is used because the epidemiologic/ethnographic respondent did not provide this information.

^bOnly the epidemiologic/ethnographic rating is used because the law enforcement respondent did not provide this information.

Notes: Cincinnati is excluded from this analysis because the law enforcement source was a non-respondent, and the epidemiologic/ethnographic source did not provide this information; HCl=powder cocaine, MJ=marijuana, Meth=methamphetamine, X=ecstasy, Oxy=diverted OxyContin[®]

Sources: Mean ratings given by law enforcement and epidemiologic/ethnographic respondents

HIGHLIGHTS OF TREATMENT ISSUES

The discussions with epidemiologic/ethnographic and treatment respondents yielded insights into treatment issues in the 25 *Pulse Check* sites. These issues included methadone maintenance treatment availability and capacity, drug treatment referrals, treatment of marijuana users over the past decade, and the impact of California's Proposition 36 on specific treatment programs.

METHADONE TREATMENT AVAILABILITY

As reported in past *Pulse Check* issues, about half of epidemiologic/ethnographic respondents consider methadone maintenance to be available in selected areas only, while the others consider it available throughout their areas.

Between spring and fall 2002, public treatment has become more available in seven *Pulse Check* cities: Baltimore, Minneapolis/St. Paul, Philadelphia, Pittsburgh, Seattle, Tampa/St. Petersburg, and Washington, DC. Conversely, it has become less available due to State budget cuts in Portland (OR), San Francisco, and St. Louis. Private methadone maintenance availability declined in three cities (Cleveland, Minneapolis/St. Paul, and



San Francisco) and increased in four (Baltimore, Detroit, Tampa/St. Petersburg, and Washington, DC).

Nine respondents report adequate capacity of public methadone maintenance, while 10 (in Baltimore, Boston, Chicago, Cincinnati, Detroit, Pittsburgh, St. Louis, San Francisco, Seattle, and Washington, DC) report waiting lists of 1–24 months. Between spring and fall 2002, public methadone maintenance capacity has remained relatively stable in most *Pulse Check* cities, with increases reported in Pittsburgh and declines in Portland (OR) and St. Louis.

REFERRALS TO DRUG ABUSE TREATMENT

- According to *Pulse Check* treatment sources, most heroin users in methadone programs are individually referred. By contrast, in the non-methadone programs, about half of the heroin clients are individual referrals, and approximately half are court or criminal justice referrals.
- Crack and methamphetamine clients in non-methadone programs are slightly more likely to be court and criminal justice referrals than to be individually referred.
- Marijuana clients in 18 of the non-methadone programs are predominantly court and criminal justice referrals. Some sources specify that marijuana court referrals are for possession only (as in Baltimore, Cincinnati, Houston, Los Angeles, St. Louis, San Francisco, and Seattle). Others specify that they include referrals for both possession and sales (as in Atlanta, Sacramento, and Washington, DC).
- Only powder cocaine clients are more likely to be individually referred than court referred to non-methadone treatment.

- Several sources in the Northeast (in Baltimore, New York, and Philadelphia) report increased criminal justice referrals for all drugs. For marijuana in particular, drug court referrals have increased in San Francisco, and referrals from mental health centers (mostly for generalized anxiety) have increased in Chicago.

TREATMENT FOR MARIJUANA USERS: THE PAST 10 YEARS

- Challenges involved in treating marijuana-using clients over the past 10 years have increased and include earlier initiation of marijuana use, increased marijuana potency, and a decline in users' perception of harm.
- Some treatment sources believe that increased court referrals involving marijuana have had the positive effect of getting people into treatment earlier (Philadelphia^N and San Diego^N). Another source believes that this increase has made treatment more difficult because of the emphasis on sellers, rather than users. "Drug distributors are harder to treat: they don't accept they have a problem and often resist treatment" (Atlanta^N).

IMPACT OF PROPOSITION 36

Since its implementation in July 2001, California's Substance Abuse and Crime Prevention Act, known as Proposition 36, has diverted more than 37,000 people, usually those arrested for petty crimes or drug possession, into treatment. Respondents view this initiative as having a major impact on treatment programs in several *Pulse Check* cities:

- A Sacramento treatment respondent states that these new clients include many older drug users with mental health problems

(especially schizophrenia) who are new to treatment. These new client characteristics have made treatment in Sacramento more complex.^M

- The Sacramento methadone treatment source also reports general increases in treatment caseloads and court referrals due to Proposition 36. That program saw "100 new cases that they would not have without 'Prop. 36'."
- In Sacramento, males have increased as a proportion of treatment admissions. Before Proposition 36, females dominated because they were referred to treatment through child welfare cases.^E
- Younger users, more females, and more users new to treatment are presenting for drug treatment, especially heroin abuse, as reported in Los Angeles.^E
- Also in Los Angeles, more methamphetamine users are presenting to treatment due to the changes in funding established by Proposition 36.^E
- Some sources are wary of Proposition 36 because they aren't sure whether treatment centers have enough capacity or whether they "are staffed properly" (Los Angeles^L). One respondent suggests replacing Proposition 36 with drug courts (San Francisco^L). By contrast, the epidemiologic respondent in Sacramento believes Proposition 36 has been successful.

HIGHLIGHTS BY SPECIFIC ILLICIT DRUG

The 97 discussions yielded key findings about marijuana, crack, powder cocaine, heroin, methamphetamine, diverted methadone, other diverted synthetic opioids, ecstasy, PCP, and other drugs.



MARIJUANA

- **Big picture:** Marijuana remains the country's most widely abused illicit drug, as reported by 37 sources in 22 cities. (*Exhibits 5 and 6*)

Sources in non-methadone programs report stable percentages of marijuana-using clients in treatment, with only three exceptions: a slight decline in Atlanta and slight increases in Chicago and Sacramento. In the methadone programs, declines are reported in Boston and Cleveland, while a slight increase is reported in Chicago.

- **Ease of purchase:** Marijuana is the most easily purchased drug across the country (0.5 average rating).^{L,E} Its availability remains relatively stable since the previous reporting period, except in Portland (OR),^L San Francisco,^L and Seattle,^L where purchasing the drug has become less difficult.

- **The different varieties:** Mexican commercial grade marijuana is the most common variety. It can be purchased with little or no difficulty (0–1 rating) in 14 *Pulse Check* cities: Baltimore,^E Boston,^{L,E} Chicago,^{L,E} Dallas,^E Denver,^E Detroit,^E Houston,^E Los Angeles,^E Minneapolis/St. Paul,^E Phoenix,^E Pittsburgh,^L San Diego,^E Seattle,^E and Washington, DC.^L No changes in availability are reported.

Local commercial grade marijuana is the next most common variety (2.42 average ratings by law enforcement and epidemiologic/ethnographic respondents across all sites). It can be purchased with little or no difficulty (0–1 average ratings) in all but four *Pulse Check* cities: Boston, Chicago, Philadelphia, and St. Louis. (This information was not available for

Exhibit 5. What are the most serious drug problems in the 25 *Pulse Check* cities, by type of source?

