

***OFFICE OF NATIONAL DRUG CONTROL POLICY***

**PULSE CHECK**  
***National Trends in Drug Abuse***

**Fall 1999**

**Executive Office of the President**  
**Office of national Drug Control Policy**  
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**Office of Programs, Budget, Research, and Evaluation**

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## Key Findings

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Twice annually, the Office of National Drug Control Policy issues *Pulse Check*, a report describing current trends in illicit drug use and in the illicit drug market. The report is based on information gathered through conversations with ethnographers, epidemiologists, law enforcement officials, and treatment providers working throughout the United States. These experts describe patterns they have seen in their local communities in the six months prior to being contacted. Following are highlights of reports on heroin, cocaine, marijuana, methamphetamine, and any emerging drugs.

### Heroin

- Heroin use continues to increase in many areas, though less rapidly in parts of the South and Midwest. Most areas are experiencing shifts in the mix of users, with more young initiates and more suburban users added to a traditionally older user cohort. While most of the initiates and young users inhale the drug, there are also new injectors. In San Francisco, sources also report an increasing number of young, middle class users smoking Black Tar heroin. The trend toward new, young users has been reported in the Northeast in *Pulse Check* reports for the last two years. This trend now appears to be spreading to other areas of the country. Ethnographic sources in Texas, Seattle, Miami, Kansas City, Atlanta and Chicago also report heroin use among teens and young adults.
- Many areas throughout the country have active heroin markets. Prices range from as low as \$30 per gram in Manhattan to a high of \$200 to \$300 per gram in Minneapolis. Purity varies considerably, with very low purity in the South and continued high purity in the Northeast and Northwest.
- Treatment providers report more heroin users entering treatment, particularly in the Northeast. However, the younger users reported by law enforcement and ethnographic or epidemiological sources have not yet impacted on treatment facilities. Providers in all regions report that the majority of heroin users in treatment are still older, established users, with prior treatment experience.
- While many drugs may be sold in the same location in a city, dealers who handle both of these drugs at the same time have in the past been unusual in most areas. Over the last two years *Pulse Check* sources have reported that an increasing number of drug dealers distribute both heroin and cocaine. What is characterized by law enforcement as “one-stop shopping” in Chicago is also found in other locations. However, most sources report that even when heroin and cocaine are dealt together, there are still specialized markets for marijuana and methamphetamine.

### Cocaine

- Crack use continues to decline or remain stable in all but one area. In general crack users are an older cohort, rather than new initiates or young users. One exception is some increased use among young females in areas along the Southwest border.

- Crack availability is high in all areas and its price has remained stable since the last *Pulse Check*. Pieces or rocks are sold for \$5 to \$20 depending on the size of the nugget and are sold in bags, balloons, vials or simply handed to the buyer as loose “bits.” As in the last two *Pulse Check* reports, sources report that increasingly crack users buy cocaine in powdered form to “make their own” rather than buy a finished product. By making crack themselves, users are able to obtain a better value as well as more reliable purity.
- Cocaine powder is used less frequently than crack in all but a few locations, and is used most frequently by heroin injectors who add it in a combined injection (a “speedball”). Cocaine powder is also consumed by young adults who snort it in clubs or similar social settings. While this group of cocaine users has not been widespread in recent *Pulse Check* reports, it is resurfacing in Miami, Baltimore, Seattle, and Austin. One area reports the availability of what is called a “teener,” a package of 1.75 grams of powder which at \$50 is within the financial reach of young users.
- Though cocaine and crack use are stabilizing nationwide, one of these two drugs remains the primary drug of abuse for people entering treatment in most areas, second only to alcohol. Users in treatment are described as older, often polydrug users and experienced in treatment. They appear to be persons who established crack addiction over the prior 5 to 10 years during the height of the crack epidemic and now are seeking treatment.

## **Marijuana**

- Marijuana attracts the most diverse group of users of any of the drugs examined in this report. It is more prevalent among young users, but is also used by persons of all ages.
- Local hydroponic growers are now found operating almost everywhere, producing a higher quality product than either the local, outdoor grown or the imported product from Mexico or the Caribbean. More exotic varieties like a British Columbian product are also available and command higher prices than the more typical \$100 to \$150 per ounce for domestic marijuana. This variety known as “BC” or “bud” is highly valued for its potency, and in Seattle is reportedly exchanged with Mexican traffickers for cocaine.
- Marijuana is available through two sources: a network of friends and associates who sell small amounts of locally available marijuana and use the drug themselves, and; street sales of a range of weights from small units (ounces, single marijuana cigarettes) to larger quantities (pounds).
- As reported in the past two years of *Pulse Check*, marijuana continues to be used in combination with cocaine or PCP or dipped in substances like formaldehyde. These “treated” marijuana products cost more than ordinary joints or bags of marijuana and often carry unusual names like “amp,” “wet” or “primos.” Treated marijuana is also mixed with tobacco and rolled into a larger “blunt” or cigar-like product.

## **Methamphetamine**

- Methamphetamine continues to be a significant drug problem in the West and Northwest, but is almost undetectable in most areas of the East and South. In the West and Northwest, methamphetamine use is high, though may be stabilizing.
- Methamphetamine is used by a more diverse set of users than reported in 1996 when ONDCP conducted a special *Pulse Check* survey on methamphetamine in the Western states. While that survey found it to be more confined to White males in their 20s and 30s, it is now reported among both males and females and in the Hispanic population. In those Eastern and Southern cities where methamphetamine use is reported in this *Pulse Check* at very low levels (Baltimore, Atlanta), it is still found among either “biker” groups of older White males or club goers as part of the battery of club drugs consumed in nightclubs and at raves.
- Manufacture of methamphetamine occurs in rural U.S. areas or in Mexico. Local labs tend to be small, easily dismantled and temporary.

## **Emerging Drugs**

- Few drugs were reported as new or emerging in the six month period represented in this survey. Areas continue to report club drug use among young users, i.e., LSD, MDMA, Ketamine, GHB, though not at levels higher than last reported.

## **Methadone**

- Thirty-eight of fifty states currently have methadone maintenance or detoxification programs. The majority of programs offer both maintenance and detoxification services.
- There are no waiting lists reported in the sample of programs surveyed from the West, but 40% or more of the programs in the Northeast and Midwest report waiting lists.
- Methadone clients are older addicts entering treatment primarily for problems related to heroin use (80%). A small number of clients enter with their primary addiction to other opiates such as demerol or dilaudid (5%), codeine compounds (6%) or illicit methadone (4%).
- Ethnographic and law enforcement sources report the presence of illicit methadone sales in many areas. While program clients area cited as the most frequent source of sales, there appears to be no clearly organized market. Buyers tend to be addicts who do not wish to enter treatment rather than users buying methadone to “get high.”

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## Introduction

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The *Pulse Check* is derived from three different types of sources: ethnographers, ethnographic sources and epidemiologists; law enforcement agencies; and treatment providers. Figures 1, 2, and 3 indicate the location of sources reporting for the regular *portion of this Pulse Check* report. Wherever possible, each city is represented by all three sources. However, sources do not always converge for several reasons. First, the treatment provider group constitutes a stratified random sample of programs in each region. While the large urban areas are likely to be represented in that selection process, some cities in which there is an ethnographic or law enforcement source may, in fact, not be chosen in the random selection process. Second, while there are many drug ethnographers and epidemiologists working throughout the country, there may not always be such a resource in a city where other sources are available. Given these limitations, the *Pulse Check* triangulates site specific sources wherever feasible and seeks, at a minimum, regional coverage.

Thirteen ethnographers, epidemiologists, and other ethnographic sources contributed information to this issue of *Pulse Check*. These contacts report changes and trends in heroin, cocaine, marijuana, and methamphetamine use over the six months prior to the interviews in April and May 1999. In addition, they report characteristics of drug users and sellers in their communities, any emerging drug trends; there were also questions added regarding methadone use in their area for the special report section. In this issue, ethnographers, epidemiologists, and other ethnographic sources provide information regarding the following cities: Minneapolis, Minnesota; San Francisco, California; Baltimore, Maryland; New York, New York; Bridgeport, Connecticut; Miami, Florida; Tampa/St. Petersburg, Florida; Chicago, Illinois; Kansas City, Missouri; Austin, Texas; San Antonio, Texas; Atlanta, Georgia; and Seattle, Washington. The appendix describes the content of the conversations in more detail and provides a list of the ethnographic or epidemiological sources.

Eighteen law enforcement sources from different cities across the country contributed information to this issue of *Pulse Check*. These contacts report information in the same manner as the ethnographic sources. For safety reasons, law enforcement sources cannot be identified; however, they hail from the Police Departments or Drug Enforcement units in the following cities: San Francisco, California; Washington, D.C.; Boston, Massachusetts; Baltimore County, Maryland; Maryland; Trenton, New Jersey; Newark, New Jersey; San Antonio, Texas; Seattle, Washington; Honolulu, Hawaii; New York, New York; Tucson, Arizona; Louisville, Kentucky; Birmingham, Alabama; Detroit, Michigan; Yakima, Washington; Miami, Florida; El Paso, Texas; and Eugene, Oregon.

One hundred fourteen drug treatment providers contributed information to this issue of *Pulse Check*. These providers were selected to represent all regions of the country and both large and small programs. An additional sample of 43 methadone programs providers was drawn for a separate survey regarding methadone treatment. The appendix describes the information gathered from treatment providers, the method used to select providers, and details regarding regional selection.

## Description of sources

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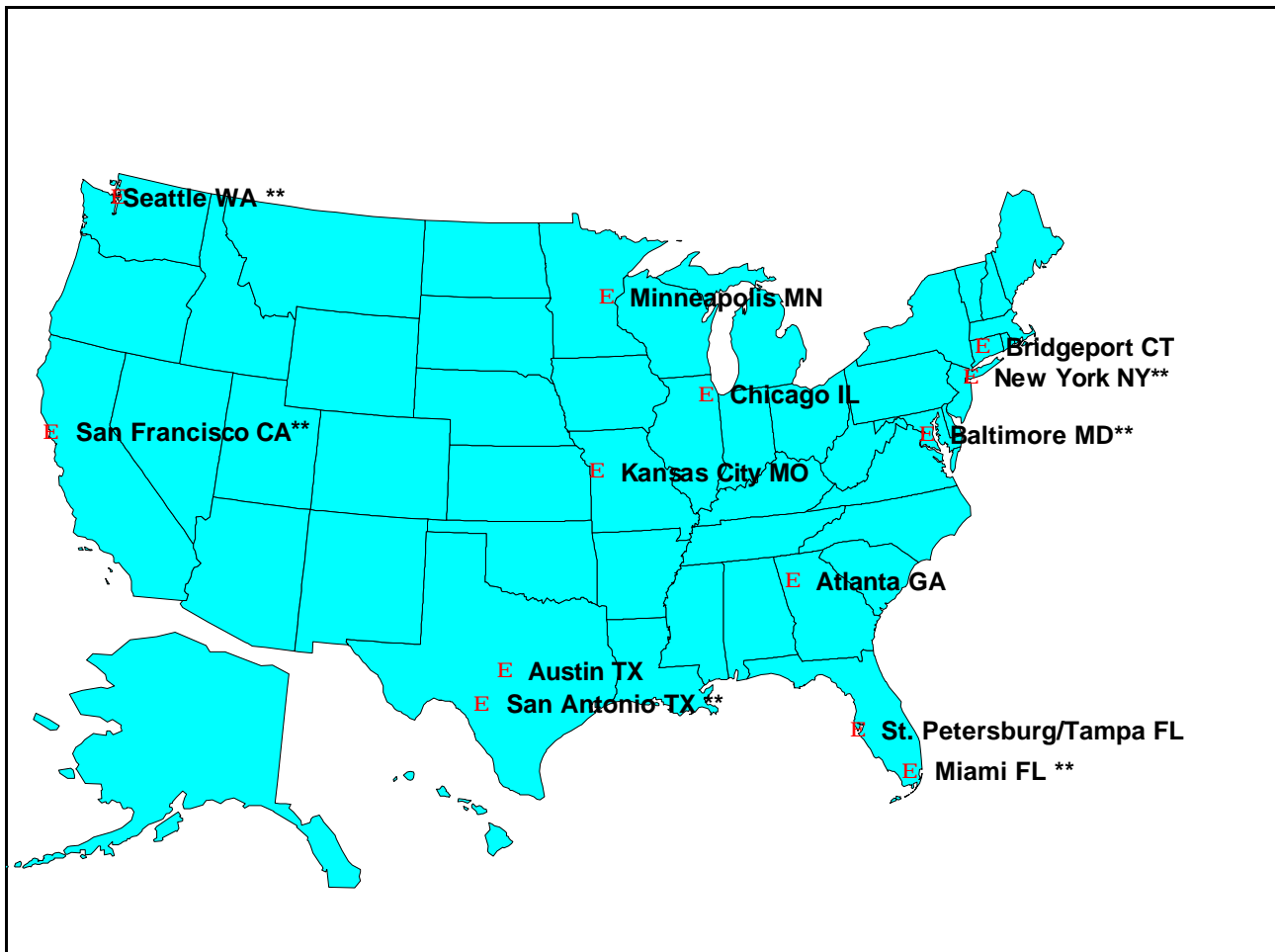
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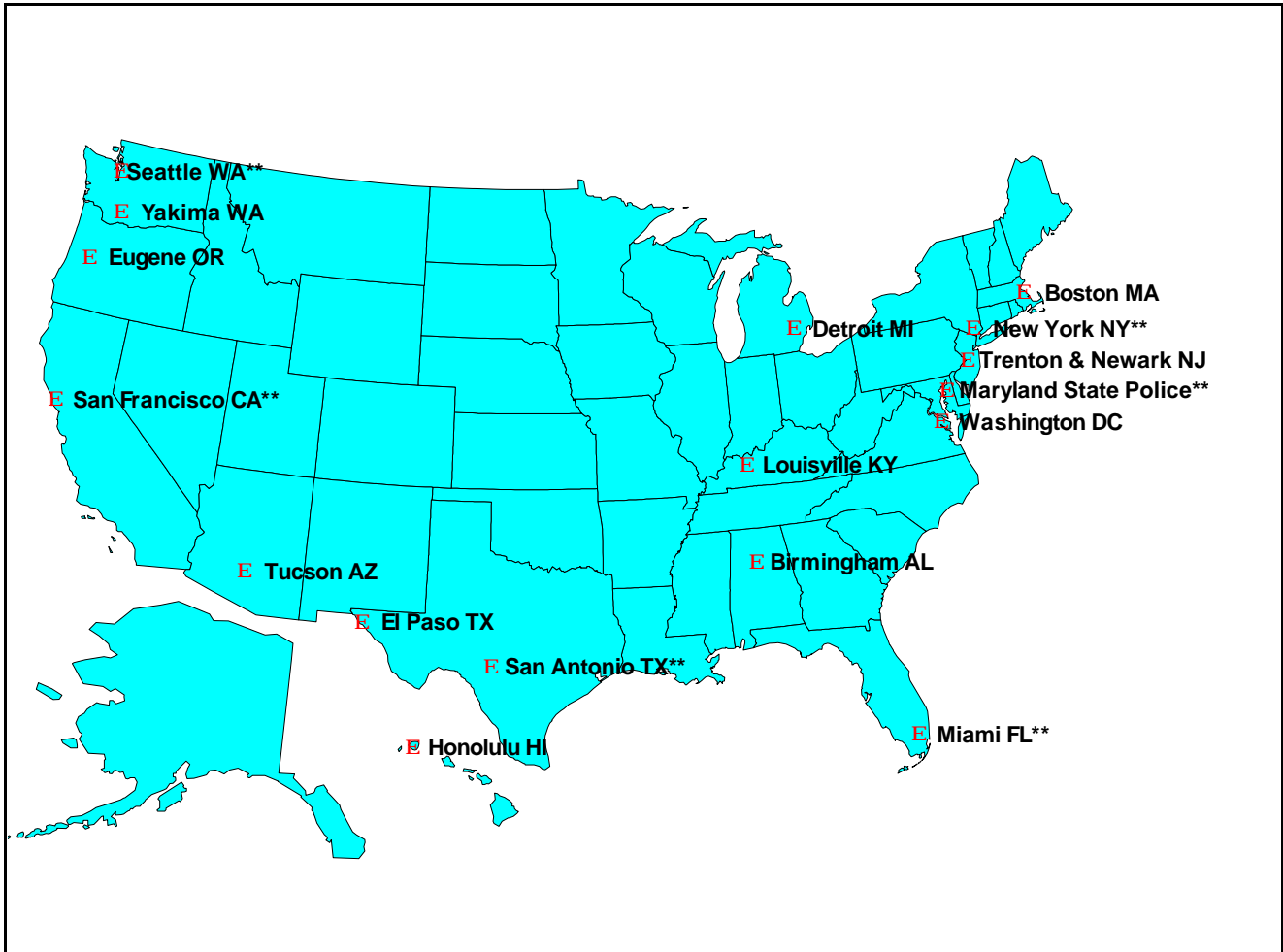
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**Figure 1: Ethnographers & Epidemiologists Report**



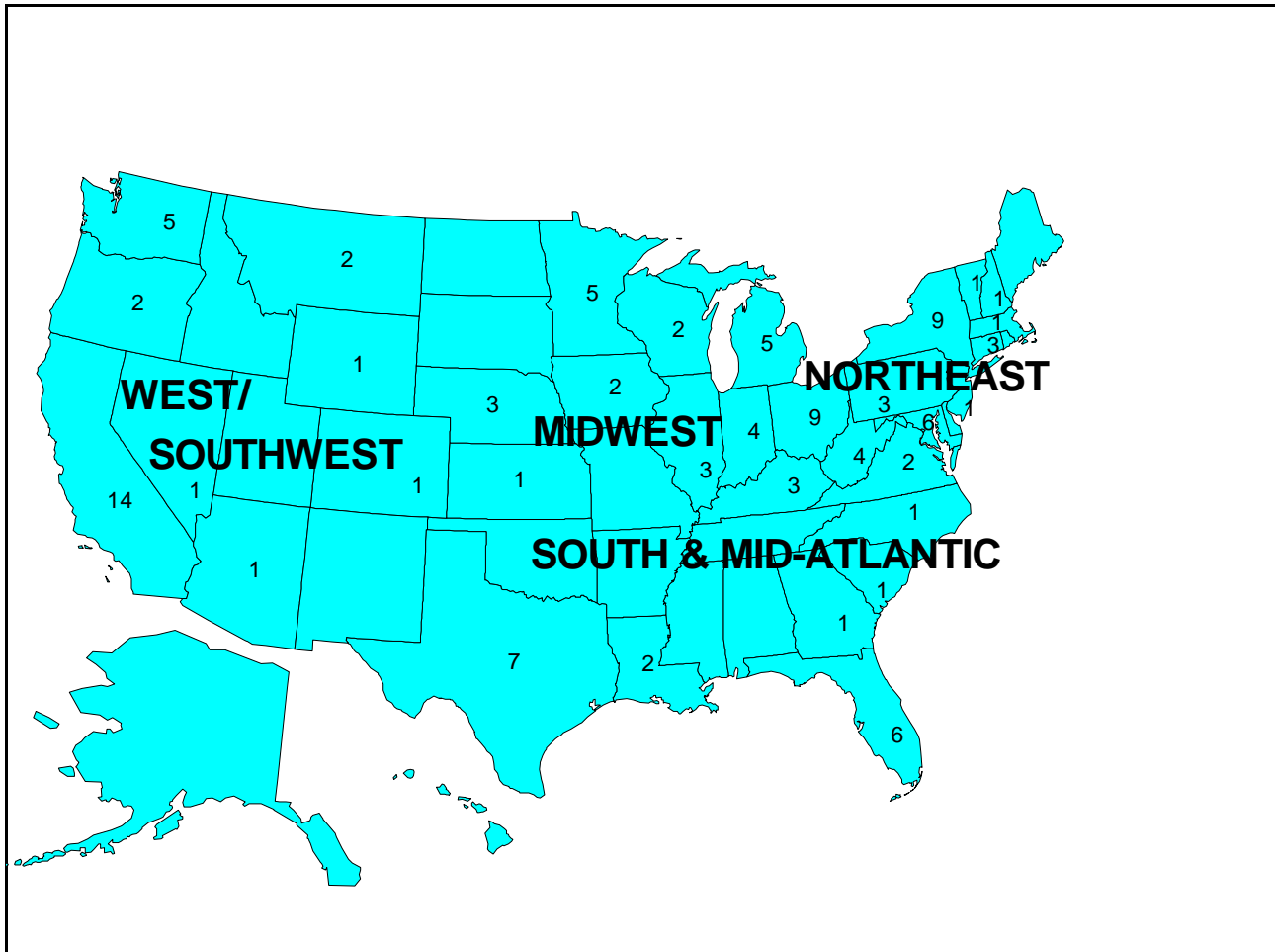
\*\*Cities also included in Law Enforcement Report

**Figure 2: Law Enforcement Report**



\*\*Cities also included in Ethnographers & Epidemiologists Report

**Figure 3: Treatment Providers Report**



\*\*Numbers represent the number treatment facilities interviewed in each state for this Pulse Check report.