	Drug	Most commonly abused? ^a			Most serious consequences?			
		L	E	N	L	E	N	M
Northeast	Boston, MA	MJ	MJ	H	HCl	Crack	H	H
	New York, NY	Cocaine ^b	MJ	Crack	Crack	Crack	Crack	Crack
	Philadelphia, PA	MJ	MJ	Crack	H	H	Crack	H
	Pittsburgh, PA	H	H	H	H	H	H	H
South	Atlanta, GA	Crack	MJ	Crack	Crack	Crack	Crack	H
	Baltimore, MD	MJ	H	H	H	H	Crack	Benzos
	Dallas, TX	MJ	MJ	H	H	Crack	H	H
	Houston, TX	MJ	Crack	Crack	H	Crack	Crack	H
	Miami, FL	MJ	MJ	Crack	Crack	Opiates	Crack	NR
	Tampa/St. Petersburg, FL	Crack	H	MJ	Cocaine ^b	Crack	H	Oxy
	Washington, DC	MJ	MJ	Crack	Crack	H	H	H
Midwest	Chicago, IL	Crack	MJ	Crack	Crack	H	Crack	H
	Cincinnati, OH	NR	MJ	MJ	NR	Crack	H	H
	Cleveland, OH	Crack	Crack	H	Crack	Crack	Crack	H
	Detroit, MI	MJ	MJ	Crack	H	H	Crack	H
	Minneapolis/St. Paul, MN	Crack	MJ	MJ	Crack	H	MJ	H
	St. Louis, MO	MJ	MJ	MJ	Crack	Crack	Meth	H
West	Denver, CO	MJ	MJ	Meth	Meth	HCl	Meth	H
	Los Angeles, CA	Crack	MJ	MJ	Crack	H	Meth	H
	Phoenix, AZ	MJ	Meth	Meth	Meth	Meth	Meth	H
	Portland, OR	MJ	Meth	NR	H	H	NR	H
	Sacramento, CA	Meth	Meth	Meth	Meth	Meth	Meth	Meth
	San Diego, CA	Meth	MJ	Meth	Meth	Meth	Meth	H
	San Francisco, CA	MJ	MJ	H	Meth	H	Meth	H
	Seattle, WA	MJ	MJ	MJ	Meth	H	MJ	H

^aHeroin is almost always, by definition, the most commonly used drug in methadone programs, so methadone treatment sources are excluded from this question.

^bUnspecified form

Sources: ^LLaw enforcement respondents, ^EEpidemiologic/ethnographic respondents, ^NNon-methadone treatment respondents, and ^MMethadone treatment respondents

Note: HCl=Powder cocaine; MJ=Marijuana; H=Heroin; Meth=Methamphetamine;

Benzos=Benzodiazepines; Oxy=OxyContin[®]; NR=Not reported

Exhibit 6. What are the most serious drug problems in the 25 *Pulse Check* cities, by number of sources and sites?

Drug	Most commonly abused? [*]		Most serious consequences?	
	No. of sources	No. of sites	No. of sources	No. of sites
Heroin	10	7	44	22
Crack	16	12	28	17
Powder cocaine	0	0	2	1
Marijuana	37	22	2	2
Methamphetamine	9	5	17	8
Diverted OxyContin [®]	0	0	1	1
Benzodiazepines	0	0	1	1
Cocaine (Unspecified)	1	1	1	1

^{*}Methadone treatment sources are excluded from this count.

Sources: Law enforcement, epidemiologic/ethnographic, non-methadone treatment, and methadone treatment respondents

Cincinnati.) Its availability remains relatively stable, with one exception: purchasing it has become less difficult in Portland (OR) as outdoor “grows” have increased dramatically.^L

Sinsemilla (seedless marijuana) can be purchased with little or no difficulty in 13 *Pulse Check* cities: Atlanta,^L Baltimore,^L Dallas,^{L,E} Los Angeles,^E Miami,^L Minneapolis/St. Paul,^E New York,^{L,E} Phoenix,^E Portland (OR),^L St. Louis,^L San



Francisco,^L Seattle,^E and Washington, DC.^E Since the last reporting period, purchasing sinsemilla has become less difficult in Chicago,^L New York,^L and Portland,^L and more difficult in Cleveland^L and Philadelphia.^E

Hydroponically grown marijuana can be purchased with little or no difficulty in 10 *Pulse Check* cities: Dallas,^E Los Angeles,^E Miami,^L Minneapolis/St. Paul,^E New York,^{L,E} Portland (OR),^L Sacramento,^L San Francisco,^L Phoenix,^E and Seattle.^E Purchasing it has become more difficult in Los Angeles^L and less difficult in Chicago,^L New York,^L San Francisco,^L and Washington, DC.^L

British Columbian marijuana ("BC bud") can be purchased with little or no difficulty in 6 *Pulse Check* cities, mostly in the West: Dallas,^E Los Angeles,^E Minneapolis/St. Paul,^{L,E} Portland (OR),^L Sacramento,^L and Seattle.^E Purchasing it has become less difficult in Minneapolis/St. Paul,^L Portland (OR),^L and St. Louis,^E conversely, it has become more difficult in Cleveland^L and San Francisco^L.

- **User changes:** The age of marijuana users appears stable since the last reporting period, with only a few exceptions: younger people are initiating marijuana use in New York,^E Phoenix,^E and San Diego.^N In some cities, such as Philadelphia,^E marijuana is increasingly involved in emergency department episodes.

- **Local market changes:** Market changes reported in three *Pulse Check* cities are associated with sales of BC bud: Canadian-based Southeast Asian gangs are increasingly selling BC bud in Seattle and Portland (OR). These young adults and adolescents are associated with violence and gang activity, and some also import and sell ice.^L Similarly,

recent gang activity in relation to sales of BC bud from Seattle is reported in Minneapolis/St. Paul.^L

- **Purity and price (*Exhibit 10d*):** Reported THC levels range from 1–10 percent for commercial grade marijuana to as much as 30 percent for BC bud (as reported in San Diego).^E Between spring and fall 2002, THC levels increased in Pittsburgh^E and St. Louis.^L

Most ounce prices for commercial grade marijuana are about \$100. Between spring and fall 2002, marijuana prices remained relatively stable with a few exceptions: they increased in three *Pulse Check* cities (Boston,^L Miami,^E and St. Louis^L—at the pound level), and declined in Chicago^E (at lower quantity levels) and Denver^E (at the pound level).



- **Big picture:** Two sources (in Phoenix^N and Washington, DC^L) believe crack is no longer the most commonly abused drug in their communities. Another two (in Baltimore^L and Washington, DC^N) believe it is no longer the drug with the most serious consequences. Elsewhere, crack is named as the drug with the most serious consequences in 17 cities, according to 28 sources primarily in the Northeast, South, and Midwest. (*Exhibits 5 and 6*) In the West, only one source (Los Angeles^L) considers it as such. Treatment sources generally report stable treatment percentages for crack. However, non-methadone sources report some slight increases in Atlanta, Dallas, Minneapolis/St. Paul, Philadelphia, Seattle, and Washington, DC. In the methadone programs, slight decreases are reported in Chicago and Cincinnati, while slight increases are reported in Cleveland and St. Louis.

- **Ease of purchase:** Since the previous reporting period, purchasing crack has become slightly more difficult in Philadelphia,^E again due to Operation Safe Streets, and it has become less difficult in San Francisco.^L Its availability remains relatively stable elsewhere. Across the country, crack follows marijuana as the most easily purchased drug (0.7 average rating).^{L,E} (*Exhibits 3 and 4*)

- **User changes:** The crack-using population continues to age, as reported in many cities. Only two new user populations are reported. In Cleveland, users are getting younger.^E And in St. Louis, younger people are entering treatment at the methadone source's clinic.^M

- **Local market changes:** In Atlanta^L, cell phone involvement in crack sales is relatively new, and sales have increased on college campuses. In Minneapolis/St. Paul,^L Mexican nationals are newly involved in processing powder cocaine into crack. These "cooks" then sell the product to street dealers. In Boston, older sellers tend to "mellow out," while younger dealers are more involved in crime.^E

- **Purity and price (*Exhibit 10b*):** Purity ranges from 30 to 85 percent, with most purity levels in the middle of that range.

The most common unit of crack sold in most *Pulse Check* cities is one rock, approximately 0.1–0.2 grams. Prices depend mostly on the size of the rock sold and range from \$2 to \$40, with the standard rock priced around \$10.

In two Western cities (Denver and Los Angeles), street-level crack prices have declined due to decreased purity. Additionally, in San Francisco, the cost of larger purchases (10 rocks) has declined.^L



Rock prices have increased in New York, where the ethnographic source suspects that dealers are trying to sell larger quantities at higher prices to reduce the number of transactions and thereby lower the risk of being arrested.

In Baltimore, crack sales have changed from requiring buyers to purchase rocks of certain sizes and prices (such as one rock for \$10) to allowing buyers to specify the exact size and price (for example, breaking a piece off a rock and selling it for \$7).^E



POWDER COCAINE

- **Big picture:** Powder cocaine use has declined somewhat in reporting non-methadone treatment programs in Denver and Sacramento, both among the overall treatment population and among first-time clients. In the methadone programs, the number of users has declined in Phoenix and increased in Chicago and Pittsburgh. Elsewhere, treatment figures appear stable. Powder cocaine is often used as part of a polydrug use pattern. For example, in Miami, club drug users now take powder cocaine to bolster ecstasy.^E
- **Ease of purchase:** Since the previous reporting period, purchasing powder cocaine has become more difficult in Atlanta^L and Philadelphia^E and less difficult in Chicago,^E Cleveland,^E and San Francisco.^L Its availability remains relatively stable elsewhere. While not as easily purchased as crack, powder cocaine is still relatively easy to purchase across the country (2.25 average rating).^{L,E} (*Exhibits 3 and 4*)
- **User changes:** Characteristics of cocaine users remained stable.

- **Local market changes:** Powder cocaine markets have remained relatively stable in *Pulse Check* cities, although one source in Atlanta reports the emerging use of e-mail and Internet communication for powder cocaine sales.^L
- **Purity and price (*Exhibit 10c*):** Powder cocaine purity ranges from 30–60 percent in Washington, DC, to as much as 95 percent in Philadelphia. Between spring and fall 2002, purity remained relatively stable with three exceptions in the West: it increased in Denver and San Francisco at ounce levels^E and in San Diego at the kilogram level.^L

Powder cocaine prices range from \$25–\$35 per gram in New York to \$75–\$150 in Detroit. In most cities, 1 gram costs about \$100. Between spring and fall 2002, prices were stable except in Houston and San Francisco where they declined, and in Sacramento, where gram prices declined, while kilogram prices increased.^L



HEROIN

- **Big picture:** Heroin has overtaken crack as the drug related to the most serious consequences—such as its impact on users' health, lifestyle, and families—in Baltimore^L and Washington, DC^N. It has overtaken diverted OxyContin[®] as the most commonly abused drug in Pittsburgh.^N *Pulse Check* sources in non-methadone treatment programs report declines in Dallas, Denver, and Sacramento; sources report increases in primary heroin abusers in Houston, New York, Philadelphia, Pittsburgh, and Washington, DC^N. The percentage of primary heroin abusers in the methadone programs is generally stable, except for slight increases in Baltimore, Cleveland, Detroit, and Pittsburgh.

- **Ease of purchase:** Since the previous reporting period, purchasing heroin has become more difficult in Los Angeles^L and Philadelphia^E and less difficult in Pittsburgh^E and Portland, OR^L. The availability decline in Philadelphia is attributed to the Operation Safe Streets law enforcement effort.^E Elsewhere, heroin availability remains relatively stable. Heroin follows marijuana and crack as one of the most easily purchased drugs across the country: on a 0–10 scale, with 0 being “not difficult at all,” law enforcement and epidemiologic/ethnographic sources rate it at an overall average of 1.75. (*Exhibits 3 and 4*)
 - **The different varieties:** High purity snortable white South American (Colombian) heroin still predominates throughout the Northeast and in many cities in the South (Atlanta, Baltimore, Miami, and Washington, DC) and the Midwest (Chicago, Cleveland, and Detroit). Lower purity Mexican black tar heroin predominates throughout the West and in some cities in the Midwest (Minneapolis/St. Paul and St. Louis) and South (Dallas and Houston). Southeast Asian heroin is rarer, but it is moderately obtainable in Boston, Cleveland, and New York. Southwest Asian heroin, also rarer, is moderately obtainable in Baltimore, Cleveland, Dallas, and New York.^L
- Some cities have split availability: in Cleveland, for example, white heroin is available on the East Side (in the Black community), and brown heroin is available on the West Side (in the Hispanic and White communities).^E
- **User changes:** Some new heroin users are switching from or alternating use with diverted OxyContin[®], as reported in Boston^E and Cincinnati.^E



New and younger heroin users are reported in many cities, including Boston,^N Chicago,^N Cleveland,^{E,M} Dallas,^E Houston,^{N,M} Los Angeles,^E Pittsburgh,^E Portland (OR),^E Sacramento,^E and San Diego.^{E,N} In San Diego's North County, about 15 percent of drug court clients are first-time young injecting drug users from upper-middle socioeconomic families.^N However, that group may be declining, possibly due to the increased focus of a recent special task force.^E In Cleveland, many well-educated upper-socioeconomic adolescents use heroin.^N

In Pittsburgh, where adolescent opiate enrollment in treatment has increased 45 percent over the past 5 years, overdose deaths and violent murders among adolescents high on heroin have been increasing. Schools are trying to control the situation by holding grieving sessions and awareness nights.^E

- **Local market changes:** The heroin market in Boston continues to decentralize, with dealers becoming more independent. Many users support their habit by selling.^E Furthermore, sales for all available drugs (including heroin) continue to move "underground," with increased beeper and cell phone use to facilitate sales.^L

In New York, polydrug sales (including heroin, crack, and powder cocaine sales) continue to increase, and the use of Internet and other communications technology has risen for all drug sales.^L

In Washington, DC, five new open-air markets for heroin have emerged. These markets are operated by sellers 16–18 years old.^E

In Baltimore^E and Washington, DC,^L more younger adults are selling heroin (in addition to the older adult sellers), and they are increasingly involved in violence.^L

In Baltimore, the increased violence has been specifically linked to heroin-selling street gangs.^E

- **Purity and price (Exhibit 10a):** Similar to reports in the last *Pulse Check*, South American heroin ranges from 40 to 95 percent (excluding heroin in Washington, DC, which is highly adulterated), with both extremes reported in Philadelphia. Mexican black tar heroin ranges from 5 to 64 percent pure. Purity remained relatively stable between spring and fall 2002, except for increases in purity levels of Mexican black tar heroin in Houston^L (and most of Texas) and Sacramento^L and declines in Chicago.^E

Sources continue to report a wide range of heroin adulterants (especially lactose-based additives and baby laxatives), but no new adulterants are noted.

One dose (about 0.1 gram) of heroin sells for as little as \$4–\$6 in Boston and as much as \$30 in Atlanta. Between spring and fall 2002, heroin prices declined in many *Pulse Check* cities: Mexican black tar heroin prices declined in four western cities (Dallas,^L Denver,^E San Diego,^{L,E} and San Francisco^L), and South American white heroin prices declined in Atlanta^L and Boston.^E By contrast, heroin prices increased in Los Angeles^E (at the ounce level) and Minneapolis/St. Paul^L (at the gram level).

METHAMPHETAMINE

- **Big picture:** Methamphetamine is reported as an emerging or intensifying problem in 15 cities. (Exhibit 7) Furthermore, sources in eight cities, particularly in the West, consider it the drug contributing to the most serious consequences.

And sources in five cities consider it the most commonly abused drug. (Exhibits 5 and 6) Treatment sources generally report stable percentages of methamphetamine-using clients, except for declines in Sacramento^N and San Diego^N and slight increases in Chicago,^N Cleveland,^M Philadelphia,^N Minneapolis/St. Paul,^M San Francisco,^M and Seattle.^N

- **Ease of purchase:** With a 3.4 average rating, methamphetamine is not very difficult to purchase overall.^{L,E} (Exhibits 3 and 4) It is most easily purchased in the West. Elsewhere, it can also be purchased with little or no difficulty in Dallas,^{L,E} Detroit,^L Minneapolis/St. Paul,^L and Pittsburgh.^E

Since the last reporting period, purchasing methamphetamine has become easier in 10 cities in all four regions: Atlanta,^{L,E} Chicago,^E Detroit,^L Miami,^{L,E} New York,^L Pittsburgh,^E Portland (OR),^L San Francisco^L, Tampa/St. Petersburg,^L and Washington, DC.^L Several respondents elaborate on the supply increase in their cities:

- **Atlanta:** "The methamphetamine supply might have increased because the cocaine supply (crack and powder) has declined. It also might be related to the increased Hispanic community in Atlanta."^L "Availability fluctuates rapidly."^E
- **Miami:** The law enforcement source reports methamphetamine use has increased among a small gay user group.
- **New York^L:** A growing number of meth labs and seizures are reported, and the drug is increasingly involved in emergency department episodes. But all numbers are still low compared with other drugs.