There are two important caveats the reader should bear in mind. First, there may appear to be inconsistencies in the data reported by different sources from the same site, e.g., the age of users of a particular drug, and should be cautioned that this does not represent misreporting. Each source sees a somewhat different segment of the user population and/or sees users at different points in what has been termed a drug use career. Law enforcement sources report on the criminally active users, often dealers and/or heavily involved drug users committing crimes. Treatment programs see users who have, after perhaps an extended period of abuse, decided to seek treatment. And ethnographers and epidemiologists see a broad range of users, from initiates to hard core users, depending on their research focus. Each is correct. They simply view the same phenomenon from a different vantage.

Second, *Pulse Check* sources often describe drug users and drug sellers in terms of basic demographic characteristics—gender, ethnicity, age, socioeconomic status. These characteristics are not to be interpreted in any way as statistical “profiles” of users or sellers. They are simply descriptions of who the reporter sees in the course of his or her work in the field. In most instances, users and sellers reflect the demographic makeup of the area in which they live. In some cases, shifts in the makeup one of these groups, such as the appearance of more young users or more female users, are observable.

## Trends in Drug Use

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### Part 1: HEROIN

**In the Northeast** cities reporting for this *Pulse Check*, heroin use remains stable at high levels and readily available. There are more young users evident, though the majority of users are still older established addicts. Almost half of the treatment providers in the Northeast report increases from one year ago in the number of clients entering treatment with heroin as the primary drug of abuse.

**In Western sites**, ethnographic and law enforcement sources report that heroin use is increasing and the profile of users is changing. For example, in San Francisco, heroin use is taking a new direction with young users smoking it. However, only 11 percent of the clients entering treatment programs in this region enter with heroin as the primary drug of abuse; the majority are users over 30 years old.

**In the Mid Atlantic and the South**, heroin use has increased over the past few years in places like Baltimore and Atlanta, but remains at very low levels in other areas, like Florida and Alabama. Older users also dominate in this region, though slight increases compared to the last two *Pulse Check* reports in the number of younger users are reported in some sites.

**In the Midwestern sites**, the incidence of heroin users in treatment is the lowest of all regions (3%), reflected also in ethnographic or epidemiological sources in Minneapolis and Kansas City. Chicago remains an area where heroin is stable at a high level; an increase in the number of young users is also reported in this area.

Many areas report less dramatic increases than in earlier *Pulse Check* reports, though there appears an almost universal report of more young users. Depending on the area and the type of heroin available (e.g., Southeast Asian or Mexican Black Tar), users may either snort or inject heroin. Snorting and injection are reported both in areas where heroin is in abundant supply and inexpensive like the Northeast and the Mid-Atlantic, as well as in areas where it is still at relatively low levels like Minneapolis, Kansas City and Miami. The prices for heroin vary with purity and availability with the cost of a street level unit of 1/10 to 2/10 gram ranging from \$5 to \$35.

### Ethnographers, Epidemiologist and Other Ethnographic Sources

Eight of the thirteen ethnographic or epidemiological sources report that heroin use is increasing in their areas. In many places, the rate of increase is slower than in recent years, but there are changes in the make up of user groups. In both Baltimore and San Francisco, for example, sources report two distinct groups, one of which is stabilizing and the other increasing. The first group consists of older, long-time users, who most often inject the drug. The second group is comprised of young, sometimes suburban dwellers. In both cities, older addicts range in age from the 30s to those in their 50s and 60s. In Baltimore, urban addicts are likely to be older established users, often minorities, injecting the drug, and adding cocaine in a speedball. These

addicts are also likely to be involved in crimes. Younger users are likely to be from surrounding suburban areas, represent a broad range of ethnicities and (initially) snort the drug.

In San Francisco, the same two user groups are reported, though the younger group specifically includes college students in that area. Older addicts are more likely to be injection drug users in their late 30s or early 40s, and may be homeless. Younger addicts are less visible in that they are often middle class and in school. While some younger users reportedly may try injection, they see themselves as “chippers” or “partiers” and inject only on weekends or infrequently. More typically young users from that area snort white heroin or smoke Black Tar heroin. A group of three or four users may collect the \$40 to \$60 needed to buy 1/4 gram of Black Tar and share it. The quality of heroin in San Francisco is reportedly high, producing a powerful euphoria even used in the small amounts involved in this shared smoking practice.

In San Antonio, users are evident in the city’s housing projects where there has been an increase in the number of young users and sellers, particularly among young females. The practice of “shebanging,” mentioned in the last few *Pulse Check* reports, is still popular among these users. It involves liquefying heroin and, using a syringe or dropper, squirting it into the nostril. The drug is then absorbed via the mucous membranes of the nasal passages.

While these cases demonstrate some of the differences in the activities and sometimes the socioeconomic status of new heroin users, there is a consistency in the reports from across the country. Even in areas where use levels for heroin are low, like Miami and Minneapolis, there is also evidence of new young adult users. In places where heroin use is already at a high level, like Atlanta, Chicago, New York and Bridgeport, there are also increases among young adults.

Most areas also report less specialization in sales than has been found in previous *Pulse Checks*. Joint sales (heroin and cocaine or crack) were reported in Bridgeport, New York, San Antonio, Atlanta, San Francisco and Chicago. In Chicago, in fact, the market was characterized as “one-stop shopping,” in that heroin, cocaine, crack, a variety of pills and marijuana are likely to be available from the same dealer in many areas of the city. In most areas, sellers reflect the clientele to which they sell and may be users as well; in other areas, street sales are handled by non-users in an entrepreneurial system more reminiscent of the crack market of 5 to 10 years ago. In Chicago, sales are dominated by street level gangs. In San Antonio, young adults often from across the Southwest border to manage street level sales for larger Mexico-based drug distribution organizations.

In many sites, heroin sellers are described as distinct for each user group, i.e., older inner-city distributors sell to older users and younger peers sell to young initiates. In Bridgeport, heroin is distributed in many different places throughout the city—housing projects, downtown business areas, shopping malls, parks, nightclubs—distributed both in open air settings and through beeper sales. In the downtown business and mall areas more affluent users often from suburban towns buy, and in housing projects and parks inner city users buy. A similar market is described in New York City, where beeper sales are used for amounts as small as \$10 and \$20 for “regular” customers. In New York, sales are often made in convenience stores, “Mom and Pop” food stores or bars, where, when buying cigarettes, a drink or a sandwich, a regular user can discretely obtain small amounts of heroin as part of the purchase.

Prices vary, though the unit price of \$10 for a single unit consisting of 1/10 to 2/10 of a gram of adulterated heroin remains a common feature across drug markets. The purity of a \$10 bag varies, from a high purity in the Northeast to very low purity (less than 10%) in Florida. Heroin is packaged in saran, tinfoil, glassine bags, capsules or small balloons. In areas where bags of heroin are marked with “brand names,” the product is sometimes labeled to reflect popular culture. “Homicide,” High Society,” “Tiger Woods,” “Mike Tyson” appeared in Baltimore; “Armed and Dangerous,” “Passion,” “# Crew” in Bridgeport; and “Titanic” in several cities.

The availability of heroin from different source countries varies from site to site. Chicago sources report that Southeast and Southwest Asian heroin, South American heroin and Mexican Black Tar are all available, though in different parts of the city. In the Northeast sites in New York and Connecticut, only white heroin from Asian or South American sources is available. The reverse is true along the Southwest border. In San Antonio and other cities in Texas there is a recent abundance of Mexican brown heroin, known as “coffee” for its color, and continued availability of inexpensive Black Tar. Southeast, Southwest and Colombian heroin is most often transshipped through that area and not distributed locally.

### **Law Enforcement Sources (Table 2 )**

Nine of the 18 law enforcement sources contacted this period report that heroin use is increasing in their area; eight report incidence as stable while only San Antonio reports a slight decrease. Consistent with ethnographic sources, police in San Francisco report that there have been notable increases in use, including new use among young adults, particularly among young White males. The San Francisco source notes that heroin problems now represent about 1/3 of all serious enforcement activities in the city. In Eugene, Oregon, the number of deaths related to heroin rose from 3 in 1986 to 33 in 1998 and is projected to top 100 in 1999 at the current rate. Both Birmingham, Alabama and Honolulu, Hawaii report that the incidence of heroin use in their area remains low.

Police sources in several areas substantiate the report of more younger users and more suburban users. Experimentation among college students was reported by police sources in Boston. Young users also were reported in Detroit, San Francisco, New York, Washington, D.C., Eugene, Seattle, Louisville, and Newark. Both law enforcement and ethnographic sources cited similar patterns in modes of ingestion—initiates snort and older users inject.

Law enforcement sources report that heroin sellers are represented by a range of ethnicities, reflecting the ethnic diversity of each region. In the Northwest, Whites and Mexican traffickers dominate the market and in the Northeast and Mid-Atlantic dealers are most often African American males in their 20s or older. In Boston, Dominican groups (who also sell cocaine) are reported as involved in heroin trade at the street level.

Many police sources report a very active heroin market in their areas. San Francisco law enforcement reports that the street market is saturated with heroin and that they are consistently finding larger quantities (pounds) of heroin dealt at what is traditionally the mid-level of the trade. Unit sales at the street level range from \$10 per bag consisting of 1/10 to 2/10th of a gram in the East to larger street level sales of 1/4 gram to 1/2 gram at \$20 to 50 in the West and Northwest. The average price of a gram at street level is \$100, a price which has remained approximately the

same over the last year. Prices for a gram range from \$60 (Eugene) to a high of \$350 (Louisville). Most smaller cities reporting, like Louisville, Kentucky or Birmingham, Alabama, report both lower availability and higher prices: 1/10 to 2/10 gram bags for \$30 to \$40 in Louisville and bags of less than a gram for \$100 to \$125 in Birmingham.

Labeling or marking the glassine bags or packets in which heroin is sold is widespread. Baltimore police report such brand names as “Super Nissan,” “Hot Water,” and “Titanic,” and Trenton police report bags labeled as “Sammy Sosa,” “The Bomb,” and “Face to Face.” Street level sales are contained in foil, plastic bags, color coin envelopes or, as reported in Detroit, folded lottery tickets.

### **Treatment Provider Sources (Table 3)**

Almost half of the treatment programs in the Northeast and over one-third of programs in the West/Southwest report that the number of clients entering treatment with heroin as the primary drug of abuse has increased over the last year. Not surprisingly, the highest percentage of heroin clients are in programs in the Northeast, where high purity inexpensive heroin has been available for several years. Sources in that region report the same level of demand for heroin treatment as for cocaine/crack treatment (Table 6).

In the Northeast where high purity white heroin dominates the market, treatment sources report that about equal proportion of heroin clients are injecting and snorting it. In areas where less pure heroin is available or Black Tar heroin dominates the market, snorting is a far less mode of ingestion. In the West/Southwest, for example, only 3% of heroin treatment clients primarily snort heroin and 70% inject, compared to 33% snorting and 39% injecting in the Northeast.

In all regions, the drug most often abused by heroin users is alcohol, followed by cocaine in the Northeast, Midwest and West/Southwest and marijuana in the Mid-Atlantic and the South. The West/Southwest region also reports the highest incidence of concurrent use of heroin and amphetamines or methamphetamine. Both of the treatment providers interviewed from the San Diego area described a local version of traditional speedballing (combining heroin and cocaine in a single injection) in which heroin is injected first, followed by crystal methamphetamine.

The majority of heroin users in treatment are over 30 years old, though the West/Southwest region programs report that about one-fifth of their heroin treatment clients are under 20. In all regions almost one-third are 21 to 30 years of age. There are also a large number of White male heroin clients reported in all regions and more than two thirds of all clients have also had some prior treatment experience. While the percentage of clients entering treatment with heroin as the primary drug of abuse has more than doubled in the Northeast since the last *Pulse Check* report, it has remain stable or declined on other regions.

## **Part 2: COCAINE**

Cocaine and crack continue to be major problems for both law enforcement and treatment providers, though the trend toward stabilization or even declines in use which has characterized reports over the past year continues. Crack, once most commonly used by the young, is now a drug more often used by an older cohort. Most sources feel that this cohort represents users who

began use five or even ten years ago and remained involved with the drug. Few new crack users or young crack users are reported. By contrast, several sites report renewed interest in cocaine in powdered form among young users.

**In the Northeast**, cocaine use continues to stabilize. Crack attracts a range of users though the majority of users are now over 30. Cocaine powder is less prevalent and may be attracting a somewhat younger user group. The price of a gram of cocaine powder varies from \$30 per gram in New York to \$50 to \$60 per gram in areas of Massachusetts and New Jersey. About one fourth of users entering treatment in programs surveyed in the Northeast region list cocaine or crack as the primary drug of abuse.

**In the Mid Atlantic and South**, all but one (Miami) of the ethnographic, epidemiological and law enforcement sources report cocaine use as stable in their areas. As in the Northeast region, crack users are most often characterized as people in their late 20s or older. They purchase cocaine at approximately \$30 to \$100 per gram for powdered cocaine and \$10 to \$20 per piece for crack. Two areas (Miami and along the Southwest border) also report some increase in the use of cocaine powder by young clubgoers and young male Hispanics. In Florida small pieces (“kibbles and bits”) are available for as low as \$5. Twenty seven percent of clients entering treatment programs surveyed in this region cite cocaine or crack as their primary drug of abuse.

**In the Midwest**, cocaine use is reported as stable or even decreasing by all ethnographic, epidemiological and law enforcement sources interviewed. Crack is reported as more common than cocaine in powdered form and prices range from small \$5 to \$10 pieces of crack to \$60 to \$100 per gram for powder. Crack also appears to be used by a somewhat wider age group in the Midwest than in other areas. Eighteen percent of persons entering treatment programs surveyed in this region cite cocaine or crack as their primary drug problem.

**In the West/Southwest**, crack and powder use are reported as stable by both ethnographic and law enforcement sources, though epidemiological sources report that more Anglo and Hispanic cocaine users are appearing. Crack sells for \$10 to \$20 per piece and powder prices range from \$60 to \$275 per gram. In addition, multiple wholesale packs of crack are available in Texas. Sixteen percent of persons entering treatment programs surveyed in this area cite cocaine or crack as their primary drug of abuse.

#### **Ethnographers, Epidemiologist and Other Ethnographic Sources (Table 4)**

Of the 13 ethnographic sources reporting this period, only Atlanta and Austin reported any increase in cocaine or crack. All other sources report that both crack and cocaine powder use have either stabilized or declined since last reporting. In Atlanta, the increase reported was for cocaine powder, an increase which was occurring in the suburbs. In Austin, crack use increased among young African Americans and females. It is important to note, however, that while in some areas like Baltimore crack use is beginning to stabilize, the level of use is still very high.

There is also renewed interest in cocaine in powdered form among young users. In some cases, like Miami and Baltimore, cocaine powder is part of the battery of drugs used in nightclubs or at parties; in others, like San Antonio and Austin, it is used alone and is gaining popularity among young Hispanics. Many areas, however, report little or no use of powdered cocaine.

Crack use is still evident among a wide range of age and ethnic groups, but it is increasingly being used only by older users. The Baltimore ethnographer noted that there are now few casual crack users or experimenters; that is, the user group has solidified into a stable core of heavy users. Sources in San Francisco also report that crack use is declining and settling into a smaller group of habitual or binge users. Austin sources report that the incidence of crack use among young females and young African Americans has increased, and describes young users dissolving crack in lemon juice and injecting it.

More variation was reported among users of cocaine powder. In Miami, sources report that there are two cohorts of powder users in that area. One consists of young club goers (White and Hispanic) who snort cocaine as part of the club drug scene; the other consists of older street users, often African Americans, who inject it. San Francisco sources also report the use of powder cocaine by young heroin users who speedball. In Minneapolis a recent school survey also finds a slight increase in use among high school groups, not evident in previous years of the survey. Hispanic teens along the Southwest border are also reportedly using cocaine in powdered form, and it continues to be cited as an ingredient in “blunts” (marijuana cigar-like joints) used by some Baltimore and Chicago youths.

Prices for crack vary with the size of the “piece,” ranging from small “bits” which might be sold unpackaged directly from the dealer’s hand for \$3 to \$5 to larger “cookies” or “slabs” for \$20 to \$80. Powder is primarily sold in grams or multiples of gram units for anywhere from a low of \$30 to \$60 per gram in San Francisco and Miami to \$100 per gram in most other areas. San Francisco sources also report a decline in the violence associated with the crack trade as the market settles into fewer dealers actively pursuing customers. The ethnographer in San Francisco notes that the price of crack has declined, driven down by competition from other drugs now being marketed in the area. In Texas, crack “wholesale packs” are available. Each pack contains 10 to 15 pieces and costs just under \$100. A poorer quality of crack called “shake,” for shakedown, consisting of remnants of crack left after it has been packaged, is also available for a lower cost. Sources in San Francisco and Baltimore report that poor quality loose pieces of crack in San Francisco and Baltimore may even include small pieces of soap.

Sellers of crack are most often young, often minority group members and marketing in an operation distinct from cocaine powder. Sellers of cocaine powder are a more diffuse group selling to a younger, more affluent group, or inner city dealers who also deal heroin. The target buyer in each case determines the characteristics of the seller.

Crack continues to be a problem in many areas, though as reported in the last *Pulse Check*, it is also increasingly unattractive to young users, who may be shifting attention to other drugs like heroin or cocaine in powdered form. Cocaine is still a mainstay of the battery of drugs used by heroin addicts in that it is the other half of the traditional “speedball” injection with heroin, and crack may be substituted in some areas for powder in that combination. In those cases the drug is still smoked, not injected. However, there are three cocaine market targets in many areas: older, often minority crack users who use the drug heavily or in a binge use pattern; younger powder snorters who may use the drug more sporadically; and cocaine injectors whose primary drug is heroin.

## **Law Enforcement Sources (Table 5)**

Of the eighteen law enforcement sources reporting, only one (Trenton) reported an increase in cocaine or crack this period. Fourteen reported that both crack and powder use are stable in their areas and three (San Francisco, Seattle and Newark) reported some decreases. Police sources reported a wider range of ages and ethnicities for crack and powder use than reported by ethnographic sources, though police sources in Tucson, San Francisco, Boston and Seattle confirm the appearance of new, younger users of cocaine powder. In Tucson young powder users are so prevalent that a small purchase amount known as a “teenier” consisting of 1.75 grams is available. At the relatively low price of under \$50, this packaging unit is within the reach of a younger consumer, and indicates some coordinated outreach to a growing market.

Crack sellers share characteristics of the user group in all area. In Hawaii they tend to be young Asian or Pacific Islander males dealing both from residences and on the street. In Texas and the Southwest, crack dealers are young African American males, the group also reported as the most common users in those areas. In these areas, however, cocaine powder is dealt by a different group, Mexican nationals. Along the Southwest border cocaine powder is the second (behind marijuana) most commonly recovered illegal drug each year.

Crack prices vary considerably, from a 2/10 gram piece or rock for \$5 in Boston to similar sized rocks for \$20 in other areas. Powder prices also vary: from as low as \$30 gram in New York to \$200 per gram in Birmingham. Packaging includes plastic heat sealed bags, folded foil papers and even folded pieces of pornographic papers in Tucson. While vials are still found in many areas, they also seem to be fading from use in favor of smaller bags, which are more easily carried in bulk.

## **Treatment Provider Sources (Table 6)**

The stabilization in cocaine and crack use reported by other sources is reflected in the reports from treatment providers across the country. More than 70% of programs in each region report no appreciable change in the number of clients in treatment with cocaine or crack as their primary problem. The most common method of ingestion is smoking in all regions, though 20% of clients in the West/Southwest report injecting. The proportion of injectors remains the highest in the West/Southwest (20%) and lowest in the Midwest (5%).