Exhibit 7. What new problems have emerged or intensified during fall 2002?

Methamphetamine	Ecstasy/Club Drugs	Diverted OxyContin®	Diverted methadone	PCP
Atlanta, GA ^E Chicago, IL ^{L,E,N} Dallas, TX ^E (substance misnamed "ice") Denver, CO ^E Detroit, MI ^E Houston, TX ^L (ice) Miami, FL ^{L,E} (ice) New York, NY ^L Pittsburgh, PA ^L Sacramento, CA ^E ("yaba") San Francisco, CA ^L (ice) Seattle, WA ^{L,N} (ice) Tampa/St. Petersburg, FL ^L Washington, DC ^L	Atlanta, GA ^L Baltimore, MD ^L Boston, MA ^L Chicago, IL ^{E,M} Cleveland, OH ^L Dallas, TX ^L Denver, CO ^{L,E} Los Angeles, CA ^{L,E} Miami, FL ^N Minneapolis/St. Paul, MN ^N New York, NY ^M Philadelphia, PA ^{E,M} Pittsburgh, PA ^N Phoenix, AZ ^L San Diego, CA ^{E,N} Washington, DC ^E	Atlanta, GA ^M Boston, MA ^{L,N} Chicago, IL ^N Cincinnati, OH ^N Cleveland, OH ^M Denver, CO ^M Houston, TX ^N Miami, FL ^N Philadelphia, PA ^{E,M} Phoenix, AZ ^M Pittsburgh, PA ^E Portland, OR ^L San Diego, CA ^E Seattle, WA ^{E,M} Tampa/St. Petersburg, FL ^E	Chicago, IL ^N Cincinnati, OH ^M Detroit, MI ^E Houston, TX ^N Miami, FL ^E Minneapolis/St. Paul, MN ^M Pittsburgh, PA ^E Portland, OR ^L (ODs) Tampa/St. Petersburg, FL ^M	Houston ^E (+ embalming fluid) Minneapolis/St. Paul, MN ^M (+ embalming fluid) Philadelphia, PA ^{L,E} Phoenix, AZ ^N St. Louis, MO ^E San Diego, CA ^N Washington, DC ^{L,E,M}

Other Emerging Drug Problems	None
Alprazolam (Xanax®): Tampa/St. Petersburg, FL ^E Carisoprodol (Soma®): San Diego, CA ^N Codeine: Houston, TX ^E Dextromethorphan products ("triple C"): Denver, CO ^E ; Houston, TX ^E ; Portland, OR ^L and Tampa/St. Petersburg, FL ^{N,M} Hash: Houston, TX ^E Heroin: Cleveland, OH ^M and Pittsburgh, PA ^{L,E} Khat*: Minneapolis/St. Paul, MN ^L and St. Louis, MO ^L Marijuana: Chicago, IL ^M and Washington, DC ^L Narcotic analgesics: St. Louis, MO ^E Prescription pills: Minneapolis/St. Paul ^E and New York, NY ^E Sildenafil (Viagra®): Miami, FL ^E (+ methamphetamine)	Baltimore, MD ^M Boston, MA ^M Cincinnati, OH ^{E,M} Dallas, TX ^{N,M} Denver, CO ^N Detroit, MI ^{L,N,M} Houston, TX ^M Los Angeles, CA ^{N,M} New York, NY ^N Philadelphia, PA ^N Pittsburgh, PA ^M Phoenix, AZ ^E Portland, OR ^{E,M} St. Louis, MO ^{L,N,M} Sacramento, CA ^{L,N,M} San Diego, CA ^{L,M} San Francisco, CA ^{E,M} Washington, DC ^N

*Khat is a natural stimulant from the *Catha edulis* plant, found in a flowering evergreen tree or large shrub from East Africa and Southern Arabia. Its leaves contain psychoactive substances chemically similar to d-amphetamine.

Sources: ^LLaw enforcement respondents; ^EEpidemiologic/ethnographic respondents; ^NNon-methadone treatment respondents; ^MMethadone treatment respondents

- The different varieties: Locally produced methamphetamine has become easier to purchase in six cities: Atlanta,^{L,E} Detroit,^E Pittsburgh,^E Portland (OR),^L San Francisco,^L and Tampa/St. Petersburg.^L

Mexican methamphetamine has become easier to purchase in Miami,^L Portland (OR),^L San Francisco,^L and Washington, DC.^L It has become more difficult to purchase in Cleveland.^L

The ease of purchasing ice, highly pure smokable methamphetamine, has increased in 11 *Pulse Check*

cities: Atlanta,^{L,E} Dallas,^L Houston,^L Miami,^E Minneapolis/St. Paul,^L Pittsburgh,^E Portland (OR),^L St. Louis,^E San Francisco,^L Seattle,^{L,E} and Washington, DC.^L Conversely, it has become more difficult to purchase ice in Cleveland^L and New York.^E

- User changes: At an adolescent facility in Los Angeles, females coming into treatment are nearly all primary methamphetamine users.^E In Minneapolis/St. Paul, high school counselors are reporting use by younger age groups.^E In Sacramento, the percentage of young adults among methampheta-

mine users has increased, while the percentage of older adults has declined.^E Some Hispanic adolescents in New York are snorting methamphetamine ("bling bling") purchased from one young man selling it in \$20 packets, but those reports are limited to one neighborhood.^E

Hispanics have continued to emerge as a user population in San Diego since about 1995, when they began producing and marketing methamphetamine. In addition to the mainstream use in the West, methamphetamine use is reported in some gay communities in cities



such as Boston,^E Chicago,^E Dallas,^E Miami,^E and New York.^E In Miami, use is spreading from the gay and “techno dance” scenes to females and heterosexual males who use it with ecstasy to enhance endurance, resulting in a dramatic increase in risky sexual behavior.^E

- **Local market changes:** In Atlanta, more methamphetamine is sold in central city areas than previously.^E In St. Louis, production continues to move from rural into central city areas, and sellers and producers see the central city as an “untapped market.”

Outside the central city areas of Portland (OR), methamphetamine has replaced cocaine in sales and use, and between spring and fall 2002, the number of “superlabs” increased.^L

While Atlanta’s methamphetamine market is controlled primarily by Mexican nationals, the number of independent sellers is increasing.^E

- **Purity and price (Exhibit 10e):** Purity ranges from 8–12 percent in Denver^E to 95 percent in Seattle,^L with most purity hovering around 30–40 percent in reporting *Pulse Check* cities. Purity declined in three western cities (Sacramento,^L San Diego,^L and Denver^E), increased in Los Angeles,^E and remained relatively stable elsewhere.

As in the last *Pulse Check*, methamphetamine gram prices are most commonly reported at about \$100, but they range from \$20–\$60 in Seattle to \$330 in Chicago. Prices are typically lower in the West than in other U.S. regions.

Prices remained relatively stable since spring 2002, except in the West, where they declined in three cities: Los Angeles,^{L,E} Phoenix,^L and Sacramento.^L In Atlanta, the price of ice declined.