Alcohol continues to be reported as the substance most commonly combined with crack and cocaine, followed by marijuana and, in the West/Southwest, methamphetamine. As other sources reported, crack and cocaine users in treatment are most often in their 20s and 30s. Unlike heroin treatment clients, there is greater equality among male and female users for crack/powder. Like the heroin clients, as a group, these users are not new to treatment; more than half in all regions have been in drug treatment before.

### **Part 3: MARIJUANA**

Marijuana use continues to be common almost everywhere. Most areas report the availability of both domestically produced and imported (generally Mexican or Jamaican) varieties. While it is found in all groups and all ages, marijuana is most common among young users and is often combined with alcohol. Local producers increasingly use hydroponic growing methods, making detection more difficult. The result is a high grade product commanding high prices in the market.

**In the Northeast**, sources report marijuana to be particularly popular among the young, though marijuana attracts a wide variety of users. Many grades are available and prices range from \$10 per gram in New Jersey to \$20 to \$30 per gram in Boston.

**In the Mid-Atlantic and South**, marijuana is also prevalent among young users. The price per ounce is approximately \$100 to \$120 throughout the region. As in the Northeast, much of the marijuana consumed is locally grown.

**In the Midwest**, the same diversity of users is reported. Chicago sources report some decline in use though the availability of marijuana is high and the product relatively inexpensive. In Detroit, users may also treat marijuana with PCP and in Chicago “primos” combine crack and marijuana. Prices reported in this area vary from under \$100 an ounce in Chicago to \$300 per ounce in Minneapolis.

**In the West and Southwest**, several sites report increased use and a wide variety of users. San Francisco also reports more older users using it medically (for sleep, chemotherapy side effects) and increased hydroponic cultivation. Sources in California and the Northwest also report the appearance of an expensive variety of marijuana imported from British Columbia which sells for 5 or 6 times the costs of domestically grown marijuana.

#### **Ethnographers, Epidemiologists and Other Ethnographic Sources (Table 7)**

Nine of thirteen sources reporting this period describe marijuana use as increasing. Only sources in Chicago, Tampa, New York and Bridgeport describe use in their area as stable or declining.

Marijuana use appears to be pervasive in most age groups and all ethnicities, though it is most common among teens and young adults. It is in this younger age group that the more exotic variations or combinations of marijuana with other substances occurs. Sources in Minneapolis report high school students dipping marijuana cigarettes in formaldehyde for an “amped” version of the drug. In Chicago, “primos” are marijuana cigarettes laced with PCP.

The quality of marijuana varies, though most areas report domestically grown product, particularly hydroponically grown marijuana, as the most valued and highest priced, and Mexican marijuana or local outdoor marijuana as the least valued. In addition, two sites (Seattle and San Francisco ) report an unusually high quality marijuana from British Columbia known as “BC” or “bud” becoming popular. In Seattle this variety is so highly valued it is reportedly exchanged with Mexican traffickers for cocaine. Availability in Texas is also particularly high, and seizures of

multiple pounds at the street level are increasingly common.

In general, distribution networks for marijuana are far less defined than networks for other drugs. Many sellers distribute only marijuana to a small circle of acquaintances, while some distribute other drugs as part of a larger drug business. No source, however, describes a defined, organized dealing structure like that associated with the heroin or cocaine trade. Instead, marijuana is “tagged on” to other drug distribution or part of a loosely associated group of friends and acquaintances selling to each other. An emerging trend is the availability of large quantities of marijuana among loosely tied friendship groups. In past reports, sales among friends were most often of small amounts. Now, several sources report that multiple ounces or even pound quantities are commonly exchanged.

Prices vary with product quality. For example, Chicago sources report that lower grade Mexican marijuana sells for \$900 to \$1,200 a pound and higher quality Colombian from \$1,800 to \$2,000 per pound. Smaller amounts are sold on the street—typically grams selling for from \$10 to \$30, or even ounces for from \$100 to \$300, though several areas report street level sales of multiple ounces or even pounds.

### **Law Enforcement Sources (Table 8)**

Like ethnographic and epidemiological sources, law enforcement sources report marijuana as prevalent among all groups and all ages, though particularly common among teens and young adults. With the exception of Honolulu, Seattle and Newark, all other areas report that marijuana use is either stable or increasing.

There is also a variety of sellers reported, though sellers tend to be young and sell primarily marijuana. In San Antonio police report that it is common to find marijuana on almost every type of bust made. Maryland State Police report that marijuana is also distributed in that area through the mail, and New York police report active sales via the Internet.

Police report two types of marijuana quality: hydroponically grown (primarily local) and outdoor grown (either Mexican, Jamaican, or domestic). In the first case, the quality and the price is higher than in the second. In New York two marijuana cigarettes of “hydroweed” can cost \$25, while ones made with “skunkweed” or poor quality marijuana cost only \$5 each. Purchases of a gram are common (\$10 to \$20), though police also report that large quantities (ounces and even pounds) are increasingly available. Police sources report that they concentrate their efforts on sales at the higher quantity level.

### **Treatment Providers (Table 9)**

It is less common for treatment clients to enter treatment with marijuana as the primary drug of abuse than for the abuse of other drugs. The majority of treatment providers surveyed this period report no change in the proportion of users with marijuana as the primary problem since the last *Pulse Check*. However, the percentage of treatment clients reporting marijuana as the primary drug of abuse increased from 17% to 27% in the Midwest and from 16% to 27% in the Mid-Atlantic and the South. Most often these users are also involved with alcohol, cocaine or, in high methamphetamine use areas, methamphetamine.

As reported by other sources, treatment programs report that the marijuana users they see are younger than other users with almost 70% in any region being under age 30 and anywhere from one-fourth to almost one half begin under age 20. These clients are also less likely to be experienced in treatment than those entering with heroin or cocaine as the primary drug of abuse.

#### **Part 4: METHAMPHETAMINE**

**In the Northeast,** only one of the sources report any methamphetamine use. The law enforcement source in New York which reported methamphetamine described its prevalence as very low and confined to White males.

**In the Mid-Atlantic and South** sources in the Baltimore/Washington area report the appearance of methamphetamine. Some areas in this region like Florida and Alabama report little if any methamphetamine use. By contrast, in Atlanta and Texas methamphetamine use is described as increasing. It is reported among young users as part of a club or rave activity.

**In the Midwest,** There is considerable variation in the prevalence of methamphetamine use by city. In Kansas City, Louisville and Minneapolis, the number of users is reported as increasing, while in Chicago it is seen more infrequently.

**In the West and Southwest,** methamphetamine is a leading cause of admission to drug treatment and a major focus of law enforcement activities. Users are most often White males in their 20s or older, though some areas report a wider market which includes Hispanic immigrants and younger users. Production of methamphetamine occurs either across the border in Mexico or in thousands of small labs set up temporarily in rural areas.

#### **Ethnographers, Epidemiologists and other Ethnographic Sources (Table 10)**

Methamphetamine use remains serious problem in some areas and virtually non-existent in others. Bridgeport, New York, Tampa and Miami sources report that there is little or no methamphetamine in those areas. Other areas like San Antonio, Chicago and Baltimore also report very low incidence of use. In contrast, sources in Seattle, Atlanta, and Austin indicate substantial increases in methamphetamine use. Seattle sources report that treatment admissions for methamphetamine have increased over 1,000% over the last eight years.

Sources report two types of users in many areas: 1) young teens who use methamphetamine as part of a number of “club drugs,” and 2) older White males, often from rural areas. Atlanta sources indicate the full extent of the methamphetamine problem may not be completely known as club goers are often buying and consuming the drug in closed clubs and rural residents are in areas where there is less police presence.

Sources in Seattle, where methamphetamine abuse is an increasing problem, report that it is seen by many users as a “functional drug”. It is used by “partiers” to enhance stamina for dancing or sexual activity; by truckers to stay awake; and by manual laborers to sustain repetitive tasks. Many of these groups snort the drug, but many also inject it. There are also many varieties of methamphetamine available in that area, both homemade and Mexican, with names descriptive of the drug’s coloration: “peanut butter”, “pink speed”, “black mollies.” In Seattle, the lowest

quality methamphetamine is called “crank,” a term used more universally for any methamphetamine in other areas like Chicago, Austin, and Atlanta.

In the areas reporting prices (Atlanta, Minneapolis, Chicago, and Austin) the price per gram is reported as between \$80 and \$125, with both gram and 1/4 gram (\$25) units typically available for sale. Texas sources report that \$10 bags of crystal methamphetamine are being given away at Houston dance clubs to interest new users in the drug.

It is important to note that methamphetamine has appeared to move out of its traditional use areas in the west and southern California. While not extensive, some use is now reported in areas like Atlanta, Chicago and Baltimore, among club goers and transient youths.

### **Law Enforcement Sources (Table 11)**

As with ethnographic sources, police in the West, Southwest and Hawaii report a methamphetamine problem while those in the East and South report that it is almost unheard of. Honolulu law enforcement sources estimate that 50% of the drug users in that area use methamphetamine, and police in Seattle report that it is the drug of choice in that area. In contrast, police in Detroit, Trenton, Boston, Miami and Newark report no methamphetamine at all. As one Florida police source noted, “I have never hit a lab or run across a user.” Boston police report only one drug bust which involved any methamphetamine in the last two years.

Laboratories manufacturing methamphetamine are a focus of law enforcement activities in many areas. Police in San Antonio report finding many more labs with many more entrepreneurs trying to manufacture the drugs. These labs are now being uncovered in hotel rooms or other areas not traditionally used by methamphetamine producers who have in general favored isolated, rural areas. While uncovering local methamphetamine labs are a major law enforcement focus in Eugene, Oregon, police sources report that local sources still make up only 10 to 20 percent of the total methamphetamine market in that area.

Distributors of methamphetamine usually do not sell other drugs and are most often described as White males in their 20s and 30s. In some areas along the Southwest border, the market includes Mexican producers and a range of distributors. For example, Tucson police report that there do not appear to be many labs in the Tucson area, but many across the border shipping their product into the Tucson area. Tucson and Seattle also report a brown colored methamphetamine called “peanut butter.” Prices reported by police are about \$100 per gram, and smaller units of 1/10 to 1/4 gram sell for \$25 to \$40.

### **Treatment Providers (Table 12)**

In the West and Southwest, 40% of treatment providers experienced an increase in clients reporting methamphetamine as the primary drug of abuse while 56% reported no change. Methamphetamine problems remains primarily confined to these areas. Only two programs in the Northeast region reported any clients with methamphetamine as their primary drug problem, substantiating the reports of little or no methamphetamine in those areas from ethnographic and law enforcement sources. Only 2% to 3% of clients are primary methamphetamine users in the

Mid-Atlantic, South and Midwest regions. In the West/Southwest, however, approximately 17% of clients across all programs surveyed report methamphetamine as the primary drug of abuse. It is in that region where programs report that the proportion of methamphetamine users is increasing more dramatically. Forty percent of facilities in the West and Southwest reported an increase in the percentage of methamphetamine clients compared to 15% in the Midwest and 0% in the Mid-Atlantic and South.

Methamphetamine treatment clients in all regions are most likely to be in their 20s and, depending on the area of the country, White and/or Hispanic. In the Mid-Atlantic and the South there is a more equal distribution between men and women, and there are somewhat more male methamphetamine clients in the other regions. Methamphetamine clients also abuse other substances, though they do not appear to be as heavily involved with marijuana or even alcohol as other drug users. In the West/Southwest a substantial number of treatment clients abuse alcohol (70%), marijuana (33%) and cocaine (26%) in addition to methamphetamine.

Methamphetamine users in all regions reporting are not as likely to be veteran treatment clients as those entering treatment for heroin or cocaine. About half of those in the West/Southwest and less than one third of those in the Midwest have prior treatment experiences.

## **Part 5: METHADONE**

For this issue of the *Pulse Check* we conducted a special interview with a random sample of methadone maintenance/detoxification programs in each region. We also added questions about methadone to the regular *Pulse Check* interviews with ethnographic, epidemiological and law enforcement sources.

The special treatment provider sample for this report was drawn from the directory of programs maintained by the Substance Abuse and Mental Health Service Administration, the same frame from which the regular *Pulse Check* treatment providers are derived. An additional interview protocol was used for these calls (see Appendix) which dealt with characteristics of clients, dosages utilized, other services provided and issues specifically relevant to this type of treatment. The sample was stratified proportionately to represent the distribution of methadone programs both across regions of the country and by states within a region.

### **What is methadone?**

Methadone is a narcotic analgesic developed over 50 years ago as a long acting pain reliever. At the appropriate dosage, it can be substituted for other narcotic analgesics, like heroin or other opiates, to relieve or eliminate symptoms of opiate withdrawal. However, unlike shorter acting opiates like heroin, the effects of methadone last longer, up to 32 hours. Methadone also provides a gradual onset of action when taken orally, producing little euphoria,” and maintains a more constant level in the system over time. Because of these properties, the therapeutic value of methadone in the treatment of heroin addiction was recognized in the 1960s by clinicians in New York.

Methadone treatment is based on the premise that the elimination of narcotic craving will reduce the impetus for crime and other antisocial behaviors associated with heroin use, providing addicts with an opportunity to stabilize of their lives. Users are placed on daily oral doses of methadone, which blocks the effect of heroin. While on relatively high doses of methadone, users are unable to feel the effects of heroin, should they continue to use it. In theory, addicts will not continue using heroin, and will not experience narcotic withdrawal. When used for detoxification, methadone doses are gradually reduced (amounts depending on the time allowed for detox) until the user is free of all opiates and has experienced minimal symptoms of discomfort. When used for maintenance, a dose appropriate for functioning without discomfort and adequate to remove physiological craving is established, and the client is maintained at that level indefinitely.

Methadone treatment has been the subject of controversy since its inception. Its critics argue that it is simply a substitution of one addictive substance for another and that there is potential for diversion of the drug on to the black market. Advocates argue that it provides the only way for serious opiate addicts who have tried other therapies unsuccessfully to escape daily heroin use and the ill effects often associated with it. In the 1970s and 80s methadone treatment programs could be found in most major U.S. cities, springing up in response to surges in heroin use in the late 1960s and early 1970s. By the early 1980s, some cities, like New York, had as many as 25,000–30,000 heroin users in methadone treatment at any one time. As the population of heroin users declined, many cities reduced or closed their methadone programs. As heroin problems re-emerge in the 1990s, the use of methadone treatment is again the source of discussion in many communities.

For this report, an additional sample of methadone maintenance/detoxification programs was drawn. Programs officials were asked questions about their program operations, services they provide, characteristics of their clientele and their experiences and opinions about methadone treatment. In addition, we asked ethnographic, epidemiological and law enforcement sources questions about the impact of methadone in their areas, diversion of methadone to the street and their opinions and experiences regarding methadone treatment.

## **Results of the survey of methadone programs**

Thirty-eight of the 50 states currently have at least one methadone program. Of these, the largest number of methadone programs are found in the Northeast region of the country (38%), followed by West/Southwest region with 26% of the nation's total. New York and California have the largest shares of the total, 23% and 18%, respectively.

These are by and large programs established years ago. Methadone services are oldest in the Northeast, where the therapy originated in the late 1960s. The average of age of methadone programs in the Northeast was over 20 years with four programs in the sample over 30 years old. The youngest programs in the sample come from the Western regions, though programs in that area are still on average 14 years old.

Methadone programs, particularly maintenance programs, are large treatment operations with an average census of approximately 300 clients in all regions. Maintenance programs are the largest programs, offering daily walk-in medication services. Detoxification services may be

smaller and offer either inpatient detoxification for days or weeks or outpatient detoxification services spanning a longer time period.

The presence of a waiting list varies from region to region. In the Northeast, 40% of programs and in the Midwest 50% of programs report waiting lists, while no waiting lists are reported in the West and in only 20% of programs in the Mid-Atlantic.

Programs report a number of services available in addition to methadone therapy. All programs offer individual therapy and 70% of all programs provide group therapy. In the Northeast region 80% of programs reporting offer medical care or health services for methadone clients and 50% of programs offer employment services, though the type of service can be quite different between programs. For example, in some programs clients may see a physician by appointment or on a regular basis while in others, the extent of the medical service is simply a yearly physical. These services are less common in other regions. For example, of programs reporting from the Mid-Atlantic and Midwest regions only one-third report providing medical or employment services of any kind. More than two-thirds of the providers surveyed mentioned that they feel that supplying medication alone is not adequate to deal with addiction; resource restrictions, however, do not always make it possible to provide these additional, needed services.

The average prescribed dosage for clients is slightly higher in the West/Southwest region (74 mg), though all other regions show average prescribed dosage of over 60 mgs. The highest dosage given in programs are also similar across regions, averaging from just over 140 mg in the Midwest to just under 125 mgs in the Mid-Atlantic. Only a handful of programs utilize any other substances like buprenorphine, LAMM, naltrexone or naloxone in their therapeutic or research regimens.

The most noticeable difference across programs was in terms of the average length of stay of clients in their programs. In the Northeast, the average length of out-patient treatment is 6.2 years, whereas in all other regions the average length of treatment is under one year. This difference is due in large part to the number of long-term maintenance programs in the Northeast compared to more time-restricted programs in other areas. Programs which focus on detoxification report three, fifteen and twenty one day in-patient detoxification regimens, as well as outpatient detoxification programs of longer duration.

### **Characteristics of clients served**

Methadone treatment is a modality often used by drug abusers after other, non-pharmacological therapies have been unsuccessful. For this reason, methadone clientele tend to be somewhat older than clients found in other types of therapy. Approximately 24% of clients nationwide are between 19 and 30 years old; no program reported clients under 18. In the Northeast regions there is a fairly even age distribution of methadone clients: about 38% are 30 to 40 years old, 29% are 40 to 50 years old and 13% are over 50. In the Mid-Atlantic programs almost three quarters of methadone clients are over 40. In the West/Southwest region 35% of methadone clients are over 40. Male drug users are also make up one-half to two-thirds of methadone treatment populations in all regions.

More than half of all programs surveyed mentioned that they have seen younger clients

entering methadone treatment in the past year. Almost 20% also reported that clients in the last year are “sicker” than in the past; that is, they are often suffering from multiple medical problems like Hepatitis C and HIV and may also have serious mental illness in addition to substance abuse problems.

While heroin is the primary drug of abuse at entry into methadone treatment for more than 80% of all clients in all regions, a small number of methadone clients enter treatment with addictions to demerol or dilaudid (5%), codeine compounds (6%) or illegal methadone (4%). Injection is the dominant mode of ingestion in all regions, with only the programs in the Midwest reporting 60% or less of their clients injecting heroin at admission; the remainder of clients enter with snorting as the mode of ingestion.

All programs reported problems with client abuse of other drugs, most commonly cocaine in the form of crack or powder, marijuana and tranquilizers or sedatives. Cocaine powder is the most common secondary substance used in the Northeast and Mid-Atlantic, primarily in a speedball combination. In the West, methamphetamine were also mentioned as common problems secondary to heroin use.

### **Methadone as part of an illicit drug market**

Critics of methadone have long argued that there is a danger that prescribed methadone may make its way into the illegal drug market. Because of its high potency, it represents a potential overdose danger to novice users. To examine this issue additional questions were asked regarding the presence of an illegal methadone market in the interviews with ethnographic, epidemiological and law enforcement sources surveyed in the regular *Pulse Check* report.

There are two sources of diversion of methadone from clinics: 1) through program staff or in transfer of the drug from pharmaceutical suppliers, and 2) through clients receiving medication. While three of the ethnographic sources and 13 of the law enforcement sources reported that there is an illicit methadone market in their areas, clinic staff or theft in transport were not mentioned by anyone as the source of that market. All sources reporting an illegal market cited program clients as the source, selling either take home doses or “spitback” doses. Take home supplies (one or two days of medication) are given in many programs to established clients to eliminate the need for daily appearances at clinics which may interrupt the clients re-establishing school or employment activities. Dosages are typically methadone premixed in juice or other drinkable solution. Though there have been scattered reports in the literature over the past 30 years of injecting the solution or attempting to extract methadone from the solution, methadone in solution is not injectable. Diverted methadone is sold or shared as something to be ingested orally.