DIVERTED METHADONE

Diverted methadone is emerging as a problem in nine cities, many in the South and Midwest. (Exhibits 7 and 8) Some respondents elaborate:

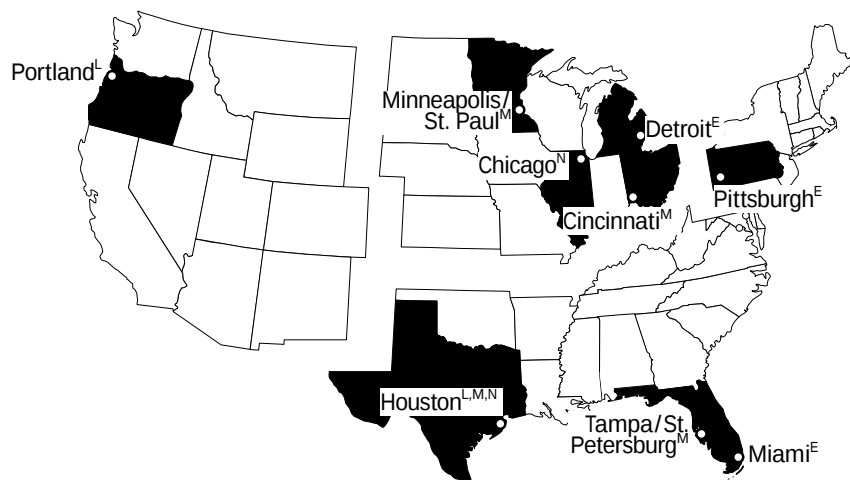
- Methadone-induced deaths have increased in Miami (first-half-2002 data), where an emerging group of addicts abuse tablets believed to be diverted from pain management prescriptions—not the liquid that is dispensed at methadone clinics. These addicts are predominantly White middle-socioeconomic males, older than 35 years.^E
- Methadone diverted from pain management clinics is also an issue in Tampa/St. Petersburg.^M In the methadone clinic with which the *Pulse Check* source is affiliated, methadone-positive intake drug screens used to be very rare, but they jumped to 26 percent positive in the last quarter of 2002—in keeping with the dramatic increase in emergency department episodes and deaths involving methadone. Drugs have become widely available on the street since pain management clinics have been “opening right and left” because it is

such a profitable business.

Typically, someone with chronic pain goes to a pain management clinic, gets addicted, gets expelled from the program, goes to a methadone clinic where the addiction becomes fairly controlled, but then goes to a different pain management clinic to get additional drugs to “start a business.”^M

- In Pittsburgh, diverted methadone has become an increasing problem over the past 5 years.^{E,M} One source rates the drug as “not at all” difficult to purchase.^E For-profit methadone treatment centers have proliferated, but the State has not established dosage guidelines. Some of the methadone is diverted by patients who do not swallow their entire dose, and then sell the rest. Others sell their take-home medication. Heroin addicts often buy diverted methadone in order to detox themselves. OxyContin[®] addicts use methadone to “control their fix”—another reason for the growing demand for diverted methadone.^{E,M}
- Methadone diversion has increased in Cincinnati, and now methadone is readily available on the street.^M A for-profit methadone

Exhibit 8. Where is diverted methadone emerging as a problem? (Fall 2002)



Sources: ^LLaw enforcement respondents; ^EEpidemiologic/ethnographic respondents; ^NNon-methadone treatment respondents; ^MMethadone treatment respondents

clinic recently opened in nearby Indiana, which has a less regulated methadone take-home policy than most States. Methadone-related deaths have recently increased, especially among younger users (18–20 years old) who may not understand the potency of the methadone bought on the street.^M

- In Dallas, methadone continues to be diverted by people who are “cheeking and selling it.”^E While this practice has not increased, an increase is reported of people dying after combining methadone with alprazolam (Xanax[®]).

OTHER DIVERTED SYNTHETIC OPIOIDS

- Big picture: After increasing during the previous reporting period, diverted OxyContin[®] use and activity has declined in Washington, DC, because of major law enforcement action.^E The diversion problem has not reached some cities, such as San Francisco.^E However, the diverted product continues to emerge or intensify as a problem in 15 *Pulse Check* cities. (*Exhibit 7*) Treatment sources report slight increases in 14 cities: Baltimore,^M Boston,^N Chicago,^N Cincinnati,^N Cleveland,^M Denver,^M Detroit,^N Houston,^{N,M} New York,^M Philadelphia,^N Phoenix,^M Pittsburgh,^N San Francisco,^M and Seattle.^{N,M}
- Ease of purchase: Diverted OxyContin[®] is moderately difficult to purchase across the country (5.2 average rating).^{L,E} Purchasing it is particularly easy in Boston,^L Dallas,^L New York,^L Pittsburgh,^E San Francisco,^L and Tampa/St. Petersburg.^L

Since the previous reporting period, purchasing diverted OxyContin[®]

has become more difficult in several cities, such as the following:

- ▶ Baltimore:^L It has become less available because of increased awareness of the problem by law enforcement, the manufacturer, the medical community, and pharmacists. Many pharmacies no longer carry it, and they post notices to that effect.
- ▶ Boston:^E The cost of the drug increased, causing demand to decline, causing supply to decline.
- ▶ Cleveland:^E Doctors and pharmacists have become more stringent with prescriptions, so less is available on the street, and price has increased.
- ▶ Miami:^E With the recent crack-down, more people are aware of the problem, and fewer doctors are prescribing the drug.
- ▶ Philadelphia:^L Enforcement action has made a difference, with many large diversion cases.
- ▶ San Diego:^L Increased focus by law enforcement has made a difference. For example, a main supplier in Tijuana was arrested.
- ▶ Washington, DC:^E Following major law enforcement activity, availability has declined, especially around methadone clinics where it used to be sold.

By contrast, respondents in several cities believe it has become easier to purchase diverted OxyContin[®]: Cleveland,^L New York,^L Pittsburgh,^E Portland (OR),^L St. Louis,^L San Francisco,^L and Seattle.^L

- User changes: One source in Cincinnati believes that OxyContin[®] abuse has peaked in the area and is either leveling off or declining.^M Another source in that

city adds that users have switched to heroin because diverted OxyContin[®] is becoming more expensive and more difficult to purchase, but they would prefer OxyContin[®].^E Similarly, in Miami, as diverted OxyContin[®] declines in availability, addicts are shifting to other narcotics, such as diverted methadone.^E A substitution effect is also noted in Boston: while pharmacy robberies have declined, users are switching to other oxycodone products (such as Percocet[®]), clonazepam (Klonopin[®]), or heroin. An emerging group of OxyContin[®] abusers is still reported in Boston, often including the younger siblings of older addicts.^E More older adults in rural areas surrounding Dallas are starting to abuse the drug.^E

Oxycodone is increasingly mentioned in emergency department episodes in several cities, such as St. Louis,^E Philadelphia^E (where it also is involved in increased mortality), and Minneapolis/St. Paul^E (where it is also increasingly mentioned in mortality, poison control, and law enforcement data).

- Price: Diverted OxyContin[®] is typically sold by the 20- or 40-milligram tablet, with most prices remaining at \$1 per milligram. However, prices are as low as \$0.50 per milligram, as reported in six *Pulse Check* cities (Boston^E, Los Angeles,^L Philadelphia,^L Phoenix,^L Tampa/St. Petersburg,^L and Washington, DC^E), and as high as \$2 per milligram in two cities (Philadelphia^E and Washington, DC^L).

Between spring and fall 2002, diverted OxyContin[®] prices remained relatively stable, except in Washington, DC, where prices declined.^E



ECSTASY

- **Big picture:** Ecstasy continues to emerge or intensify as a problem in 16 cities. (*Exhibit 7*) Non-methadone treatment sources report some declines in ecstasy use in Seattle and Washington, DC, but numbers have increased slightly in Chicago and Houston and more sharply in Minneapolis/St. Paul. In Washington, DC, after increasing for the past few reporting periods, ecstasy use and activity have leveled off as the rave scene there has quieted down.^E In some cities, such as San Diego,^E the number of ecstasy users is still low, but the drug gets a lot of media attention.
- **Ease of purchase:** Since the last reporting period, purchasing ecstasy has become more difficult in Chicago,^L where seizure activity has declined compared to 1 year earlier, and in Pittsburgh,^L where law enforcement recently broke up a trafficking organization. By contrast, purchasing ecstasy has become less difficult in 10 *Pulse Check* cities: Atlanta,^{L,E} Baltimore,^L Cleveland,^L Minneapolis/St. Paul,^L New York,^E Pittsburgh,^E San Diego,^L San Francisco,^L Seattle,^L and Washington, DC.^L On average across the country, ecstasy can be purchased with about the same ease as powder cocaine (2.2 average rating).^{L,E} (*Exhibits 3 and 4*)
- **User changes:** The age of ecstasy users appears stable, with a few exceptions. In Boston, the number of users in private schools continues to increase.^E In the Houston non-methadone program, ecstasy use is starting at a younger age.^N It is also becoming common among a subculture of young gay adolescents in that city.^E In Tampa/St. Petersburg, more younger users are reported over the past 5 years.^E But the

methadone source in that city believes that people are outgrowing the drug as they mature.^M

- **Local market changes:** The ecstasy market continues to expand beyond the club scene. For example, in St. Louis and Seattle, it is reported as more mainstream and in the suburbs.^L In Washington, DC,^L open-air markets and street sales of ecstasy have emerged. In Atlanta, ecstasy sales have emerged in the city proper.^L And in Portland (OR),^L the number of raves has declined.

Ecstasy seller characteristics remain relatively stable, with changes in a few cities. Sellers in Miami are becoming less open than they were in the past, “learning how to avoid law enforcement.”^L Sales have increased in the Black community in Washington, DC.^L Asian gangs new to Los Angeles are rapidly taking over the ecstasy market.^E While Atlanta’s ecstasy market is generally controlled by overseas groups, the number of local independent sellers is increasing.^E

- **Price (*Exhibit 10f*):** One tablet of ecstasy is the most common unit sold, and prices range from \$7.50–\$15 in Dallas to \$25–\$40 in Chicago. A New York respondent reports lower prices for ecstasy sold on streets rather than in nightclubs, and several sources report much lower prices for large-quantity purchases (1,000 pills, “boats,” are the wholesale unit sold in many *Pulse Check* cities).

Prices remained relatively stable between spring and fall 2002, with two sources in the Northeast reporting price increases, possibly due to decreased supply, and one source (in Atlanta) reporting price drops. In most *Pulse Check* cities, prices have declined over the past several years.

Although respondents do not report ecstasy purity, several describe increased adulterants, such as methamphetamine (in Atlanta,^E Phoenix,^E and San Diego^L), heroin (in Phoenix^E), caffeine (in San Diego^L), and ketamine, gamma hydroxybutyrate (GHB), and dextromethorphan (in Atlanta). Sources report a wide variety of drugs sold as ecstasy and a decline in the amount of ecstasy found in tablets in two Midwest cities (Detroit and Minneapolis/St. Paul).

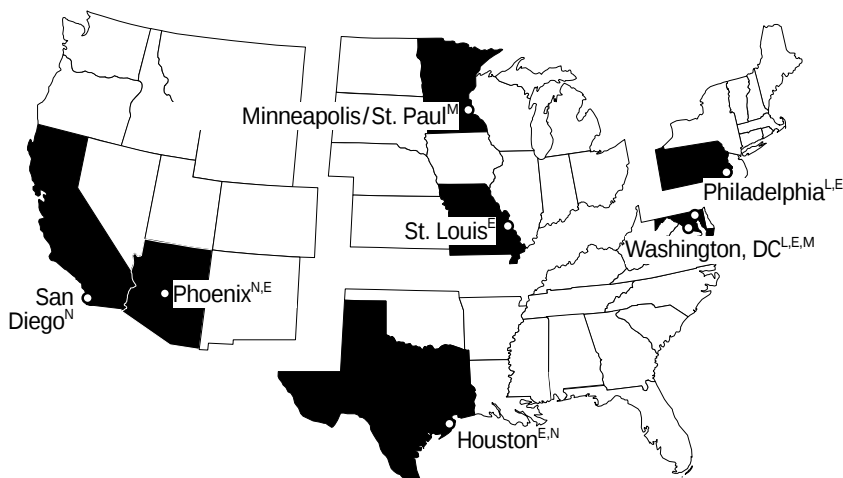
PCP

- PCP is emerging or reemerging as a problem in seven *Pulse Check* cities (*Exhibit 9*): Houston,^E Minneapolis/St. Paul,^M Phoenix,^{E,N} Philadelphia,^L St. Louis,^E San Diego,^N and Washington, DC.^{E,M}
- In Philadelphia, emergency department episodes involving PCP have increased, particularly for individuals in their late teens.^E
- In St. Louis, it is used by an emerging group of young Black users, particularly females.^E
- PCP is sometimes sold as a liquid in vials. Often, cigarettes or marijuana blunts are dipped in PCP and then sold. And sometimes, as in Houston and Minneapolis/St. Paul, it is combined with embalming fluid and/or marijuana.
- Law enforcement personnel in Washington, DC, are concerned about PCP’s reemergence. Arrests have increased.^E

OTHER DRUGS

- **Gamma hydroxybutyrate (GHB):** GHB has declined in availability in Detroit,^E Miami,^E and St. Louis.^L In Dallas, adolescents are increasingly using it, instead of flunitrazepam (Rohypnol), for drug-assisted

Exhibit 9. Where is PCP emerging as a problem? (Fall 2002)



Sources: ^LLaw enforcement respondents; ^EEpidemiologic/ethnographic respondents; ^NNon-methadone treatment respondents; ^MMethadone treatment respondents

rape.^E It is involved in some deaths and drug-assisted rape incidents in San Diego, but use appears stable because word has gotten out about its volatility and lethal potential.^E

- **Ketamine ("special K"):** Ketamine availability has declined in San Diego since the arrest of a main supplier in Mexico (80 percent of the ketamine in the United States comes from Mexico via San Diego).^L The drug is well known, but not pervasive, among youth in Baltimore.^L

- **Over-the-counter dextromethorphan products:** Adolescents in many *Pulse Check* cities are increasingly abusing cold medications containing dextromethorphan (often found in Coricidin[®] products, commonly referred to as "triple C"). Taken in large quantities, dextromethorphan can produce effects similar to those of ecstasy. It is sometimes combined with alcohol or other drugs. In Tampa/St. Petersburg, incidents are reported of adolescents taking 20

to 43 tablets at a time, sometimes in combination with another over-the-counter medication, dimenhydrinate (Dramamine[®]). Overdoses and thefts from groceries and pharmacies are increasingly reported in that city.^{N,M} Similarly, in Portland (OR), the product has been involved in overdoses among youth (12–17 years old) who are consuming it in large quantities.^L In Houston, where adolescents use the product with alcohol, enhancing its effect, "it's easy to get, not controlled, and relatively cheap."^E Dextromethorphan abuse is also increasing in Denver, where it is called "DXM" and is used as a club drug. Abuse of the product is also reported in Detroit.^E

- **Alprazolam (Xanax[®]):** Sources in two Florida cities (Miami and Tampa/St. Petersburg) report increasing abuse of the drug. Additionally, the practice of using the drug in combination with prescription opiates or ecstasy has increased in Miami.^E

- **Abused sildenafil (Viagra[®]):** In some cities, such as Miami^E and Pittsburgh,^E ecstasy and sildenafil are often combined. This combination is associated with high-risk sexual activity. In Miami, sildenafil is also increasingly used in combination with marijuana and methamphetamine. The increase in new abusers is particularly marked among adolescent males.^E

- **Hashish:** The drug is reemerging in Houston, where the same people who used it 10 years ago now take it as "dessert" after marijuana to "kick it up a notch." The increase coincides with increased availability since the Taliban (who had suppressed hashish production and export) were ousted from Afghanistan.^E