Methadone clients receive medication daily. It is delivered either in person at the program administered by professional staff and consumed on the premises prior to leaving. Clients may also be given take one doses, of premixed methadone in solution to take home and consume on days they do not attend the program. These doses may be given to all program participants for programs not open seven days per week, or to only clients deemed established enough to receive the take home privilege. Both take home doses and doses received on-site and not swallowed are potential sources of diversion to non-clients. “Spitbacks ” are doses held in the mouth of the

client after he/she has been medicated and surreptitiously spit into a container for resale once the client has left the premises. Five areas reported the spitback practice (New York, Newark, Tucson, Washington, D.C., and Detroit).

Sources reported that while an illegal market exists for methadone in many areas, it is a unique drug market. Despite its high opiate content, methadone is not a drug with high status or desirability on the street. Sources report that its market is heroin users who do not wish to enter treatment, but use methadone either to self-medicate or simply to stave off withdrawal when they are unable to obtain heroin. As a law enforcement source in Seattle remarked, “No one is tearing down the doors to get in; you have to be ordered into treatment.” This provides a market for those users who do not want to commit to treatment but may want to try to self-medicate with methadone.

In addition, buyers may be methadone clients who wish to add to their established dosage because they feel that they are not getting a high enough dose to relieve symptoms of withdrawal—“it’s not holding them.” Diversion may also be by methadone clients who are sharing their dose with a partner who does not wish to enter treatment. In all cases, the market for methadone is described as “not organized” and not “open.” San Antonio law enforcement sources report that while they often find methadone when they are running warrants for other drugs, it is not present in volume or in a form indicating it is part of a widespread distribution system. Instead, it is a drug dealt around the clinic areas, rather than in other drug dealing areas of the city, and is generally not available from dealers of other drugs.

The market price for methadone differs from area to area. In places where there are a number of methadone programs like New York a 50–80 mg take home dose bottle of methadone costs from \$10–\$25. The less desirable “spitback” dose can cost as little as \$5. In an area where methadone programs are less plentiful, like Boston, the same take home dose can cost as much as \$30–\$50.

## **Opinions of methadone treatment**

There is a large literature on the effectiveness of methadone treatment. A great deal has also been written in the popular culture about the use of methadone in the treatment of heroin addiction. The perception of the people surveyed for this report reflects the issues discussed in both sources. Half of both the ethnographic sources and the law enforcement sources reported that they felt methadone to an effective treatment; about one-fourth were undecided and one-fourth felt it to be ineffective. By contrast, all methadone treatment providers present a positive evaluation of the therapy, though many place caveats on how it should be used and how it can be improved. For example, almost two-thirds commented that it is important to provide services such as medical care or resources to involve families in supportive therapy.

Methadone treatment was often cited by treatment providers as a critical “opportunity” for both clients to stop using heroin and for treatment staff to address the many other issues which effect the likelihood of sustained recovery for the client. It was also described by several methadone providers as a safety measure for the communities in which it operates. As one program administrator from New York commented, “If there were no methadone (in this area),

you would not be able to walk the street,” arguing that methadone treatment has a significant impact on reducing the criminal activity of heroin addicts.

## Tables

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**Table 1**  
**Ethnographers Report on Heroin**

Question	City			
	Bridgeport, CT	New York, NY	Baltimore, MD	Atlanta, GA
<b>Incidence</b>	Slight increase	Stable	Increase	Increase
<b>Who's Using/ Change in Users</b>	18-50 years old, all ethnicities, males and females	Variety of users, both young and old	Older users dominant, though now more younger users evident	30s and older users, African American males, late teens-20s, White, males and females, late teens-40s, African American, males and females also using crack
<b>Prevalent Methods of Use</b>	Older users (inject) younger users (inhale)	Injection Snorting	Injection (intravenous and intramuscular) Snorting	Injection Snorting
<b>Drugs in Combination</b>	Cocaine Crack Alcohol	Cocaine		Cocaine Crack
<b>Who's Selling</b>	15-28 years old, African American and Hispanic, males and females. Dealers may also sell cocaine.	Dealers also sell cocaine; indoor sales in bodegas, apartments, beeper sales	Young African American males and females, sell only heroin	Two seller groups: 20s, African American males in 30s-40s, African American and White males who also sell crack
<b>Price</b>	\$10 for 2/10 gram	\$10-20 per bag \$30-100 per gram	\$5-10 per cap	\$150-200 per gram \$10-25 per 1/10 gram
<b>Other/Comments</b>		Availability is very high; all white heroin	Increase in suburban addicts and more young, urban users; sold in convenience stores as well as on the street.	Distinct groups of users and sellers, increases in all three groups.

**Table 1, cont'd.  
Ethnographers Report on Heroin**

Question	City			
	Tampa, FL	Miami, FL	Austin, TX	San Antonio/ El Paso, TX
<b>Incidence</b>	Stable at a very low level	Some increase	Increase	Increase
<b>Who's Using/ Change in Users</b>	Over 30 years of age, White, males	20s-50s, African Americans and Hispanics, males and females, some increase among young adults (20s)	Older users (30s and older), all ethnicities	Both younger and older users, Hispanics
<b>Prevalent Methods of Use</b>	Injection Snorting	Injection Snorting Skin popping	Injection	Injection Squirting into nostril
<b>Drugs in Combination</b>	Cocaine Alcohol		Cocaine	Cocaine
<b>Who's Selling</b>	DK			Older teens to early 20s, Mexican Americans; more women selling who may also sell cocaine
<b>Price</b>	\$25-35 per bag	\$10 per bag, low purity	Black tar: \$150-400 per gram Mexican brown: \$150-300 per gram	\$20 for 1/8 tsp \$225 for 1/4 oz Sold in balloons
<b>Other/Comments</b>	Heroin use is low in this area. Many of the people who are opiate addicted are addicted to surrogate drugs like percocet or dilaudid.		Though recent publicity over youthful overdoses was intense, most users are older.	Practice of "shebanging" still among the young heroin users; involves dissolving heroin in acidic solution and squirting up the nose through a dropper.

**Table 1, cont'd.  
Ethnographers Report on Heroin**

Question	City		
	Kansas City, MO	Chicago, IL	Minneapolis, MN
<b>Incidence</b>	Slight increase	Stable	Stable at low level
<b>Who's Using/ Change in Users</b>	Younger users in 20s	African Americans and Hispanics, increase in young users, including suburban users injecting	30s and over, African American, males and females, increase in users under 25
<b>Prevalent Methods of Use</b>	Injection Snorting	Injection Snorting	Injection, Snorting
<b>Drugs in Combination</b>	DK	Cocaine Crack	Cocaine
<b>Who's Selling</b>	DK	Gang controlled sales, sell many drugs, "one stop shopping"	DK
<b>Price</b>		<u>For white heroin:</u> \$100-125 per gram <u>For Black tar:</u> \$100-200 per gram \$10 per bag in street	DK
<b>Other/Comments</b>	Low level of use.	Predominantly Southeast Asian and Southwest Asian heroin now, some Black tar, some Colombian.	Historically low levels of use in this area. While some evidence of use, it remains very low.

**Table 1, cont'd.**  
**Ethnographers Report on Heroin**

<b>Question</b>	<b>City</b>	
	<b>San Francisco, CA</b>	<b>Seattle, WA</b>
<b>Incidence</b>	Increase among young users	Increase
<b>Who's Using/ Change in Users</b>	Two different user groups: 30s and 40s, often homeless; and younger White college students	More young users, White, males
<b>Prevalent Methods of Use</b>	Older users inject; younger users smoke Black tar heroin	Injection, Some snorting
<b>Drugs in Combination</b>	Alcohol Marijuana	Alcohol Cocaine Methamphetamine
<b>Who's Selling</b>	Seller reflects the clientele to which he/she sells, more males and minorities on street sales	DK
<b>Price</b>	\$40-60/ 1/4 gram very high purity, sold in saran	DK
<b>Other/Comments</b>	Smoking the high potency Black tar is increasing among young whites. Younger users may try injection, but go back to smoking, which, due to high quality of heroin, is getting them very high.	

**Table 2**  
**Law Enforcement Report on Heroin**

Question	City			
	New York, NY	Trenton, NJ	Boston, MA	Newark, NJ
<b>Incidence</b>	Stable	Slight increase	Slight increase	Stable
<b>Who's Using/ Change in Users</b>	20s, more younger users evident, all ethnicities, males and females	25-40 years old, White, males and females	25-30 years old, African American and White, males and females	All ages All ethnicities Primarily males injecting and snorting
<b>Prevalent Methods of Use</b>	Snorting	Younger users (snort), older users (inject)	Snorting	
<b>Drugs in Combination</b>		Some crack	Cocaine	Cocaine
<b>Who's Selling</b>	All ages All ethnicities Males and females Sell only heroin	25-40 year old Hispanic males, sell only heroin	Dominicans in 20s and 30s at street level, may also sell cocaine	All ages African American and some Hispanic
<b>Price</b>	\$100 per 1 gram 50% pure	\$15 for 2/10 gram	\$4-10 per bag, depending on where in city; \$100-200 per gram, high purity	\$10 for 1/10 gram \$100 per gram
<b>Other/Comments</b>	Heroin continues as the drug of choice.	Local heroin comes from dealers in NY or Philadelphia. Prices have steadily declined over the past year.	Experimentation among college students and white collar workers has increased over the past 6 months.	Bag labeling, e.g., Titanic, are popular. Dealt in small controlled areas on street corners. White heroin is all they see.

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

Question	City			
	San Antonio, TX	Miami, FL	El Paso, TX	Birmingham, AL
<b>Incidence</b>	Slight decrease	Slight increase	Stable	Stable at low level
<b>Who's Using/ Change in Users</b>	35-40 years old, Hispanic males		20s-40s, Hispanic and White males	Older (35-45 years old), White males
<b>Prevalent Methods of Use</b>	Injection	Injection Snorting	Injection	Injection
<b>Drugs in Combination</b>	Some marijuana	Cocaine	Cocaine	Cocaine Marijuana
<b>Who's Selling</b>	30s-40s Hispanic males	Young African American males, varying ages	Late 20s-50s Hispanic males; sell only heroin	African American males, 17-25 years old, also sell crack
<b>Price</b>	\$10 for 2/10 gram	\$10-20 for 1/10 gram, low purity	\$10-20 for 1/10 gram in balloons	\$125 per gram \$100-125 per bag
<b>Other/Comments</b>			White heroin not seen, only brown and Black tar	

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

Question	City			
	Detroit, MI	Louisville, KY	Washington, DC	Maryland State Police, MD
<b>Incidence</b>	Increase	Increase	Stable	Increase in Baltimore and on Eastern Shore area.
<b>Who's Using/ Change in Users</b>	35-40 years old, African American males, some new White users	Older African American males and young White males and females	25-40 years old, African American males, some White suburban users	16-30 years old, White males, African American
<b>Prevalent Methods of Use</b>	Injection, Snorting	Primarily injection	Injection, Some snorting among young users	Older users inject, younger users snort
<b>Drugs in Combination</b>			Cocaine	Cocaine
<b>Who's Selling</b>	16-20 year old African American males, not users; market becoming more violent	Older African Americans, males and females	30-50 year old African American males, also sell cocaine	19-30 years old males, White in suburbs; African American in cities
<b>Price</b>	\$10-12 for 1/10 gram 50-60% pure	\$350 per gram \$30-40 for 1/10 gram	\$20 for 1/10 gram 25-40% pure	\$20 for 1/10 gram \$100-300 per gram high purity
<b>Other/Comments</b>	Sold in coin envelopes of different colors or folded lottery tickets.		Becoming popular among younger users who snort and smoke.	Many smaller suburban dealers are driving to Baltimore or Philadelphia for quantities to sell.

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

Question	City		
	Eugene, OR	Yakima, WA	Seattle, WA
<b>Incidence</b>	Increase	Stable	Increase
<b>Who's Using/ Change in Users</b>	Decrease among 20-35 years old; increase in White	25-40 year old, White males	17-45 years old all ethnicities, males and females
<b>Prevalent Methods of Use</b>	Injection Smoking	Injection	Primarily injecting, some snorting
<b>Drugs in Combination</b>		Cocaine	Cocaine Methamphetamine
<b>Who's Selling</b>	Low-end sellers are white males and females, 20-35 years old users, High-end dealers are Hispanic immigrants in their 20s	18-30 year old White males	Mexican traffickers who also sell meth and cocaine.
<b>Price</b>	\$60-\$100 per gram \$15-30 for 1/4 gram	\$20 for 1/6 gram \$300 per gram	\$20 for 1/10 gram \$90-120 per gram 20% purity
<b>Other/Comments</b>	Heroin dealers may also sell methamphetamine. It is sold in heat sealed bags.		Black tar is most prevalent, but selling some Southeast and Southwest Asian varieties.

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

Question	City		
	Honolulu, HI	San Francisco, CA	Tucson, AZ
<b>Incidence</b>	Stable	Increase	Stable
<b>Who's Using/ Change in Users</b>	Very few users, 30s-40s, White and African American males, homeless	20s-30s White males	30s-60s, Hispanic, males and females
<b>Prevalent Methods of Use</b>	Injection	Injection	Injection
<b>Drugs in Combination</b>			Methadone
<b>Who's Selling</b>	30s-40s White and African American males	20s-30 Mexican males who also sell cocaine	Two different groups: 15-25 year olds and 50+ Hispanic males
<b>Price</b>	\$50 per 1/4 gram 50-70% pure	\$20-50 per 1/4-1/2 gram 50-60% pure	\$20 for 1/16 gram \$300 per gram
<b>Other/Comments</b>	Only Black tar and brown heroin. No powder.	Increases in past year; involves 1/3 of all enforcement activities. Mexicans are employing Hondurans for street sales.	Some young users, but typically young users are prostitutes. Mexican Mafia has 100% control of market.

**Table 3**  
**Treatment Providers Report on Drug User Patterns: Heroin**

Question	Region			
	Northeast	Mid-Atlantic and South	Midwest	West/Southwest
Number of Facilities	N=22	N=32	N=33	N=27
% Clients w/ Heroin Listed as 1st Drug of Abuse	27%	12%	3%	11%
<u>Change Over Last Year</u>				
Increase	45%	22%	15%	37%
No change	55%	72%	85%	63%
Decrease	0%	6%	0%	0%
% Clients Injecting	39%	49%	56%	74%
% Clients Inhaling/Smoking	16%	22%	3%	17%
% Clients Snorting	33%	21%	13%	3%
<u>Other Drugs Abused (% Mentioned)</u>				
Cocaine	50%	38%	29%	33%
Marijuana	36%	41%	21%	11%
Alcohol	59%	44%	41%	59%
Tranquilizers	14%	6%	9%	4%
Amphetamines	5%	9%	6%	19%
Other	23%	3%	9%	19%
<u>Average by Age</u>				
Under 20	13%	13%	3%	21%
21-30	31%	32%	39%	29%
31-40	45%	34%	31%	44%
40+	11%	21%	27%	6%
<u>Average by Race/Ethnicity</u>				
African-American	27%	26%	33%	13%
White	56%	60%	61%	50%
Hispanic & Other	17%	14%	6%	37%
<u>Average by Sex</u>				
Male	64%	68%	76%	63%
Female	36%	32%	24%	37%
% of Clients Who Have Had Prior Treatment	81%	66%	69%	70%
% of Clients Who Are New Users	17%	18%	13%	18%
Region I	Connecticut, Maine, Massachusetts, New York, New Jersey, Rhode Island, New Hampshire, Vermont, Pennsylvania			
Region II	Alabama, Florida, Georgia, Kentucky, Mississippi, Texas, North and South Carolina, Tennessee, Arkansas, Louisiana, Oklahoma, Maryland, Delaware, Virginia, West Virginia, D.C.			
Region III	Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin, Iowa, Kansas, Missouri, Nebraska, North and South Dakota			
Region IV	Colorado, Montana, Utah, Wyoming, Nevada, Arizona, California, Idaho, New Mexico, Washington, Oregon, Hawaii			

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

Question	City			
	Bridgeport, CT	New York, NY	Baltimore, MD	Atlanta, GA
<b>Incidence</b>	Stable	Stable	<u>Crack</u> : Stable <u>Powder</u> : less available	<u>Crack</u> : Decrease <u>Powder</u> : Increase in suburbs
<b>Who's Using/ Change in Users</b>	<u>Crack</u> : 18-60 years old, African American and Hispanic <u>Powder</u> : 25-50 years old, African American, males and females	<u>Crack</u> : variety of users in 20s and 30s, many older users <u>Powder</u> : older heroin addicts	<u>Crack</u> : older users from mid 20s and up, more African Americans than Whites, males and females <u>Powder</u> : ranges across all ages and groups, younger users put it in blunts	<u>Crack</u> : late teens-40s, African American, males and females <u>Powder</u> : late teens-40s, White and African American, males and females
<b>Prevalent Methods of Use</b>	Smoking Little injection Some snorting	Smoking Injection	Injection Smoking	Injection Smoking
<b>Drugs in Combination</b>	Alcohol	Heroin	Heroin Ritalin (crushed and also injected)	Alcohol Heroin
<b>Who's Selling</b>	15-25 years old, African American and Hispanic males	Dominicans, available in small stores and through beeper sales	<u>Crack</u> : street sales are teens and early 20s, primarily African Americans, males and females <u>Powder</u> : 20-30 years old, all ethnicities, can be found in many different neighborhoods including "yuppie" neighborhoods	<u>Crack</u> : teens-20s, African American males <u>Powder</u> : 20s-50s, African American and White males
<b>Price</b>	<u>Crack</u> : \$5 per slab <u>Powder</u> : \$10 per bag	<u>Crack</u> : \$3-20 per rock <u>Powder</u> : \$10-20 per bag	<u>Crack</u> : \$20 per piece, though pieces available at \$3 and \$10	<u>Crack</u> : \$5-10 for 1/10 gram <u>Powder</u> : \$100 per gram
<b>Other/Comments</b>	Cocaine powder is simply not visible on the street. It is a social or club drug.	Crack users and crack materials (vials, etc.) not as evident on street as they were 6 months to 1 year ago.	Don't see many casual crack users; they are older users who binge use. Also seeing cocaine users injecting Ritalin. It is available at \$5 per pill. Users crush it and inject it.	

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

Question	City			
	Tampa, FL	Miami, FL	Austin, TX	San Antonio/ El Paso, TX
<b>Incidence</b>	Stable	Decrease	Stable, though some shifts in user group	Stable
<b>Who's Using/ Change in Users</b>	<u>Crack</u> : older users in 20s-40s, African American males <u>Powder</u> : younger White, higher socioeconomic status, males and females	<u>Crack</u> : 35 years old and older, all ethnicities, often homeless <u>Powder</u> : two groups: young club goers in 20s (White and Hispanic), and older street users in 40s-50s (African American)	<u>Crack</u> : reduced number of African Americans, increase in Anglos and Hispanics <u>Powder</u> : more young users	<u>Crack</u> : 20s and 30s, African American <u>Powder</u> : older Whites, Hispanic teens, males and females
<b>Prevalent Methods of Use</b>	Smoking Snorting	Snorting Injection	Injection Smoking	
<b>Drugs in Combination</b>	Alcohol	Heroin Alcohol	Heroin	Heroin Xanax
<b>Who's Selling</b>	<u>Crack</u> : young, African American males, street sales as well as indoor sales <u>Powder</u> : more diffuse market, more sales through casual contact, sellers do not sell both crack and powder	<u>Crack</u> : 15-25 years old, not users themselves, African American males <u>Powder</u> : 20s-50s, African American and Hispanic		Mexican Nationals in their 20s and 30s
<b>Price</b>	<u>Crack</u> : \$20 per rock most typical: \$5-20 "kibbles 'n bits" pieces also available <u>Powder</u> : \$100 per gram	<u>Crack</u> : \$10 per rock <u>Powder</u> : \$10 per bag \$30-60 per gram in clubs	<u>Crack</u> : \$10-20 per rock <u>Powder</u> : \$90-275 per gram \$10 per bag	<u>Crack</u> : \$5 piece known as "kibbles 'n bits", larger "cookie" pieces of \$80 <u>Powder</u> : \$10 for 1/8 tsp
<b>Other/Comments</b>	Crack users appear to be aging out as the drug experiences a slow recession from its once dominant role.	Crack use is declining, though young users are now snorting cocaine powder in clubs.	Crack is being dissolved in lemon juice and injected. Also see the sale of "wholesale" packs of crack—10 rocks for about \$100	

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

Question	City		
	Kansas City, MO	Chicago, IL	Minneapolis, MN
<b>Incidence</b>	<u>Crack</u> : Slight decrease <u>Powder</u> : Little seen	<u>Crack</u> : Decrease <u>Powder</u> : Stable	Stable
<b>Who's Using/ Change in Users</b>	<u>Crack</u> : 20s-30s, African Americans	<u>Crack</u> : diverse group, fairly young, males and females <u>Powder</u> : African Americans	<u>Crack</u> : over 25 years old, African American males
<b>Prevalent Methods of Use</b>	Smoking	Smoking, Injection	Smoking
<b>Drugs in Combination</b>	Alcohol Marijuana	Marijuana in a "Primo," blunt, Cocaine	
<b>Who's Selling</b>	DK	Gangs control selling of all drugs	There is some gang involvement in trafficking crack.
<b>Price</b>	DK	<u>Crack</u> : \$100 per gram \$5-10 per rock <u>Powder</u> : \$75-100 per gram \$10 for 1/16 oz.	<u>Crack</u> : \$10-20 per rock weight unknown <u>Powder</u> : \$100 per gram \$1,200 per oz.
<b>Other/Comments</b>	Crack has been a continuous problem for Kansas City, though there has been some decline.		While cocaine use seems to be stabilizing among the older users, the MN School Survey indicates an increase in use among high school groups.