- **Khat:** Khat is an emerging drug among Minneapolis/St. Paul's Somalian community, which is the largest in the country.^L This natural stimulant, which loses potency in 48 hours, has leaves that contain psychoactive ingredients structurally and chemically similar to d-amphetamine. It is overnight-mailed or shipped in luggage on airplanes from Kenya.^E The drug has also increasingly appeared on the St. Louis drug market, with three seizures by law enforcement during fall 2002. It is being transported via overnight mail services, a method that city's law enforcement has not seen before.^L

Exhibit 10a. What are the prices and purity levels of different types of heroin in *Pulse Check* cities? (Fall 2002)

City/Source	Most common Street Unit		Purity	1 Gram	
	Unit	Price		Price	
Mexican black tar or brown	Dallas, TX ^L	1 oz	\$800–\$2,000	5–6%	\$150–\$250
	Denver, CO ^L	One balloon (0.1 g)	\$20	NR	\$100
	Denver, CO ^E	1 oz	\$1,500–\$3,000	8–64%	\$100–\$150
	Houston, TX ^L	1 oz	\$1,000–\$2,500	13–58%	\$100–\$150
	Los Angeles, CA ^L	One balloon (0.1 g)	\$20	NR	NR
	Los Angeles, CA ^E	1 oz (“pedazo”)	\$700–\$800	NR	NR
	Minneapolis/St. Paul, MN ^L	NR	NR	NR	\$300–\$400
	Phoenix, AZ ^L	One twenty (100–200 mg)	\$20	NR	\$100–\$200
	Sacramento, CA ^L	0.25 oz	\$20–\$40	16–18%	NR
		1 oz	\$500–\$800		
	San Diego, CA ^{LE}	One ten (0.1 g)	\$10	14–70%	\$50–\$100
		One forty (0.4 g)	\$40		
		1 oz	\$600–\$1,200		
	San Francisco, CA ^E	One bag (0.25 g)	\$10–\$20	NR	NR
South American (Colombian) white	San Francisco, CA ^L	One balloon, one bag (0.1–0.25 g)	\$10	17%	\$60
	Seattle, WA ^L	0.1 g	\$90–\$120	14–58%	NR
		1 oz	\$600–\$300		
	Atlanta, GA ^L	One hit	\$30	NR	\$300
	Atlanta, GA ^E	20-bag (2–3 g)	\$20	>50%	NR
	Boston, MA ^L	One bundle (0.1 g)	\$4–\$6	>80%	NR
	Boston, MA ^E	0.5 g	\$50–\$75	NR	\$80–\$150
	Chicago, IL ^L	One hit (0.2 g)	\$20	NR	\$150
	Cleveland, OH ^L	One bag (bindle)	\$20	NR	NR
	Cleveland, OH ^E	Dime bag (0.1 g)	\$10–\$20	NR	NR
	Miami, FL ^L	1 oz	\$2,100	NR	NR
	New York, NY ^L	One bag	\$10–\$14	NR	\$60–\$80
	New York, NY ^E	One packet (0.1 g)	\$10	>60%	NR
	Philadelphia, PA ^E	One hit	\$10	NR	\$20–\$100 (bundle)
Unspecified Type	Philadelphia, PA ^L	One bag (<1 g)	\$10–\$20	40–95%	\$67–\$300
		10 bags (one bundle)	\$70–\$200		
	Pittsburgh, PA ^L	One bundle (10 bags)	\$180–\$200	60–90%	\$300–\$600
	Washington, DC ^E	Bags (of “scrambled,” adulterated)	\$8, \$10, \$12	23%	\$120–\$150
	Washington, DC ^L	Dime bag (50–75 mg)	\$10	10–15%	NR
	Chicago, IL ^E (white powder with unknown source)	Dime bag	\$10	NR	\$50–\$300
	Cleveland, OH ^E	Dime bag (0.1 g)	\$10–\$20	NR	NR
	Baltimore, MD ^{LE}	10-bag, one capsule	\$10	NR	NR
	Detroit, MI ^E	One hit	\$10–\$12	NR	NR
		One bundle (10 hits)	\$100–\$200	NR	NR
	Detroit, MI ^L	Dime bag (0.1 g)	\$10	NR	\$100–\$150
	Los Angeles, CA ^E	NR	NR	NR	100–\$150
	Minneapolis/St. Paul, MN ^E	One bindle	\$10–\$50	NR	\$300–\$400 ^L
	New York, NY ^E	One packet (0.1 g)	\$10	NR	NR
	Philadelphia, PA ^E	One hit	\$10	NR	NR
	San Francisco, CA ^L	One bag (0.01–0.25 g)	\$10	17%	\$60
	St. Louis, MO ^L	NR	NR	NR	\$100
	St. Louis, MO ^E	NR	NR	NR	\$250–\$600
	Tampa/St. Petersburg, FL ^L	0.25 g	\$20	NR	\$80

Sources: ^LLaw enforcement respondents; ^EEpidemiologic/ethnographic respondents



NATIONAL SNAPSHOT

Exhibit 10b. How much does one rock of crack cocaine cost in *Pulse Check* cities? (Fall 2002)

	City/Source	Unit (slang term)	Price
Northeast	Boston, MA ^L	One jum (0.1 g)	\$10
	Boston, MA ^E	One jum (approximately four hits)	\$20–\$40
	New York, NY ^{L,E}	One vial, one bag	\$10–\$20
	Philadelphia, PA ^{L,E}	One vial, one rock (0.5–0.1 g)	\$3–\$10
	Pittsburgh, PA ^{L,E}	One rock	\$5, \$10, \$20
South	Atlanta, GA ^L	One rock	\$10, \$20
	Atlanta, GA ^E	One rock	\$5
	Baltimore, MD ^{L,E}	One rock, one vial	\$10
	Dallas, TX ^L	One rock	\$10–\$40
	Miami, FL ^L	One rock	\$10–\$20
	Tampa/St Petersburg, FL ^L	One rock (0.1–0.2 g)	\$20
	Washington, DC ^{L,E}	Dime bag (75 mg), one rock	\$10
Midwest	Chicago, IL ^L	One rock (0.2 g)	\$20–\$25
	Chicago, IL ^E	One rock	\$5–\$20
	Cleveland, OH ^L	One rock	\$20
	Cleveland, OH ^E	One rock	\$10
	Detroit, MI ^L	One rock (0.1 g)	\$10
	Detroit, MI ^E	One rock	\$5–\$25
	Minneapolis/St. Paul, MN ^{L,E}	One rock	\$20
	St. Louis, MO ^{L,E}	One rock	\$20
West	Denver, CO ^L	One rock	\$20
	Los Angeles, CA ^{L,E}	One rock (0.2 g)	\$10–\$20
	Phoenix, AZ ^L	200–300 mg ("twenty")	\$20
	Sacramento, CA ^L	One rock (0.2 g)	\$20
	San Diego, CA ^{L,E}	0.1 g ("tens")	\$10
	San Francisco, CA ^L	One rock (0.1 g)	\$6–\$10
	San Francisco, CA ^E	One rock	\$2–\$20
	Seattle, WA ^L	1 g	\$100

Sources: ^LLaw enforcement respondents; ^EEpidemiologic/ethnographic respondents

Exhibit 10c. How pure is powder cocaine, and how much does it cost? (Fall 2002)

	City/Source	Purity	Gram Price	Ounce Price
Northeast	Boston, MA ^L	NR	\$50–\$60	NR
	New York, NY ^L	NR	25–\$35	\$600–\$1,000
	Philadelphia, PA ^L	40–95%	\$100–\$125	\$800–\$1,300
	Pittsburgh, PA ^L	50–70%	\$75–\$100	NR
South	Baltimore, MD ^L	NR	\$90–\$100	NR
	Dallas, TX ^L	NR	\$50–\$100	NR
	Houston, TX ^L	NR	\$60–\$100	\$400–\$650
	Miami, FL ^L	NR	NR	\$650
	Tampa/St. Petersburg, FL ^L	NR	\$50	\$700–\$850
	Washington, DC ^{L,E}	30–60%	\$50–\$100	NR
Midwest	Chicago, IL ^L	NR	\$125	NR
	Chicago, IL ^E	NR	\$50–\$150	NR
	Detroit, MI ^{L,E}	NR	\$75–\$150	NR
	Minneapolis/St. Paul, MN ^E	NR	\$100	NR
	St. Louis, MO ^{L,E}	77%	\$100–\$125	NR
West	Denver, CO ^L	NR	\$100	NR
	Denver, CO ^E	30–90% (g); 65–85% (oz)	\$100–\$125	\$500–\$900
	Los Angeles, CA ^L	80%	\$100	NR
	Sacramento, CA ^L	78%	\$80	\$500–\$600
	San Diego, CA ^{L,E}	54–90% ^L ; 68–72% ^E	\$40–\$80	\$300
	San Francisco, CA ^L	64%	\$100	\$400–\$600
	Seattle, WA ^L	57–68%	\$80–\$100	\$45–\$700

Sources: ^LLaw enforcement respondents; ^EEpidemiologic/ethnographic respondents



Exhibit 10d. How much does marijuana cost? (Fall 2002)

	City/Source	Type	Price/Unit	Ounce price
Northeast	Boston, MA ^L	NR	NR	\$325
	Boston, MA ^E	NR	\$20/0.125-oz bag	NR
	New York, NY ^{L,E}	Commercial	\$5/bag \$1,000–\$2,000/lb	\$100–\$200
		Hydroponic	\$20/bag \$3,000–\$5,000/lb	\$300–\$1,200
	Philadelphia, PA ^L	Commercial	NR	\$150–\$200
	Philadelphia, PA ^E	NR	\$5/bag	NR
	Pittsburgh, PA ^L	NR	NR	\$90–\$150
South	Atlanta, GA ^L	Sinsemilla	\$10/bag	NR
	Atlanta, GA ^E	Commercial	\$10/dime bag (2–3 g)	\$120
	Baltimore, MD ^L	NR	\$1–\$3/joint	\$100
			\$10–\$12/blunt	
	Dallas, TX ^L	Mexican commercial	\$2/joint	NR
	Houston, TX ^L	Mexican commercial	\$5/g	NR
			\$300–\$500/lb	
		Sinsemilla	\$600/lb	NR
	Tampa/St. Petersburg ^L	NR	\$40/0.25 oz	\$1,100–\$1,200
	Washington, DC ^L	NR	\$20/bag (750 mg)	NR
	Washington, DC ^E	Commercial	\$5–\$10/bag (a few joints)	\$100
			\$10–\$20/blunt	
Midwest		Hydroponic	NR	\$480
	Chicago, IL ^E	NR	\$5–\$10/bag	\$80–\$200
	Cleveland, OH ^L	NR		\$200 (about 10–12 blunts)
	Cleveland, OH ^E	NR	\$5–\$10/blunt	\$100
	Detroit, MI ^L	NR	\$10/bag (1 g)	NR
	Detroit, MI ^E	NR	\$50–\$200/0.25 oz	NR
	Minneapolis/St. Paul, MN ^L	Commercial	\$700/lb	NR
		BC bud	\$7,000–\$12,000/lb	NR
	Minneapolis/St. Paul, MN ^E	NR	\$5/joint	NR
	St. Louis, MO ^L	NR	\$1,000–\$1,100/lb	\$100
West	Denver, CO ^L	NR	NR	\$100–\$200
	Denver, CO ^E	Mexican and local commercial	NR	\$200–\$300
	Los Angeles, CA ^L	Commercial	\$10/dime bag (1 g)	NR
	Phoenix, AZ ^L	Commercial	\$20/dime bag (6–7 g)	\$60–\$80
	Sacramento, CA ^L	Commercial	\$25/g	\$200–\$250
	San Diego, CA ^L	Mexican commercial	\$5/nickel bag (0.5–1 g)	\$600–\$1,000
		Sinsemilla	\$150/0.25 oz	\$450
			\$300/0.5 oz	
	San Diego, CA ^E	Commercial	NR	\$60–\$100
		BC bud	\$3,000–\$5,000/lb	NR
	Seattle, WA ^L	Mexican commercial	\$500–\$700/lb	NR
		BC bud	\$2,800–\$4,000/lb	NR

Sources: ^LLaw enforcement respondents; ^EEpidemiologic/ethnographic respondents



Exhibit 10e. How much does methamphetamine cost?
(Fall 2002)

	City/Source	Gram Price	Price/Unit
Northeast	Boston, MA ^L	\$100	NR
	New York, NY ^L	\$100–\$300	\$10–\$20/pill \$1,600–\$6,000/oz
	Philadelphia, PA ^L	\$100	NR
	Pittsburgh, PA ^L	\$100–\$200	\$45/0.25 g
South	Atlanta, GA ^L	NR	\$10, \$20/hit
	Dallas, TX ^L	\$70–\$100	NR
	Houston, TX ^L	NR	\$500–\$800/oz \$6,000–\$11,000/lb \$18,000–\$20,000/kg
	Washington, DC ^L	\$140	NR
Midwest	Chicago, IL ^L	\$330	NR
	Cleveland, OH ^L	\$75	NR
	Minneapolis/St. Paul, MN ^{L,E}	\$100	\$1,000/oz
	St. Louis, MO ^L	\$100	NR
	St. Louis, MO ^E	NR	\$700–\$1,300/oz
West	Denver, CO ^{L,E}	\$80–\$110	\$700–\$1,000/oz
	Los Angeles, CA ^L	NR	\$125/1/16 oz
	Los Angeles, CA ^E	NR	\$450–\$550/oz
	Phoenix, AZ ^L	NR	\$80–\$110/1/16 oz ("teener") \$120–\$180/1/8 oz
	Sacramento, CA ^L	\$80	\$300–\$600/oz
	San Diego, CA ^L	\$50–\$75	\$20/0.25 g \$500/oz
	San Diego, CA ^E	\$40–\$100	\$3,500–\$5,500/lb
	San Francisco, CA ^L	\$130	\$170/1/16 oz \$300/1/8 oz
	Seattle, WA ^L	\$20–\$60	\$350–\$650/oz

Sources: ^LLaw enforcement respondents; ^EEpidemiologic/ethnographic respondents

Exhibit 10f. How much does a pill
(one dose) of ecstasy cost? (Fall
2002)

	City/Source	Price per pill
Northeast	Boston, MA ^{L,E}	\$20–\$25
	New York, NY ^L	\$20–\$28
	New York, NY ^E	\$12–\$25 (street) \$25–\$35 (clubs)
	Philadelphia, PA ^{L,E}	\$15–\$30
	Pittsburgh, PA ^L	\$15–\$30
South	Atlanta, GA ^E	\$15–\$20
	Baltimore, MD ^L	\$18–\$20
	Dallas, TX ^L	\$7.50–\$15
	Houston, TX ^L	\$20–\$30
	Miami, FL ^L	\$11–\$18
	Tampa/ St. Petersburg, FL ^L	\$12–\$15
	Washington, DC ^{L,E}	\$18–\$35
Midwest	Chicago, IL ^{L,E}	\$25–\$40
	Cleveland, OH ^{L,E}	\$8–\$20
	Detroit, MI ^{L,E}	\$20–\$40
	Minneapolis/ St. Paul, MN ^{L,E}	\$20
	St. Louis, MO	\$20–\$30
	Denver, CO ^{L,E}	\$15–\$25
West	Los Angeles, CA ^L	\$20–\$40
	Phoenix, AZ ^L	\$20–\$30
	Sacramento, CA ^L	\$20
	San Diego, CA ^{L,E}	\$15–\$25
	San Francisco, CA	\$10–\$20
	Seattle, WA ^L	\$10–\$20

Sources: ^LLaw enforcement respondents;
^EEpidemiologic/ethnographic respondents