**Table 4, cont'd.**

### Ethnographers and Epidemiologists Report on Cocaine/Crack

Question	City	
	San Francisco, CA	Seattle, WA
<b>Incidence</b>	Decrease	Decrease
<b>Who's Using/ Change in Users</b>	<u>Crack</u> : 30s and older, males and females <u>Powder</u> : young heroin users who add powder cocaine to injection	All ages, all groups
<b>Prevalent Methods of Use</b>	Smoking, Some injection	Smoking Some injection
<b>Drugs in Combination</b>	Marijuana Heroin	Heroin Methamphetamine
<b>Who's Selling</b>	<u>Crack</u> : African American males <u>Powder</u> : White and Hispanic, may also sell marijuana and crack	DK
<b>Purchase Amount/Purity</b>	\$10 per rock \$55 per gram	DK
<b>Other/Comments</b>	There are spots where you can buy large quantities of pot from crack dealers. Crack use is declining, however, as it is stigmatized. Also see less violence in the cocaine market as it "settles down" into fewer dealers	

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

Question	City			
	New York, NY	Trenton, NJ	Boston, MA	Newark, NJ
<b>Incidence</b>	Stable	Slight increase	Stable	Decrease
<b>Who's Using/ Change in Users</b>	<u>Crack</u> : 18-35 years old, all ethnicities, males and females	18-35 years old, all ethnicities, males and females, number of Hispanic users of powder increasing	<u>Crack</u> : teens-mid 40s, African American <u>Powder</u> : teens-mid 40s, more Whites evident	All ages, all groups
<b>Prevalent Methods of Use</b>	Little injection, Smoking	Smoking Snorting		
<b>Drugs in Combination</b>	Alcohol Tranquilizers	Some heroin and marijuana	Some heroin	
<b>Who's Selling</b>	All ages, all ethnicities	<u>Crack</u> : 17-40 years old, African American males <u>Powder</u> : 25-40 years old, Hispanic males	<u>Crack</u> : African American males <u>Powder</u> : 20s and 30s, Dominican males	All ages, Hispanic and African American males.
<b>Price</b>	<u>Crack</u> : \$10 per vial or plastic bag 80% pure <u>Powder</u> : \$30 per gram 30% pure	\$50 per gram	<u>Crack</u> : \$5 per rock <u>Powder</u> : \$50-60 per gram 60% pure	<u>Crack</u> : \$10 for 1/2 gram <u>Powder</u> : \$10 for 1/10 gram
<b>Other/Comments</b>	Don't see much powder in NY at street level	Packaging for powder is in baggies or heat sealed ziplock bags.	Cocaine powder is the most prevalent drug in the area.	Both crack and powder sold in either vials or tinfoil.

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

Question	City			
	San Antonio, TX	Miami, FL	El Paso, TX	Birmingham, AL
<b>Incidence</b>	Stable at a high level for powder; little crack	Stable	Stable	Increase
<b>Who's Using/ Change in Users</b>	<u>Crack</u> : 20-35 years old, African American, males and females <u>Powder</u> : all ages, all ethnicities, males and females	All ethnicities for both crack and powder	<u>Crack</u> : teens to mid 30s, African American, males and females <u>Powder</u> : all ethnicities, all ages	<u>Crack</u> : all groups, all ages
<b>Prevalent Methods of Use</b>	Snorting Smoking	Smoking Snorting	Snorting Smoking Little injection	Smoking Snorting
<b>Drugs in Combination</b>	Marijuana Alcohol	Marijuana		Marijuana Alcohol
<b>Who's Selling</b>	<u>Crack</u> : 20-30 years old, African American males <u>Powder</u> : 20-30 years old, Hispanic males	<u>Crack</u> : young African American males <u>Powder</u> : young African American and Hispanic males	<u>Crack</u> : same as users <u>Powder</u> : Mexicans in 20s, male	<u>Crack</u> : young African American males <u>Powder</u> : older African American males
<b>Price</b>	<u>Crack</u> : \$10 for 2/10 gram <u>Powder</u> : \$10 for 2/10 gram	<u>Crack</u> : \$10 for 1/10 gram \$80-125 per gram <u>Powder</u> : \$40-60 per gram	<u>Crack</u> : \$10-20 per rock <u>Powder</u> : \$20 for 1/4 grams	<u>Crack</u> : \$10-20 for 1/10-2/10 gram <u>Powder</u> : \$200 per gram
<b>Other/Comments</b>	Powder is marketed in different colored plastic bags depending on volume of purchase.	There has been a shift in import locations from the West Coast of Florida to the Southeast Coast		

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

Question	City			
	Detroit, MI	Louisville, KY	Washington, DC	Maryland State Police, MD
<b>Incidence</b>	Stable	Stable	Stable	Stable
<b>Who's Using/ Change in Users</b>	<u>Crack</u> : 19-22 years old, African American males <u>Powder</u> : 30-40 years old, White and Latino males	<u>Crack</u> : all groups		20-40s African American
<b>Prevalent Methods of Use</b>			Smoking Some injection Snorting	Injection Smoking
<b>Drugs in Combination</b>	Alcohol	Marijuana	Heroin PCP Marijuana	Marijuana
<b>Who's Selling</b>	<u>Crack</u> : 15-20 years old, African American and Hispanic males <u>Powder</u> : same	All groups	<u>Crack</u> : 18-40 years old, African American males <u>Powder</u> : 25-40 years old, African American males	African American and Jamaican males
<b>Price</b>	<u>Crack</u> : \$10 per rock <u>Powder</u> : \$60 per gram	<u>Crack</u> : \$10-20 per 1/10-2/10 gram	<u>Crack</u> : \$20 per 1/10 gram <u>Powder</u> : \$80-100 per gram	<u>Crack</u> : \$100 per gram \$10-20 for 1/10 gram higher in rural areas <u>Powder</u> : \$100 per gram
<b>Other/Comments</b>		Rarely see powder; all crack.		

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

Question	City		
	Eugene, OR	Yakima, WA	Seattle, WA
<b>Incidence</b>	Stable and low	Stable	Some decrease
<b>Who's Using/ Change in Users</b>	<u>Crack</u> : 20s-30s, White and African American females <u>Powder</u> : White males and females	<u>Crack</u> : 25-35 years old, White or African American <u>Powder</u> : 18-30 years old, all groups	Teens and older for both <u>Crack</u> : Asian youth, males and females
<b>Prevalent Methods of Use</b>	Smoking Injection	Injection	
<b>Drugs in Combination</b>	Heroin		
<b>Who's Selling</b>	Young Hispanic males, also sell heroin	18-30 years old, Hispanic male immigrants	All ages, some gang activity, Mexican sources for powder
<b>Price</b>	\$120 per gram \$15-20 for 1/4 gram in balloons	\$80 for 1/8 oz. \$600 per oz.	<u>Crack</u> : \$10 for 1/10-1/4 gram <u>Powder</u> : \$100 per gram
<b>Other/Comments</b>	People primarily buy powder and make their own crack	Already-made crack is very rare, users buy powder and make it themselves.	

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

Question	City		
	Honolulu, HI	San Francisco, CA	Tucson, AZ
<b>Incidence</b>	Stable	Decrease	Stable
<b>Who's Using/ Change in Users</b>	<u>Crack</u> : all ages, all ethnicities <u>Powder</u> : rarely seen	<u>Crack</u> : 18-28 years old, African American, males and females <u>Powder</u> : 18-25 years old, White and Asian males	<u>Crack</u> : 12-25 years old, African American, males and females <u>Powder</u> : teens-20s all ethnicities
<b>Prevalent Methods of Use</b>		Injection Snorting	Little injection, Smoking Snorting
<b>Drugs in Combination</b>	Methamphetamine		Marijuana
<b>Who's Selling</b>	10-30 years old, Asian males, dealing from residences and on the street	<u>Crack</u> : 16-25 years old, African American and Latin males <u>Powder</u> : 20-28 years old, Latin males	<u>Crack</u> : 12-25 years old, African American males <u>Powder</u> : 12-20 years old, White or Hispanic
<b>Price</b>	<u>Crack</u> : \$25-30 for 1/4 oz high purity	\$20 per rock \$50 per 1/4 gram \$18,000-\$31,000 per kilo	<u>Crack</u> : \$80 per gram \$20 for 2/10 gram <u>Powder</u> : \$50 for 1.75 gram ("teener") \$100 for 3.5 gram (8-ball)
<b>Other/Comments</b>	Powder use is rare. We are also arresting fewer crack users in last 6 months.	Cocaine is more popular in Asian community. High purity of both crack and powder is evident.	Powder packaged in papers, sometimes "binoles" or porno magazine paper. Crack in plastic or cellophane.

**Table 6**  
**Treatment Providers Report on Drug User Patterns: Cocaine/Crack**

Question	Region			
	Northeast	Mid-Atlantic and South	Midwest	West/Southwest
Number of Facilities	N=22	N=32	N=33	N=27
% Clients w/ Cocaine/Crack Listed as 1st Drug of Abuse	26%	27%	18%	16%
<u>Change Over Last Year</u>				
Increase	14%	9%	12%	11%
No change	72%	82%	76%	70%
Decrease	14%	9%	12%	19%
% Clients Injecting	6%	9%	5%	20%
% Clients Inhaling/Smoking	52%	64%	44%	45%
% Clients Snorting	40%	22%	42%	33%
<u>Other Drugs Abused (% Mentioned)</u>				
Heroin	18%	13%	12%	7%
Marijuana	59%	56%	41%	33%
Alcohol	77%	72%	91%	67%
Tranquilizers	18%	3%	6%	7%
Amphetamines	0%	6%	6%	26%
Other	9%	9%	15%	4%
<u>Average by Age</u>				
Under 20	19%	17%	13%	16%
21-30	37%	37%	39%	47%
31-40	34%	30%	32%	30%
40+	10%	16%	15%	7%
<u>Average by Race/Ethnicity</u>				
African-American	36%	32%	24%	18%
White	53%	59%	69%	49%
Hispanic & Other	11%	9%	7%	33%
<u>Average by Sex</u>				
Male	58%	61%	74%	67%
Female	42%	39%	26%	33%
% of Clients Who Have Had Prior Treatment	73%	56%	63%	54%
% of Clients Who Are New Users	14%	21%	24%	24%
Region I	Connecticut, Maine, Massachusetts, New York, New Jersey, Rhode Island, New Hampshire, Vermont, Pennsylvania			
Region II	Alabama, Florida, Georgia, Kentucky, Mississippi, Texas, North and South Carolina, Tennessee, Arkansas, Louisiana, Oklahoma, Maryland, Delaware, Virginia, West Virginia, D.C.			
Region III	Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin, Iowa, Kansas, Missouri, Nebraska, North and South Dakota			
Region IV	Colorado, Montana, Utah, Wyoming, Nevada, Arizona, California, Idaho, New Mexico, Washington, Oregon, Hawaii			

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

Question	City			
	Bridgeport, CT	New York, NY	Baltimore, MD	Atlanta, GA
<b>Incidence</b>	Stable	Stable	Increase, particularly among the youngest users	Increase among adolescents
<b>Who's Using/ Change in Users</b>	All ages, all groups	Wide variety of users	All ages, all ethnic groups, more young users	All ages, all groups, more young users
<b>Drugs in Combination</b>		Cocaine Heroin PCP Alcohol	Alcohol Cocaine	Crack Heroin
<b>Who's Selling</b>	18-25 years old, African Americans	Wide variety of sellers, selling to friends, also street sales	Wide variety of sellers, buy from acquaintances, may also sell hash or red rock opium	All ages, White and African American males, some sell crack also
<b>Price</b>	\$10 for 2 grams	\$100-800 per oz.	Wide grade range \$25-40 for 1/4 oz. for mid-range grade	\$100-125 per oz. (local), \$100-250 per oz. (sinsemillia)
<b>Other/Comments</b>	Expect an increase in use over the summer months when availability is higher.		Some locally grown, some from New York. "Kind bud" is expensive variety which sells in little vials.	

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

Question	City			
	Tampa, FL	Miami, FL	Austin, TX	San Antonio/ El Paso, TX
<b>Incidence</b>	Stable	Increase	Increase	Increase, particularly among the young
<b>Who's Using/ Change in Users</b>	All ages, all ethnic groups	All ages, all groups	Primarily under 25, all ethnicities	Teens, all income levels, all ethnicities
<b>Drugs in Combination</b>	Alcohol	Use in clubs with MDMA, cocaine used in the street with crack and alcohol		
<b>Who's Selling</b>	Sold in social, highly privatized manner, younger sellers may also sell hallucinogens	All ages, all over the city		Young, Mexican American males, generally sell only marijuana
<b>Price</b>	\$135 per oz., higher prices for exotic varieties	\$20-25 for 1/8 oz. \$120 per oz.	\$250-800 per lb.	
<b>Other/Comments</b>			Blunts are commonly seen	It is a product which is cheap to produce and one with high profits, so there are many distributors.

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

Question	City		
	Kansas City, MO	Chicago, IL	Minneapolis, MN
<b>Incidence</b>	Increase	Decrease	Increase
<b>Who's Using/ Change in Users</b>	All ages, all groups	African Americans, young males	Young users, all ethnicities
<b>Drugs in Combination</b>	Alcohol	Crack in "primos" PCP	Crack PCP Some dipping of joints in formaldehyde
<b>Who's Selling</b>	DK	Some gang control, but also less defined networks	Wide variety of sellers
<b>Price</b>	DK	<u>Mexican:</u> \$900-1,200 per lb. <u>British Columbian:</u> \$1,800-2,000 per pound \$3-10 for 1 blunt	\$300 per oz. \$3-5 per joint
<b>Other/Comments</b>		High quality product available, though use many be declining.	Rise in marijuana use among 6th, 9th, and 12th graders in statewide survey, from 1% in 1992 to 4% in 1998.

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

Question	City	
	San Francisco, CA	Seattle, WA
<b>Incidence</b>	Increase	Increase
<b>Who's Using/ Change in Users</b>	All groups, more older people using it medically	Young users, White
<b>Drugs in Combination</b>		Methamphetamine Alcohol
<b>Who's Selling</b>	Wide variety of groups, may sell some other drugs	Hydroponic variety from local Whites, other from Mexico, or British Columbia
<b>Price</b>	\$120 per oz.	\$15-25 per gram
<b>Other/Comments</b>	Medical use now allowed and the result is a wide variety of users who use it for sleep, chemotherapy, nausea.	

**Table 8  
Law Enforcement Report on Marijuana**

Question	City			
	New York, NY	Trenton, NJ	Boston, MA	Newark, NJ
<b>Incidence</b>	Stable	Increase	Stable	Some decrease
<b>Who's Using/ Change in Users</b>	All ages, all ethnicities	15-40s, all ethnicities, males and females	17-25 years old, all ethnicities, males and females	Young users, all ethnicities, males and females
<b>Drugs in Combination</b>	Alcohol	Crack Powder cocaine		Cocaine
<b>Who's Selling</b>	All ages, all ethnicities	15-35 years old, African American males, may also sell crack	Males whose characteristics match the neighborhoods in which they sell; sell only marijuana	All ages, all ethnicities, males and females, may also sell cocaine
<b>Price</b>	\$25 for 2 joints, hydroweed (high quality); \$25 for 5 joints skunkweed (low quality)	\$140 per oz. \$40 for 3 grams	\$20-30 per gram	\$10 per gram, sold in bags and blunts
<b>Other/Comments</b>		Sold in ziplock bags; most typically \$40 worth or 3 grams.		

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

Question	City			
	San Antonio, TX	Detroit, MI	Louisville, KY	Washington, DC
<b>Incidence</b>	Stable at high level	Stable	Stable	Increase
<b>Who's Using/ Change in Users</b>	All ages, all ethnicities	12-18 years old, African American and Hispanic males	Teens-40s, all ethnicities, males and females	20s-50s, all ethnicities
<b>Drugs in Combination</b>	Alcohol	Cocaine and tobacco in a "B52" Alcohol		Cocaine
<b>Who's Selling</b>	20-35 years old, Hispanic males, sell only marijuana	Teens for small qualities, 25-35 years old, African American males for larger quantities	20s-50s, males, all ethnicities, Whites may also sell meth	15-25 years old, African American males, just sell marijuana
<b>Price</b>	\$90 per oz.	\$3-5 per joint \$800 per lb. \$10 bag (4 grams)	\$20 per bag, unknown weight	\$20 for 800 mg
<b>Other/Comments</b>	It is common on every type of bust to find marijuana.	In suburbs, users spray PCP on marijuana.		Marijuana is reaching an increasingly younger population.

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

Question	City			
	Maryland State Police, MD	Eugene, OR	Yakima, WA	Seattle
<b>Incidence</b>	Increase among teens	High	Increase among Young	Decrease in trafficking
<b>Who's Using/ Change in Users</b>	Teens-50s, all groups	15-30 years old, all ethnicities,	Teens-30s, all groups	All ages, all ethnicities
<b>Drugs in Combination</b>	LSD, MDMA, Ketamine among young users	Psilocybin LSD Alcohol		
<b>Who's Selling</b>	20s-30s, all ethnicities, males and females, a lot of distribution through mail	18-35 years old, White males	18-30 years old, Hispanic immigrants	White males, early 20s-30s, sell only marijuana
<b>Price</b>	\$2-5 per joint \$160-200 per oz. 1/4 oz. for \$40-60	\$350 per oz., \$15-20 per gram	\$600-800 per lb., \$20 per bagweight unknown	\$250-400 per oz. for hydroponic variety, 20-25% purity, British Columbian variety costs more
<b>Other/Comments</b>	The number one drug of choice; typical purchase is 1/4 oz for \$40-60.	Gram purchases are most common. Sold in sandwich bags.	Heavy influx of Mexican marijuana lately.	

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

Question	City		
	Honolulu, HI	San Francisco, CA	Tucson, AZ
<b>Incidence</b>	Decrease	Stable	Stable
<b>Who's Using/ Change in Users</b>	Teen-20s, all ethnicities, males and females	16-25 years old, Whites and African Americans, males and females	All ages, all ethnicities
<b>Drugs in Combination</b>	Methamphetamine		Heroin
<b>Who's Selling</b>	All ages, all ethnicities	18-30 years old, Whites and African Americans on street level, and older Whites on upper dealing level	All ages, all groups
<b>Purchase Amount/ Purity</b>	\$3-10 per joint (2 grams) \$100-200 for 1/4 oz. high quality	\$40-60 per gram \$600-800 per oz. of British Columbian	\$70 per oz. \$5-10 per bag
<b>Other/Comments</b>	Packaged as joints most often; not many local growers since "green harvest" bust program.	Increase in hydroponic cultivation. They only concentrate on large dealers. British Columbian variety also popular.	Older sellers sell only marijuana. A lot grown both indoors and in the desert.

**Table 9**  
**Treatment Providers Report on Drug User Patterns: Marijuana**

Question	Region			
	Northeast	Mid-Atlantic and South	Midwest	West/Southwest
Number of Facilities	N=22	N=32	N=33	N=27
% Clients w/ Marijuana Listed as 1st Drug of Abuse	17%	27%	27%	16%
<u>Change Over Last Year</u>				
Increase	5%	10%	9%	12%
No change	90%	87%	79%	76%
Decrease	5%	3%	12%	12%
% Clients Injecting	NA	NA	NA	NA
% Clients Inhaling/Smoking	NA	NA	NA	NA
<u>Other Drugs Abused (% Mentioned)</u>				
Heroin	0%	0%	3%	0%
Cocaine	9%	16%	21%	7%
Alcohol	64%	88%	91%	86%
Tranquilizers	0%	6%	0%	0%
Amphetamines	0%	6%	9%	17%
Other	14%	6%	6%	7%
<u>Average by Age</u>				
Under 20	48%	41%	24%	45%
21-30	38%	28%	43%	33%
31-40	13%	21%	21%	18%
40+	1%	10%	12%	4%
<u>Average by Race/Ethnicity</u>				
African-American	19%	26%	21%	14%
White	62%	65%	70%	47%
Hispanic & Other	19%	9%	9%	39%
<u>Average by Sex</u>				
Male	78%	68%	74%	63%
Female	22%	32%	26%	37%
% of Clients Who Have Had Prior Treatment	39%	45%	45%	32%
% of Clients Who Are New Users	28%	22%	25%	17%
Region I	Connecticut, Maine, Massachusetts, New York, New Jersey, Rhode Island, New Hampshire, Vermont, Pennsylvania			
Region II	Alabama, Florida, Georgia, Kentucky, Mississippi, Texas, North and South Carolina, Tennessee, Arkansas, Louisiana, Oklahoma, Maryland, Delaware, Virginia, West Virginia, D.C.			
Region III	Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin, Iowa, Kansas, Missouri, Nebraska, North and South Dakota			
Region IV	Colorado, Montana, Utah, Wyoming, Nevada, Arizona, California, Idaho, New Mexico, Washington, Oregon, Hawaii			

**Table 10**  
**Ethnographers and Epidemiologists Report on Methamphetamine**

Question	City			
	Bridgeport, CT	New York, NY	Baltimore, MD	Atlanta, GA
<b>Incidence</b>	None	Not seen	Stable (low level)	Increase
<b>Who's Using/ Change in Users</b>	Not applicable in this area	Not applicable in this area	Teens, White, males and females, part of club scene, and raves	All ages, White, males and females
<b>Prevalent Methods of Use</b>	Not applicable in this area	Not applicable in this area	DK	
<b>Drugs in Combination</b>	Not applicable in this area	Not applicable in this area	MDMA Ketamine	Alcohol Marijuana
<b>Who's Selling</b>	Not applicable in this area	Not applicable in this area	Adolescents	30s, White males, selling only meth
<b>Price</b>	Not applicable in this area	Not applicable in this area		\$100 per gram
<b>Other/Comments</b>		NA	Sold in rural areas.	It is now more widespread, but hidden in many communities so that the real extent of use is not clear.

**Table 10, cont'd.**  
**Ethnographers and Epidemiologists Report on Methamphetamine**

Question	City			
	Tampa, FL	Miami, FL	Austin, TX	San Antonio/ El Paso, TX
<b>Incidence</b>	None	None	Increase	Stable (low level)
<b>Who's Using/ Change in Users</b>	Not applicable in this area	Not applicable in this area	20s-30s, White, males and female	20s-40s, White males
<b>Prevalent Methods of Use</b>	Not applicable in this area	Not applicable in this area	Smoking Injecting Snorting	
<b>Drugs in Combination</b>	Not applicable in this area	Not applicable in this area		Cocaine
<b>Who's Selling</b>	Not applicable in this area	Not applicable in this area	Quantities shipped from Mexico, local independent producers also	20s-40s, White males
<b>Price</b>	Not applicable in this area	Not applicable in this area	\$25-125 per gram	DK
<b>Other/Comments</b>		We do not see it.	Available in dance clubs in urban areas.	

**Table 10, cont'd.**  
**Ethnographers and Epidemiologists Report on Methamphetamine**

Question	City		
	Kansas City, MO	Chicago, IL	Minneapolis, MN
<b>Incidence</b>	Increase	Stable (very low level)	Increase
<b>Who's Using/ Change in Users</b>	White, rural residents, males and females	Young White transients	18-25 years old, White males
<b>Prevalent Methods of Use</b>	DK		Inhaling Injecting
<b>Drugs in Combination</b>	DK	DK	
<b>Who's Selling</b>	White males	DK	Mexican distribution networks, available on street
<b>Price</b>	DK	\$80-100 per gram \$25 for 1/4 gram	\$100 per gram
<b>Other/Comments</b>	Missouri is second only to CA in number of labs identified; prevalent in rural pockets.	Still relatively little seen.	

**Table 10, cont'd.  
Ethnographers and Epidemiologists Report on Methamphetamine**

<b>Question</b>	<b>City</b>	
	<b>San Francisco, CA</b>	<b>Seattle, WA</b>
<b>Incidence</b>	Increase	Increase
<b>Who's Using/ Change in Users</b>	White males, some young users in clubs	Young Mexican Americans, White, males and females, also part of club scene
<b>Prevalent Methods of Use</b>	Snorting Injection	Inhaling Injecting
<b>Drugs in Combination</b>		Cocaine Marijuana Alcohol
<b>Who's Selling</b>	White males, also available in clubs	Locals, Mexican sources, labs in rural areas
<b>Price</b>		DK
<b>Other/Comments</b>		Treatment admissions have increased over 100% for meth in 8 years.

**Table 11**  
**Law Enforcement Report on Methamphetamine**

Question	City			
	New York, NY	Trenton, NJ	Boston, MA	Newark, NJ
<b>Incidence</b>	Very low	None	None	None
<b>Who's Using/ Change in Users</b>	White males	*	*	*
<b>Prevalent Methods of Use</b>		*	*	*
<b>Drugs in Combination</b>	Alcohol	*	*	*
<b>Who's Selling</b>	White males, selling only meth, bikers	*	*	*
<b>Price</b>	\$20 per bag weight unknown	*	NA	*
<b>Other/Comments</b>	Little crossover w/ crack users.	*	Only one bust involving meth in the last 2 years.	*

\* Not applicable in this area.

**Table 11, cont'd.**  
**Law Enforcement Report on Methamphetamine**

Question	City			
	San Antonio, TX	Miami, FL	El Paso, TX	Birmingham, AL
<b>Incidence</b>	Increase	None	Low	Very low
<b>Who's Using/ Change in Users</b>	20-30 years old, White males and females	*	Late 20s, White males	25-35 years old, White males
<b>Prevalent Methods of Use</b>		*		
<b>Drugs in Combination</b>	Marijuana	*		Marijuana Alcohol
<b>Who's Selling</b>	20-30 years old, White males, sell only meth	*	Late 20s, White males	White male users
<b>Price</b>	\$90 per gram \$150 for 1-2 gram	*	\$40 per gram	DK
<b>Other/Comments</b>	Increase in labs and many more people manufacturing; labs located in hotel rooms and other private areas.	Never had a bust or run across a user.	We have the same guys both using and selling – no change in group.	

\* Not applicable in this area.

**Table 11, cont'd.  
Law Enforcement Report on Methamphetamine**

Question	City			
	Detroit, MI	Louisville, KY	Washington, DC	Maryland State Police, MD
<b>Incidence</b>	None	50% of all drug users are using meth	Increase	Very low
<b>Who's Using/ Change in Users</b>	NA	Late teens-60s, White males and females	18-25 years old, White males and females	DK
<b>Prevalent Methods of Use</b>		Inhalation Injection		DK
<b>Drugs in Combination</b>	Vicodin (injected) Dilaudid (injected)	Marijuana Crack		DK
<b>Who's Selling</b>	*	Teens-40s, White males, may also sell marijuana	18-29 years old, White males, sell only meth, no street sales	DK
<b>Price</b>	*	\$25-50 for 1/4-1/2 gram	\$60-100 per gram \$20-30 per tab	DK
<b>Other/Comments</b>				

\* Not applicable in this area.

**Table 11, cont'd.**  
**Law Enforcement Report on Methamphetamine**

Question	City		
	Eugene, OR	Yakima, WA	Seattle, WA
<b>Incidence</b>	Increase	Stable	Increase
<b>Who's Using/ Change in Users</b>	20-40 years old, White males and females	25-35 years old, White males and females	Late teens-50s, all ethnicities, males and females
<b>Prevalent Methods of Use</b>			
<b>Drugs in Combination</b>	Alcohol Marijuana		
<b>Who's Selling</b>	20-30 years old, White males for local sales; Mexican for imported sales	18-30 years old, Hispanic immigrants	Late teens-40s, all ethnicities
<b>Price</b>	\$600-800 per oz. \$100-150 per gram	\$600 per oz.	\$30-120 per gram
<b>Other/Comments</b>	A common sales unit is a "half" or 2 of 1/16 oz. and costs \$40. The area has a huge meth production problem, but local meth production still only makes up 10-20% of the total market.	More coming from Mexico recently than from local labs.	Drug choice in Seattle and Takoma; "blue collar coke"; Mexican sellers also sell coke; locals just sell meth.

\* Not applicable in this area.

**Table 11, cont'd.  
Law Enforcement Report on Methamphetamine**

Question	City		
	Honolulu, HA	San Francisco, CA	Tucson, AZ
<b>Incidence</b>	Stable	Increase	Increase
<b>Who's Using/ Change in Users</b>	All ages, all groups	18-30 years old, White males, Asians (increasing)	11-30 years old, Hispanic and White, males and females
<b>Prevalent Methods of Use</b>	Smoking as ice	Injection Some snorting	
<b>Drugs in Combination</b>	Crack	MDMA among White users	
<b>Who's Selling</b>	20s-40s, local males, home-based dealing, no street sales, usually user/dealers selling only meth	20s-30s, low end dealers are White; high end dealers are Hispanic	12-25 years old, White and Hispanic males and females
<b>Price</b>	\$50 for 1/4 gram	\$25-40 for 1/10-1/4 gram, price has dropped	\$800 per oz. \$160 for 3.2 grams
<b>Other/Comments</b>	50% of drug users are using meth.	GHB manufacture in large amounts has increased; in recent months there have been large busts (5- 10 gallons seized).	Often violent users. Seeing more female sellers. It is our biggest crime problem.

\* Not applicable in this area.

**Table 12**  
**Treatment Providers Report on Drug User Patterns 4/99: Methamphetamine**

Question	Region			
	Northeast*	Mid-Atlantic and South	Midwest	West/Southwest
Number of Facilities	N=22	N=32	N=33	N=27
% clients w/ Methamphetamine Listed as 1st Drug of Abuse	1%	2%	3%	17%
<u>Change Over Last Year</u>				
Increase		0%	15%	40%
No change		82%	85%	56%
Decrease		12%	0%	4%
<u>Other Drugs Abused (% Mentioned)</u>				
Cocaine		9%	9%	26%
Marijuana		9%	3%	33%
Heroin		3%	3%	19%
Alcohol		16%	30%	70%
Tranquilizers		0%	0%	4%
Other		3%	3%	0%
<u>Average by Age</u>				
Under 20		21%	18%	18%
21-30		35%	43%	41%
31-40		27%	27%	34%
40+		17%	12%	7%
<u>Average by Race/Ethnicity</u>				
African-American		26%	14%	12%
White		61%	76%	51%
Hispanic & Other		13%	10%	37%
<u>Average by Sex</u>				
Male		53%	74%	62%
Female		47%	26%	38%
% of Clients Who Have Had Prior Treatment		39%	29%	45%
% of Clients Who Are New Users		10%	24%	31%
Region I	Connecticut, Maine, Massachusetts, New York, New Jersey, Rhode Island, New Hampshire, Vermont, Pennsylvania			
Region II	Alabama, Florida, Georgia, Kentucky, Mississippi, Texas, North and South Carolina, Tennessee, Arkansas, Louisiana, Oklahoma, Maryland, Delaware, Virginia, West Virginia, D.C.			
Region III	Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin, Iowa, Kansas, Missouri, Nebraska, North and South Dakota			

Region IV Colorado, Montana, Utah, Wyoming, Nevada, Arizona, California, Idaho, New Mexico, Washington,  
Oregon, Hawaii

\* Only four facilities in the Northeast sample reported treating any clients for methamphetamine addiction, and of those four facilities, only two reported any clients whose primary drug of abuse is methamphetamine.

## Appendix

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## ***Pulse Check* Methodology**

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The *Pulse Check* report has been published periodically since 1992. Its goal is straightforward: to provide the most current information on recent and changing trends in drug abuse in the United States. The *Pulse Check* utilizes conversations with ethnographers and epidemiologists, law enforcement officials, and treatment providers all working in the drug field to compose a snapshot of the current state of drug abuse nationwide. For this issue, approximately 144 contacts were consulted from these three fields.

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

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

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

The final set of ethnographic sources consulted for the *Pulse Check* report is comprised of sociologists and psychologists who use ethnographic methods in their studies of drug abuse. We refer to these contacts as “ethnographic sources.”

In sum, the ethnographic sources consulted for the *Pulse Check* report are some of the best-known drug researchers in the country. In some cases, they are trained ethnographers, in the

other cases they are epidemiologists, sociologists, and psychologists who employ ethnographic research methodology. As often as possible, contacts remain the same from *Pulse Check* issue to issue.

The thirteen ethnographers, epidemiologists, and other ethnographic sources contacted for this issue of the *Pulse Check* follow:

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

**Bridgeport, CT:** Garry Geter, Success Village.

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

**St. Petersburg, FL:** Thomas Mieczkowski, Professor, Department of Criminology, University of South Florida.

**Atlanta, GA:** Claire E. Sterk, Associate Professor, Rollins School of Health, Emory University.

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

**Baltimore, MD:** Brook Wraight, Research Associate, Center for Substance Abuse Research.

**Minneapolis, MN:** Carol Falkowski, Senior Research Analyst, Hazelden Foundation.

**Kansas City, MO:** Margaret Turner, Development Director, Project Neighborhood.

**New York, NY:** Douglas Goldsmith, National Development Research Institute

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

**San Antonio, TX:** Reyes Ramos, Ph.D., Department of Community Initiatives, City of San Antonio.

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

### **Law Enforcement Sources**

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

This issue of *Pulse Check* contacted law enforcement sources from eighteen cities. Generally, law enforcement contacts remain the same across issues of this report. However, when replacements must be made, they are done so upon recommendation, and when new contacts are established in new cities, they are included.

## **Treatment Providers**

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

This issue of *Pulse Check* draws from interviews with a sample of 114 treatment providers representing four geographic regions. From each region, 20 large programs (over 100 clients) and 20 small programs (less than 100 clients) were identified, and 10-20 of each type were contacted. The States in each region follow:

**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, Hawaii

## **Topics of Discussion**

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

### *ETHNOGRAPHERS AND LAW ENFORCEMENT OFFICIALS*

- Current rate of use of heroin, cocaine, and marijuana in the community, and any change in rate of use over the last six months.
- Age, ethnicity, and gender of users of heroin, cocaine, and marijuana in the community, and any change in these characteristics over the last six months.
- Frequency of use, typical dosage, and primary route of administration of heroin, cocaine, and marijuana, and any change over the last six months.
- Whether and how users are combining drugs.
- Whether there are any emerging drugs in the community.
- Characteristics of sellers in the community, any changes in those characteristics, and whether or not sellers deal multiple drugs.
- Typical prices and purity of heroin, cocaine, and marijuana.

### *TREATMENT PROVIDERS*

- Percentage of treatment population reporting heroin, cocaine, marijuana, methamphetamine, and alcohol as the primary drug of abuse, and any change in these percentages over the last six months.
- Percentage of treatment population injecting versus inhaling/smoking heroin and cocaine, and any change in these percentages over the last six months.
- Other drugs abused in concert with heroin, cocaine, marijuana, and alcohol.

- Age, ethnicity, and gender of treatment population according to primary drug of choice.
- Percentage of treatment population having had prior treatment.

### **Special Survey on Methadone**

A sample of 80 treatment methadone treatment providers was drawn from the Uniform Facility Data Set, a compilation of treatment programs supplied by the Substance Abuse Mental Health Administration. Programs providing methadone services (N=299) are specifically identified in that data set. The sample was stratified to represent the distribution of program across four regions of the country and to represent the distribution of programs between states within a region. The same regions used in the regular treatment provider sample were used in this sampling procedure.

*The topics included in the 30 minute interviews with treatment providers include:*

- \* Characteristics of the program: age, capacity, current census, detoxification and/or maintenance, waiting list, average length of stay
- \* Services provided in addition to methadone: medical, individual and/or group counseling, family therapy, employment
- \* Characteristics of clients: age distribution, gender, prior treatment, employment, percent injecting, primary drug of abuse at admission, other drugs used
- \* Dosage policy and use of other drugs in therapy
- \* Changes in the client population over the last year

- \* Opinion of methadone as a therapeutic tool

In addition, questions were added to the interviews conducted with **ethnographers, ethnographic sources, epidemiologists and law enforcement sources.**

*The topics included in the additional section of the regular Pulse Check interview included:*

- \* availability of methadone in community
- \* presence of/characteristics of an illegal market for methadone in area
- \* opinion of methadone therapy

## Tables

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**Table 1  
Ethnographers Report on Heroin**

Question	City			
	Bridgeport, CT	New York, NY	Baltimore, MD	Atlanta, GA
<b>Incidence</b>	Slight increase	Stable	Increase	Increase
<b>Who's Using/ Change in Users</b>	18-50 years old, all ethnicities, males and females	Variety of users, both young and old	Older users dominant, though now more younger users evident	30s and older users, African American males, late teens-20s, White, males and females, late teens-40s, African American, males and females also using crack
<b>Prevalent Methods of Use</b>	Older users (inject) younger users (inhale)	Injection Snorting	Injection (intravenous and intramuscular) Snorting	Injection Snorting
<b>Drugs in Combination</b>	Cocaine Crack Alcohol	Cocaine		Cocaine Crack
<b>Who's Selling</b>	15-28 years old, African American and Hispanic, males and females. Dealers may also sell cocaine.	Dealers also sell cocaine; indoor sales in bodegas, apartments, beeper sales	Young African American males and females, sell only heroin	Two seller groups: 20s, African American males in 30s-40s, African American and White males who also sell crack
<b>Price</b>	\$10 for 2/10 gram	\$10-20 per bag \$30-100 per gram	\$5-10 per cap	\$150-200 per gram \$10-25 per 1/10 gram
<b>Other/Comments</b>		Availability is very high; all white heroin	Increase in suburban addicts and more young, urban users; sold in convenience stores as well as on the street.	Distinct groups of users and sellers, increases in all three groups.

**Table 1, cont'd.  
Ethnographers Report on Heroin**

Question	City			
	Tampa, FL	Miami, FL	Austin, TX	San Antonio/ El Paso, TX
<b>Incidence</b>	Stable at a very low level	Some increase	Increase	Increase
<b>Who's Using/ Change in Users</b>	Over 30 years of age, White, males	20s-50s, African Americans and Hispanics, males and females, some increase among young adults (20s)	Older users (30s and older), all ethnicities	Both younger and older users, Hispanics
<b>Prevalent Methods of Use</b>	Injection Snorting	Injection Snorting Skin popping	Injection	Injection Squirting into nostril
<b>Drugs in Combination</b>	Cocaine Alcohol		Cocaine	Cocaine
<b>Who's Selling</b>	DK			Older teens to early 20s, Mexican Americans; more women selling who may also sell cocaine
<b>Price</b>	\$25-35 per bag	\$10 per bag, low purity	Black tar: \$150-400 per gram Mexican brown: \$150-300 per gram	\$20 for 1/8 tsp \$225 for 1/4 oz Sold in balloons
<b>Other/Comments</b>	Heroin use is low in this area. Many of the people who are opiate addicted are addicted to surrogate drugs like percocet or dilaudid.		Though recent publicity over youthful overdoses was intense, most users are older.	Practice of "shebanging" still among the young heroin users; involves dissolving heroin in acidic solution and squirting up the nose through a dropper.

**Table 1, cont'd.  
Ethnographers Report on Heroin**

Question	City		
	Kansas City, MO	Chicago, IL	Minneapolis, MN
<b>Incidence</b>	Slight increase	Stable	Stable at low level
<b>Who's Using/ Change in Users</b>	Younger users in 20s	African Americans and Hispanics, increase in young users, including suburban users injecting	30s and over, African American, males and females, increase in users under 25
<b>Prevalent Methods of Use</b>	Injection Snorting	Injection Snorting	Injection, Snorting
<b>Drugs in Combination</b>	DK	Cocaine Crack	Cocaine
<b>Who's Selling</b>	DK	Gang controlled sales, sell many drugs, "one stop shopping"	DK
<b>Price</b>		<u>For white heroin:</u> \$100-125 per gram <u>For Black tar:</u> \$100-200 per gram \$10 per bag in street	DK
<b>Other/Comments</b>	Low level of use.	Predominantly Southeast Asian and Southwest Asian heroin now, some Black tar, some Colombian.	Historically low levels of use in this area. While some evidence of use, it remains very low.

**Table 1, cont'd.**  
**Ethnographers Report on Heroin**

<b>Question</b>	<b>City</b>	
	<b>San Francisco, CA</b>	<b>Seattle, WA</b>
<b>Incidence</b>	Increase among young users	Increase
<b>Who's Using/ Change in Users</b>	Two different user groups: 30s and 40s, often homeless; and younger White college students	More young users, White, males
<b>Prevalent Methods of Use</b>	Older users inject; younger users smoke Black tar heroin	Injection, Some snorting
<b>Drugs in Combination</b>	Alcohol Marijuana	Alcohol Cocaine Methamphetamine
<b>Who's Selling</b>	Seller reflects the clientele to which he/she sells, more males and minorities on street sales	DK
<b>Price</b>	\$40-60/ 1/4 gram very high purity, sold in saran	DK
<b>Other/Comments</b>	Smoking the high potency Black tar is increasing among young whites. Younger users may try injection, but go back to smoking, which, due to high quality of heroin, is getting them very high.	

**Table 2**  
**Law Enforcement Report on Heroin**

Question	City			
	New York, NY	Trenton, NJ	Boston, MA	Newark, NJ
<b>Incidence</b>	Stable	Slight increase	Slight increase	Stable
<b>Who's Using/ Change in Users</b>	20s, more younger users evident, all ethnicities, males and females	25-40 years old, White, males and females	25-30 years old, African American and White, males and females	All ages All ethnicities Primarily males injecting and snorting
<b>Prevalent Methods of Use</b>	Snorting	Younger users (snort), older users (inject)	Snorting	
<b>Drugs in Combination</b>		Some crack	Cocaine	Cocaine
<b>Who's Selling</b>	All ages All ethnicities Males and females Sell only heroin	25-40 year old Hispanic males, sell only heroin	Dominicans in 20s and 30s at street level, may also sell cocaine	All ages African American and some Hispanic
<b>Price</b>	\$100 per 1 gram 50% pure	\$15 for 2/10 gram	\$4-10 per bag, depending on where in city; \$100-200 per gram, high purity	\$10 for 1/10 gram \$100 per gram
<b>Other/Comments</b>	Heroin continues as the drug of choice.	Local heroin comes from dealers in NY or Philadelphia. Prices have steadily declined over the past year.	Experimentation among college students and white collar workers has increased over the past 6 months.	Bag labeling, e.g., Titanic, are popular. Dealt in small controlled areas on street corners. White heroin is all they see.

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

Question	City			
	San Antonio, TX	Miami, FL	El Paso, TX	Birmingham, AL
<b>Incidence</b>	Slight decrease	Slight increase	Stable	Stable at low level
<b>Who's Using/ Change in Users</b>	35-40 years old, Hispanic males		20s-40s, Hispanic and White males	Older (35-45 years old), White males
<b>Prevalent Methods of Use</b>	Injection	Injection Snorting	Injection	Injection
<b>Drugs in Combination</b>	Some marijuana	Cocaine	Cocaine	Cocaine Marijuana
<b>Who's Selling</b>	30s-40s Hispanic males	Young African American males, varying ages	Late 20s-50s Hispanic males; sell only heroin	African American males, 17-25 years old, also sell crack
<b>Price</b>	\$10 for 2/10 gram	\$10-20 for 1/10 gram, low purity	\$10-20 for 1/10 gram in balloons	\$125 per gram \$100-125 per bag
<b>Other/Comments</b>			White heroin not seen, only brown and Black tar	

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

Question	City			
	Detroit, MI	Louisville, KY	Washington, DC	Maryland State Police, MD
<b>Incidence</b>	Increase	Increase	Stable	Increase in Baltimore and on Eastern Shore area.
<b>Who's Using/ Change in Users</b>	35-40 years old, African American males, some new White users	Older African American males and young White males and females	25-40 years old, African American males, some White suburban users	16-30 years old, White males, African American
<b>Prevalent Methods of Use</b>	Injection, Snorting	Primarily injection	Injection, Some snorting among young users	Older users inject, younger users snort
<b>Drugs in Combination</b>			Cocaine	Cocaine
<b>Who's Selling</b>	16-20 year old African American males, not users; market becoming more violent	Older African Americans, males and females	30-50 year old African American males, also sell cocaine	19-30 years old males, White in suburbs; African American in cities
<b>Price</b>	\$10-12 for 1/10 gram 50-60% pure	\$350 per gram \$30-40 for 1/10 gram	\$20 for 1/10 gram 25-40% pure	\$20 for 1/10 gram \$100-300 per gram high purity
<b>Other/Comments</b>	Sold in coin envelopes of different colors or folded lottery tickets.		Becoming popular among younger users who snort and smoke.	Many smaller suburban dealers are driving to Baltimore or Philadelphia for quantities to sell.

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

Question	City		
	Eugene, OR	Yakima, WA	Seattle, WA
<b>Incidence</b>	Increase	Stable	Increase
<b>Who's Using/ Change in Users</b>	Decrease among 20-35 years old; increase in White	25-40 year old, White males	17-45 years old all ethnicities, males and females
<b>Prevalent Methods of Use</b>	Injection Smoking	Injection	Primarily injecting, some snorting
<b>Drugs in Combination</b>		Cocaine	Cocaine Methamphetamine
<b>Who's Selling</b>	Low-end sellers are white males and females, 20-35 years old users, High-end dealers are Hispanic immigrants in their 20s	18-30 year old White males	Mexican traffickers who also sell meth and cocaine.
<b>Price</b>	\$60-\$100 per gram \$15-30 for 1/4 gram	\$20 for 1/6 gram \$300 per gram	\$20 for 1/10 gram \$90-120 per gram 20% purity
<b>Other/Comments</b>	Heroin dealers may also sell methamphetamine. It is sold in heat sealed bags.		Black tar is most prevalent, but selling some Southeast and Southwest Asian varieties.

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

Question	City		
	Honolulu, HI	San Francisco, CA	Tucson, AZ
<b>Incidence</b>	Stable	Increase	Stable
<b>Who's Using/ Change in Users</b>	Very few users, 30s-40s, White and African American males, homeless	20s-30s White males	30s-60s, Hispanic, males and females
<b>Prevalent Methods of Use</b>	Injection	Injection	Injection
<b>Drugs in Combination</b>			Methadone
<b>Who's Selling</b>	30s-40s White and African American males	20s-30 Mexican males who also sell cocaine	Two different groups: 15-25 year olds and 50+ Hispanic males
<b>Price</b>	\$50 per 1/4 gram 50-70% pure	\$20-50 per 1/4-1/2 gram 50-60% pure	\$20 for 1/16 gram \$300 per gram
<b>Other/Comments</b>	Only Black tar and brown heroin. No powder.	Increases in past year; involves 1/3 of all enforcement activities. Mexicans are employing Hondurans for street sales.	Some young users, but typically young users are prostitutes. Mexican Mafia has 100% control of market.

**Table 3**  
**Treatment Providers Report on Drug User Patterns: Heroin**

Question	Region			
	Northeast	Mid-Atlantic and South	Midwest	West/Southwest
Number of Facilities	N=22	N=32	N=33	N=27
% Clients w/ Heroin Listed as 1st Drug of Abuse	27%	12%	3%	11%
<u>Change Over Last Year</u>				
Increase	45%	22%	15%	37%
No change	55%	72%	85%	63%
Decrease	0%	6%	0%	0%
% Clients Injecting	39%	49%	56%	74%
% Clients Inhaling/Smoking	16%	22%	3%	17%
% Clients Snorting	33%	21%	13%	3%
<u>Other Drugs Abused (% Mentioned)</u>				
Cocaine	50%	38%	29%	33%
Marijuana	36%	41%	21%	11%
Alcohol	59%	44%	41%	59%
Tranquilizers	14%	6%	9%	4%
Amphetamines	5%	9%	6%	19%
Other	23%	3%	9%	19%
<u>Average by Age</u>				
Under 20	13%	13%	3%	21%
21-30	31%	32%	39%	29%
31-40	45%	34%	31%	44%
40+	11%	21%	27%	6%
<u>Average by Race/Ethnicity</u>				
African-American	27%	26%	33%	13%
White	56%	60%	61%	50%
Hispanic & Other	17%	14%	6%	37%
<u>Average by Sex</u>				
Male	64%	68%	76%	63%
Female	36%	32%	24%	37%
% of Clients Who Have Had Prior Treatment	81%	66%	69%	70%
% of Clients Who Are New Users	17%	18%	13%	18%
Region I	Connecticut, Maine, Massachusetts, New York, New Jersey, Rhode Island, New Hampshire, Vermont, Pennsylvania			
Region II	Alabama, Florida, Georgia, Kentucky, Mississippi, Texas, North and South Carolina, Tennessee, Arkansas, Louisiana, Oklahoma, Maryland, Delaware, Virginia, West Virginia, D.C.			
Region III	Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin, Iowa, Kansas, Missouri, Nebraska, North and South Dakota			
Region IV	Colorado, Montana, Utah, Wyoming, Nevada, Arizona, California, Idaho, New Mexico, Washington, Oregon, Hawaii			

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

Question	City			
	Bridgeport, CT	New York, NY	Baltimore, MD	Atlanta, GA
<b>Incidence</b>	Stable	Stable	<u>Crack</u> : Stable <u>Powder</u> : less available	<u>Crack</u> : Decrease <u>Powder</u> : Increase in suburbs
<b>Who's Using/ Change in Users</b>	<u>Crack</u> : 18-60 years old, African American and Hispanic <u>Powder</u> : 25-50 years old, African American, males and females	<u>Crack</u> : variety of users in 20s and 30s, many older users <u>Powder</u> : older heroin addicts	<u>Crack</u> : older users from mid 20s and up, more African Americans than Whites, males and females <u>Powder</u> : ranges across all ages and groups, younger users put it in blunts	<u>Crack</u> : late teens-40s, African American, males and females <u>Powder</u> : late teens-40s, White and African American, males and females
<b>Prevalent Methods of Use</b>	Smoking Little injection Some snorting	Smoking Injection	Injection Smoking	Injection Smoking
<b>Drugs in Combination</b>	Alcohol	Heroin	Heroin Ritalin (crushed and also injected)	Alcohol Heroin
<b>Who's Selling</b>	15-25 years old, African American and Hispanic males	Dominicans, available in small stores and through beeper sales	<u>Crack</u> : street sales are teens and early 20s, primarily African Americans, males and females <u>Powder</u> : 20-30 years old, all ethnicities, can be found in many different neighborhoods including "yuppie" neighborhoods	<u>Crack</u> : teens-20s, African American males <u>Powder</u> : 20s-50s, African American and White males
<b>Price</b>	<u>Crack</u> : \$5 per slab <u>Powder</u> : \$10 per bag	<u>Crack</u> : \$3-20 per rock <u>Powder</u> : \$10-20 per bag	<u>Crack</u> : \$20 per piece, though pieces available at \$3 and \$10	<u>Crack</u> : \$5-10 for 1/10 gram <u>Powder</u> : \$100 per gram
<b>Other/Comments</b>	Cocaine powder is simply not visible on the street. It is a social or club drug.	Crack users and crack materials (vials, etc.) not as evident on street as they were 6 months to 1 year ago.	Don't see many casual crack users; they are older users who binge use. Also seeing cocaine users injecting Ritalin. It is available at \$5 per pill. Users crush it and inject it.	

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

Question	City			
	Tampa, FL	Miami, FL	Austin, TX	San Antonio/ El Paso, TX
<b>Incidence</b>	Stable	Decrease	Stable, though some shifts in user group	Stable
<b>Who's Using/ Change in Users</b>	<u>Crack</u> : older users in 20s-40s, African American males <u>Powder</u> : younger White, higher socioeconomic status, males and females	<u>Crack</u> : 35 years old and older, all ethnicities, often homeless <u>Powder</u> : two groups: young club goers in 20s (White and Hispanic), and older street users in 40s-50s (African American)	<u>Crack</u> : reduced number of African Americans, increase in Anglos and Hispanics <u>Powder</u> : more young users	<u>Crack</u> : 20s and 30s, African American <u>Powder</u> : older Whites, Hispanic teens, males and females
<b>Prevalent Methods of Use</b>	Smoking Snorting	Snorting Injection	Injection Smoking	
<b>Drugs in Combination</b>	Alcohol	Heroin Alcohol	Heroin	Heroin Xanax
<b>Who's Selling</b>	<u>Crack</u> : young, African American males, street sales as well as indoor sales <u>Powder</u> : more diffuse market, more sales through casual contact, sellers do not sell both crack and powder	<u>Crack</u> : 15-25 years old, not users themselves, African American males <u>Powder</u> : 20s-50s, African American and Hispanic		Mexican Nationals in their 20s and 30s
<b>Price</b>	<u>Crack</u> : \$20 per rock most typical: \$5-20 "kibbles 'n bits" pieces also available <u>Powder</u> : \$100 per gram	<u>Crack</u> : \$10 per rock <u>Powder</u> : \$10 per bag \$30-60 per gram in clubs	<u>Crack</u> : \$10-20 per rock <u>Powder</u> : \$90-275 per gram \$10 per bag	<u>Crack</u> : \$5 piece known as "kibbles 'n bits", larger "cookie" pieces of \$80 <u>Powder</u> : \$10 for 1/8 tsp
<b>Other/Comments</b>	Crack users appear to be aging out as the drug experiences a slow recession from its once dominant role.	Crack use is declining, though young users are now snorting cocaine powder in clubs.	Crack is being dissolved in lemon juice and injected. Also see the sale of "wholesale" packs of crack—10 rocks for about \$100	

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

Question	City		
	Kansas City, MO	Chicago, IL	Minneapolis, MN
<b>Incidence</b>	<u>Crack</u> : Slight decrease <u>Powder</u> : Little seen	<u>Crack</u> : Decrease <u>Powder</u> : Stable	Stable
<b>Who's Using/ Change in Users</b>	<u>Crack</u> : 20s-30s, African Americans	<u>Crack</u> : diverse group, fairly young, males and females <u>Powder</u> : African Americans	<u>Crack</u> : over 25 years old, African American males
<b>Prevalent Methods of Use</b>	Smoking	Smoking, Injection	Smoking
<b>Drugs in Combination</b>	Alcohol Marijuana	Marijuana in a "Primo," blunt, Cocaine	
<b>Who's Selling</b>	DK	Gangs control selling of all drugs	There is some gang involvement in trafficking crack.
<b>Price</b>	DK	<u>Crack</u> : \$100 per gram \$5-10 per rock <u>Powder</u> : \$75-100 per gram \$10 for 1/16 oz.	<u>Crack</u> : \$10-20 per rock weight unknown <u>Powder</u> : \$100 per gram \$1,200 per oz.
<b>Other/Comments</b>	Crack has been a continuous problem for Kansas City, though there has been some decline.		While cocaine use seems to be stabilizing among the older users, the MN School Survey indicates an increase in use among high school groups.

**Table 4, cont'd.**

### Ethnographers and Epidemiologists Report on Cocaine/Crack

Question	City	
	San Francisco, CA	Seattle, WA
<b>Incidence</b>	Decrease	Decrease
<b>Who's Using/ Change in Users</b>	<u>Crack</u> : 30s and older, males and females <u>Powder</u> : young heroin users who add powder cocaine to injection	All ages, all groups
<b>Prevalent Methods of Use</b>	Smoking, Some injection	Smoking Some injection
<b>Drugs in Combination</b>	Marijuana Heroin	Heroin Methamphetamine
<b>Who's Selling</b>	<u>Crack</u> : African American males <u>Powder</u> : White and Hispanic, may also sell marijuana and crack	DK
<b>Purchase Amount/Purity</b>	\$10 per rock \$55 per gram	DK
<b>Other/Comments</b>	There are spots where you can buy large quantities of pot from crack dealers. Crack use is declining, however, as it is stigmatized. Also see less violence in the cocaine market as it "settles down" into fewer dealers	

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

Question	City			
	New York, NY	Trenton, NJ	Boston, MA	Newark, NJ
<b>Incidence</b>	Stable	Slight increase	Stable	Decrease
<b>Who's Using/ Change in Users</b>	<u>Crack</u> : 18-35 years old, all ethnicities, males and females	18-35 years old, all ethnicities, males and females, number of Hispanic users of powder increasing	<u>Crack</u> : teens-mid 40s, African American <u>Powder</u> : teens-mid 40s, more Whites evident	All ages, all groups
<b>Prevalent Methods of Use</b>	Little injection, Smoking	Smoking Snorting		
<b>Drugs in Combination</b>	Alcohol Tranquilizers	Some heroin and marijuana	Some heroin	
<b>Who's Selling</b>	All ages, all ethnicities	<u>Crack</u> : 17-40 years old, African American males <u>Powder</u> : 25-40 years old, Hispanic males	<u>Crack</u> : African American males <u>Powder</u> : 20s and 30s, Dominican males	All ages, Hispanic and African American males.
<b>Price</b>	<u>Crack</u> : \$10 per vial or plastic bag 80% pure <u>Powder</u> : \$30 per gram 30% pure	\$50 per gram	<u>Crack</u> : \$5 per rock <u>Powder</u> : \$50-60 per gram 60% pure	<u>Crack</u> : \$10 for 1/2 gram <u>Powder</u> : \$10 for 1/10 gram
<b>Other/Comments</b>	Don't see much powder in NY at street level	Packaging for powder is in baggies or heat sealed ziplock bags.	Cocaine powder is the most prevalent drug in the area.	Both crack and powder sold in either vials or tinfoil.

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

Question	City			
	San Antonio, TX	Miami, FL	El Paso, TX	Birmingham, AL
<b>Incidence</b>	Stable at a high level for powder; little crack	Stable	Stable	Increase
<b>Who's Using/ Change in Users</b>	<u>Crack</u> : 20-35 years old, African American, males and females <u>Powder</u> : all ages, all ethnicities, males and females	All ethnicities for both crack and powder	<u>Crack</u> : teens to mid 30s, African American, males and females <u>Powder</u> : all ethnicities, all ages	<u>Crack</u> : all groups, all ages
<b>Prevalent Methods of Use</b>	Snorting Smoking	Smoking Snorting	Snorting Smoking Little injection	Smoking Snorting
<b>Drugs in Combination</b>	Marijuana Alcohol	Marijuana		Marijuana Alcohol
<b>Who's Selling</b>	<u>Crack</u> : 20-30 years old, African American males <u>Powder</u> : 20-30 years old, Hispanic males	<u>Crack</u> : young African American males <u>Powder</u> : young African American and Hispanic males	<u>Crack</u> : same as users <u>Powder</u> : Mexicans in 20s, male	<u>Crack</u> : young African American males <u>Powder</u> : older African American males
<b>Price</b>	<u>Crack</u> : \$10 for 2/10 gram <u>Powder</u> : \$10 for 2/10 gram	<u>Crack</u> : \$10 for 1/10 gram \$80-125 per gram <u>Powder</u> : \$40-60 per gram	<u>Crack</u> : \$10-20 per rock <u>Powder</u> : \$20 for 1/4 grams	<u>Crack</u> : \$10-20 for 1/10-2/10 gram <u>Powder</u> : \$200 per gram
<b>Other/Comments</b>	Powder is marketed in different colored plastic bags depending on volume of purchase.	There has been a shift in import locations from the West Coast of Florida to the Southeast Coast		

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

Question	City			
	Detroit, MI	Louisville, KY	Washington, DC	Maryland State Police, MD
<b>Incidence</b>	Stable	Stable	Stable	Stable
<b>Who's Using/ Change in Users</b>	<u>Crack</u> : 19-22 years old, African American males <u>Powder</u> : 30-40 years old, White and Latino males	<u>Crack</u> : all groups		20-40s African American
<b>Prevalent Methods of Use</b>			Smoking Some injection Snorting	Injection Smoking
<b>Drugs in Combination</b>	Alcohol	Marijuana	Heroin PCP Marijuana	Marijuana
<b>Who's Selling</b>	<u>Crack</u> : 15-20 years old, African American and Hispanic males <u>Powder</u> : same	All groups	<u>Crack</u> : 18-40 years old, African American males <u>Powder</u> : 25-40 years old, African American males	African American and Jamaican males
<b>Price</b>	<u>Crack</u> : \$10 per rock <u>Powder</u> : \$60 per gram	<u>Crack</u> : \$10-20 per 1/10-2/10 gram	<u>Crack</u> : \$20 per 1/10 gram <u>Powder</u> : \$80-100 per gram	<u>Crack</u> : \$100 per gram \$10-20 for 1/10 gram higher in rural areas <u>Powder</u> : \$100 per gram
<b>Other/Comments</b>		Rarely see powder; all crack.		

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

Question	City		
	Eugene, OR	Yakima, WA	Seattle, WA
<b>Incidence</b>	Stable and low	Stable	Some decrease
<b>Who's Using/ Change in Users</b>	<u>Crack</u> : 20s-30s, White and African American females <u>Powder</u> : White males and females	<u>Crack</u> : 25-35 years old, White or African American <u>Powder</u> : 18-30 years old, all groups	Teens and older for both <u>Crack</u> : Asian youth, males and females
<b>Prevalent Methods of Use</b>	Smoking Injection	Injection	
<b>Drugs in Combination</b>	Heroin		
<b>Who's Selling</b>	Young Hispanic males, also sell heroin	18-30 years old, Hispanic male immigrants	All ages, some gang activity, Mexican sources for powder
<b>Price</b>	\$120 per gram \$15-20 for 1/4 gram in balloons	\$80 for 1/8 oz. \$600 per oz.	<u>Crack</u> : \$10 for 1/10-1/4 gram <u>Powder</u> : \$100 per gram
<b>Other/Comments</b>	People primarily buy powder and make their own crack	Already-made crack is very rare, users buy powder and make it themselves.	

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

Question	City		
	Honolulu, HI	San Francisco, CA	Tucson, AZ
<b>Incidence</b>	Stable	Decrease	Stable
<b>Who's Using/ Change in Users</b>	<u>Crack</u> : all ages, all ethnicities <u>Powder</u> : rarely seen	<u>Crack</u> : 18-28 years old, African American, males and females <u>Powder</u> : 18-25 years old, White and Asian males	<u>Crack</u> : 12-25 years old, African American, males and females <u>Powder</u> : teens-20s all ethnicities
<b>Prevalent Methods of Use</b>		Injection Snorting	Little injection, Smoking Snorting
<b>Drugs in Combination</b>	Methamphetamine		Marijuana
<b>Who's Selling</b>	10-30 years old, Asian males, dealing from residences and on the street	<u>Crack</u> : 16-25 years old, African American and Latin males <u>Powder</u> : 20-28 years old, Latin males	<u>Crack</u> : 12-25 years old, African American males <u>Powder</u> : 12-20 years old, White or Hispanic
<b>Price</b>	<u>Crack</u> : \$25-30 for 1/4 oz high purity	\$20 per rock \$50 per 1/4 gram \$18,000-\$31,000 per kilo	<u>Crack</u> : \$80 per gram \$20 for 2/10 gram <u>Powder</u> : \$50 for 1.75 gram ("teener") \$100 for 3.5 gram (8-ball)
<b>Other/Comments</b>	Powder use is rare. We are also arresting fewer crack users in last 6 months.	Cocaine is more popular in Asian community. High purity of both crack and powder is evident.	Powder packaged in papers, sometimes "binoles" or porno magazine paper. Crack in plastic or cellophane.

**Table 6**  
**Treatment Providers Report on Drug User Patterns: Cocaine/Crack**

Question	Region			
	Northeast	Mid-Atlantic and South	Midwest	West/Southwest
Number of Facilities	N=22	N=32	N=33	N=27
% Clients w/ Cocaine/Crack Listed as 1st Drug of Abuse	26%	27%	18%	16%
<u>Change Over Last Year</u>				
Increase	14%	9%	12%	11%
No change	72%	82%	76%	70%
Decrease	14%	9%	12%	19%
% Clients Injecting	6%	9%	5%	20%
% Clients Inhaling/Smoking	52%	64%	44%	45%
% Clients Snorting	40%	22%	42%	33%
<u>Other Drugs Abused (% Mentioned)</u>				
Heroin	18%	13%	12%	7%
Marijuana	59%	56%	41%	33%
Alcohol	77%	72%	91%	67%
Tranquilizers	18%	3%	6%	7%
Amphetamines	0%	6%	6%	26%
Other	9%	9%	15%	4%
<u>Average by Age</u>				
Under 20	19%	17%	13%	16%
21-30	37%	37%	39%	47%
31-40	34%	30%	32%	30%
40+	10%	16%	15%	7%
<u>Average by Race/Ethnicity</u>				
African-American	36%	32%	24%	18%
White	53%	59%	69%	49%
Hispanic & Other	11%	9%	7%	33%
<u>Average by Sex</u>				
Male	58%	61%	74%	67%
Female	42%	39%	26%	33%
% of Clients Who Have Had Prior Treatment	73%	56%	63%	54%
% of Clients Who Are New Users	14%	21%	24%	24%
Region I	Connecticut, Maine, Massachusetts, New York, New Jersey, Rhode Island, New Hampshire, Vermont, Pennsylvania			
Region II	Alabama, Florida, Georgia, Kentucky, Mississippi, Texas, North and South Carolina, Tennessee, Arkansas, Louisiana, Oklahoma, Maryland, Delaware, Virginia, West Virginia, D.C.			
Region III	Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin, Iowa, Kansas, Missouri, Nebraska, North and South Dakota			
Region IV	Colorado, Montana, Utah, Wyoming, Nevada, Arizona, California, Idaho, New Mexico, Washington, Oregon, Hawaii			

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

Question	City			
	Bridgeport, CT	New York, NY	Baltimore, MD	Atlanta, GA
<b>Incidence</b>	Stable	Stable	Increase, particularly among the youngest users	Increase among adolescents
<b>Who's Using/ Change in Users</b>	All ages, all groups	Wide variety of users	All ages, all ethnic groups, more young users	All ages, all groups, more young users
<b>Drugs in Combination</b>		Cocaine Heroin PCP Alcohol	Alcohol Cocaine	Crack Heroin
<b>Who's Selling</b>	18-25 years old, African Americans	Wide variety of sellers, selling to friends, also street sales	Wide variety of sellers, buy from acquaintances, may also sell hash or red rock opium	All ages, White and African American males, some sell crack also
<b>Price</b>	\$10 for 2 grams	\$100-800 per oz.	Wide grade range \$25-40 for 1/4 oz. for mid-range grade	\$100-125 per oz. (local), \$100-250 per oz. (sinsemillia)
<b>Other/Comments</b>	Expect an increase in use over the summer months when availability is higher.		Some locally grown, some from New York. "Kind bud" is expensive variety which sells in little vials.	

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

Question	City			
	Tampa, FL	Miami, FL	Austin, TX	San Antonio/ El Paso, TX
<b>Incidence</b>	Stable	Increase	Increase	Increase, particularly among the young
<b>Who's Using/ Change in Users</b>	All ages, all ethnic groups	All ages, all groups	Primarily under 25, all ethnicities	Teens, all income levels, all ethnicities
<b>Drugs in Combination</b>	Alcohol	Use in clubs with MDMA, cocaine used in the street with crack and alcohol		
<b>Who's Selling</b>	Sold in social, highly privatized manner, younger sellers may also sell hallucinogens	All ages, all over the city		Young, Mexican American males, generally sell only marijuana
<b>Price</b>	\$135 per oz., higher prices for exotic varieties	\$20-25 for 1/8 oz. \$120 per oz.	\$250-800 per lb.	
<b>Other/Comments</b>			Blunts are commonly seen	It is a product which is cheap to produce and one with high profits, so there are many distributors.

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

Question	City		
	Kansas City, MO	Chicago, IL	Minneapolis, MN
<b>Incidence</b>	Increase	Decrease	Increase
<b>Who's Using/ Change in Users</b>	All ages, all groups	African Americans, young males	Young users, all ethnicities
<b>Drugs in Combination</b>	Alcohol	Crack in "primos" PCP	Crack PCP Some dipping of joints in formaldehyde
<b>Who's Selling</b>	DK	Some gang control, but also less defined networks	Wide variety of sellers
<b>Price</b>	DK	<u>Mexican:</u> \$900-1,200 per lb. <u>British Columbian:</u> \$1,800-2,000 per pound \$3-10 for 1 blunt	\$300 per oz. \$3-5 per joint
<b>Other/Comments</b>		High quality product available, though use many be declining.	Rise in marijuana use among 6th, 9th, and 12th graders in statewide survey, from 1% in 1992 to 4% in 1998.

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

<b>Question</b>	<b>City</b>	
	<b>San Francisco, CA</b>	<b>Seattle, WA</b>
<b>Incidence</b>	Increase	Increase
<b>Who's Using/ Change in Users</b>	All groups, more older people using it medically	Young users, White
<b>Drugs in Combination</b>		Methamphetamine Alcohol
<b>Who's Selling</b>	Wide variety of groups, may sell some other drugs	Hydroponic variety from local Whites, other from Mexico, or British Columbia
<b>Price</b>	\$120 per oz.	\$15-25 per gram
<b>Other/Comments</b>	Medical use now allowed and the result is a wide variety of users who use it for sleep, chemotherapy, nausea.	

**Table 8  
Law Enforcement Report on Marijuana**

Question	City			
	New York, NY	Trenton, NJ	Boston, MA	Newark, NJ
<b>Incidence</b>	Stable	Increase	Stable	Some decrease
<b>Who's Using/ Change in Users</b>	All ages, all ethnicities	15-40s, all ethnicities, males and females	17-25 years old, all ethnicities, males and females	Young users, all ethnicities, males and females
<b>Drugs in Combination</b>	Alcohol	Crack Powder cocaine		Cocaine
<b>Who's Selling</b>	All ages, all ethnicities	15-35 years old, African American males, may also sell crack	Males whose characteristics match the neighborhoods in which they sell; sell only marijuana	All ages, all ethnicities, males and females, may also sell cocaine
<b>Price</b>	\$25 for 2 joints, hydroweed (high quality); \$25 for 5 joints skunkweed (low quality)	\$140 per oz. \$40 for 3 grams	\$20-30 per gram	\$10 per gram, sold in bags and blunts
<b>Other/Comments</b>		Sold in ziplock bags; most typically \$40 worth or 3 grams.		

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

Question	City			
	San Antonio, TX	Detroit, MI	Louisville, KY	Washington, DC
<b>Incidence</b>	Stable at high level	Stable	Stable	Increase
<b>Who's Using/ Change in Users</b>	All ages, all ethnicities	12-18 years old, African American and Hispanic males	Teens-40s, all ethnicities, males and females	20s-50s, all ethnicities
<b>Drugs in Combination</b>	Alcohol	Cocaine and tobacco in a "B52" Alcohol		Cocaine
<b>Who's Selling</b>	20-35 years old, Hispanic males, sell only marijuana	Teens for small qualities, 25-35 years old, African American males for larger quantities	20s-50s, males, all ethnicities, Whites may also sell meth	15-25 years old, African American males, just sell marijuana
<b>Price</b>	\$90 per oz.	\$3-5 per joint \$800 per lb. \$10 bag (4 grams)	\$20 per bag, unknown weight	\$20 for 800 mg
<b>Other/Comments</b>	It is common on every type of bust to find marijuana.	In suburbs, users spray PCP on marijuana.		Marijuana is reaching an increasingly younger population.

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

Question	City			
	Maryland State Police, MD	Eugene, OR	Yakima, WA	Seattle
<b>Incidence</b>	Increase among teens	High	Increase among Young	Decrease in trafficking
<b>Who's Using/ Change in Users</b>	Teens-50s, all groups	15-30 years old, all ethnicities,	Teens-30s, all groups	All ages, all ethnicities
<b>Drugs in Combination</b>	LSD, MDMA, Ketamine among young users	Psilocybin LSD Alcohol		
<b>Who's Selling</b>	20s-30s, all ethnicities, males and females, a lot of distribution through mail	18-35 years old, White males	18-30 years old, Hispanic immigrants	White males, early 20s-30s, sell only marijuana
<b>Price</b>	\$2-5 per joint \$160-200 per oz. 1/4 oz. for \$40-60	\$350 per oz., \$15-20 per gram	\$600-800 per lb., \$20 per bagweight unknown	\$250-400 per oz. for hydroponic variety, 20-25% purity, British Columbian variety costs more
<b>Other/Comments</b>	The number one drug of choice; typical purchase is 1/4 oz for \$40-60.	Gram purchases are most common. Sold in sandwich bags.	Heavy influx of Mexican marijuana lately.	

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

Question	City		
	Honolulu, HI	San Francisco, CA	Tucson, AZ
<b>Incidence</b>	Decrease	Stable	Stable
<b>Who's Using/ Change in Users</b>	Teen-20s, all ethnicities, males and females	16-25 years old, Whites and African Americans, males and females	All ages, all ethnicities
<b>Drugs in Combination</b>	Methamphetamine		Heroin
<b>Who's Selling</b>	All ages, all ethnicities	18-30 years old, Whites and African Americans on street level, and older Whites on upper dealing level	All ages, all groups
<b>Purchase Amount/ Purity</b>	\$3-10 per joint (2 grams) \$100-200 for 1/4 oz. high quality	\$40-60 per gram \$600-800 per oz. of British Columbian	\$70 per oz. \$5-10 per bag
<b>Other/Comments</b>	Packaged as joints most often; not many local growers since "green harvest" bust program.	Increase in hydroponic cultivation. They only concentrate on large dealers. British Columbian variety also popular.	Older sellers sell only marijuana. A lot grown both indoors and in the desert.

**Table 9**  
**Treatment Providers Report on Drug User Patterns: Marijuana**

Question	Region			
	Northeast	Mid-Atlantic and South	Midwest	West/Southwest
Number of Facilities	N=22	N=32	N=33	N=27
% Clients w/ Marijuana Listed as 1st Drug of Abuse	17%	27%	27%	16%
<u>Change Over Last Year</u>				
Increase	5%	10%	9%	12%
No change	90%	87%	79%	76%
Decrease	5%	3%	12%	12%
% Clients Injecting	NA	NA	NA	NA
% Clients Inhaling/Smoking	NA	NA	NA	NA
<u>Other Drugs Abused (% Mentioned)</u>				
Heroin	0%	0%	3%	0%
Cocaine	9%	16%	21%	7%
Alcohol	64%	88%	91%	86%
Tranquilizers	0%	6%	0%	0%
Amphetamines	0%	6%	9%	17%
Other	14%	6%	6%	7%
<u>Average by Age</u>				
Under 20	48%	41%	24%	45%
21-30	38%	28%	43%	33%
31-40	13%	21%	21%	18%
40+	1%	10%	12%	4%
<u>Average by Race/Ethnicity</u>				
African-American	19%	26%	21%	14%
White	62%	65%	70%	47%
Hispanic & Other	19%	9%	9%	39%
<u>Average by Sex</u>				
Male	78%	68%	74%	63%
Female	22%	32%	26%	37%
% of Clients Who Have Had Prior Treatment	39%	45%	45%	32%
% of Clients Who Are New Users	28%	22%	25%	17%
Region I	Connecticut, Maine, Massachusetts, New York, New Jersey, Rhode Island, New Hampshire, Vermont, Pennsylvania			
Region II	Alabama, Florida, Georgia, Kentucky, Mississippi, Texas, North and South Carolina, Tennessee, Arkansas, Louisiana, Oklahoma, Maryland, Delaware, Virginia, West Virginia, D.C.			
Region III	Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin, Iowa, Kansas, Missouri, Nebraska, North and South Dakota			
Region IV	Colorado, Montana, Utah, Wyoming, Nevada, Arizona, California, Idaho, New Mexico, Washington, Oregon, Hawaii			

**Table 10**  
**Ethnographers and Epidemiologists Report on Methamphetamine**

Question	City			
	Bridgeport, CT	New York, NY	Baltimore, MD	Atlanta, GA
<b>Incidence</b>	None	Not seen	Stable (low level)	Increase
<b>Who's Using/ Change in Users</b>	Not applicable in this area	Not applicable in this area	Teens, White, males and females, part of club scene, and raves	All ages, White, males and females
<b>Prevalent Methods of Use</b>	Not applicable in this area	Not applicable in this area	DK	
<b>Drugs in Combination</b>	Not applicable in this area	Not applicable in this area	MDMA Ketamine	Alcohol Marijuana
<b>Who's Selling</b>	Not applicable in this area	Not applicable in this area	Adolescents	30s, White males, selling only meth
<b>Price</b>	Not applicable in this area	Not applicable in this area		\$100 per gram
<b>Other/Comments</b>		NA	Sold in rural areas.	It is now more widespread, but hidden in many communities so that the real extent of use is not clear.

**Table 10, cont'd.**  
**Ethnographers and Epidemiologists Report on Methamphetamine**

Question	City			
	Tampa, FL	Miami, FL	Austin, TX	San Antonio/ El Paso, TX
<b>Incidence</b>	None	None	Increase	Stable (low level)
<b>Who's Using/ Change in Users</b>	Not applicable in this area	Not applicable in this area	20s-30s, White, males and female	20s-40s, White males
<b>Prevalent Methods of Use</b>	Not applicable in this area	Not applicable in this area	Smoking Injecting Snorting	
<b>Drugs in Combination</b>	Not applicable in this area	Not applicable in this area		Cocaine
<b>Who's Selling</b>	Not applicable in this area	Not applicable in this area	Quantities shipped from Mexico, local independent producers also	20s-40s, White males
<b>Price</b>	Not applicable in this area	Not applicable in this area	\$25-125 per gram	DK
<b>Other/Comments</b>		We do not see it.	Available in dance clubs in urban areas.	

**Table 10, cont'd.**  
**Ethnographers and Epidemiologists Report on Methamphetamine**

Question	City		
	Kansas City, MO	Chicago, IL	Minneapolis, MN
<b>Incidence</b>	Increase	Stable (very low level)	Increase
<b>Who's Using/ Change in Users</b>	White, rural residents, males and females	Young White transients	18-25 years old, White males
<b>Prevalent Methods of Use</b>	DK		Inhaling Injecting
<b>Drugs in Combination</b>	DK	DK	
<b>Who's Selling</b>	White males	DK	Mexican distribution networks, available on street
<b>Price</b>	DK	\$80-100 per gram \$25 for 1/4 gram	\$100 per gram
<b>Other/Comments</b>	Missouri is second only to CA in number of labs identified; prevalent in rural pockets.	Still relatively little seen.	

**Table 10, cont'd.**  
**Ethnographers and Epidemiologists Report on Methamphetamine**

Question	City	
	San Francisco, CA	Seattle, WA
<b>Incidence</b>	Increase	Increase
<b>Who's Using/ Change in Users</b>	White males, some young users in clubs	Young Mexican Americans, White, males and females, also part of club scene
<b>Prevalent Methods of Use</b>	Snorting Injection	Inhaling Injecting
<b>Drugs in Combination</b>		Cocaine Marijuana Alcohol
<b>Who's Selling</b>	White males, also available in clubs	Locals, Mexican sources, labs in rural areas
<b>Price</b>		DK
<b>Other/Comments</b>		Treatment admissions have increased over 100% for meth in 8 years.

**Table 11  
Law Enforcement Report on Methamphetamine**

Question	City			
	New York, NY	Trenton, NJ	Boston, MA	Newark, NJ
<b>Incidence</b>	Very low	None	None	None
<b>Who's Using/ Change in Users</b>	White males	*	*	*
<b>Prevalent Methods of Use</b>		*	*	*
<b>Drugs in Combination</b>	Alcohol	*	*	*
<b>Who's Selling</b>	White males, selling only meth, bikers	*	*	*
<b>Price</b>	\$20 per bag weight unknown	*	NA	*
<b>Other/Comments</b>	Little crossover w/ crack users.	*	Only one bust involving meth in the last 2 years.	*

\* Not applicable in this area.

**Table 11, cont'd.  
Law Enforcement Report on Methamphetamine**

Question	City			
	San Antonio, TX	Miami, FL	El Paso, TX	Birmingham, AL
<b>Incidence</b>	Increase	None	Low	Very low
<b>Who's Using/ Change in Users</b>	20-30 years old, White males and females	*	Late 20s, White males	25-35 years old, White males
<b>Prevalent Methods of Use</b>		*		
<b>Drugs in Combination</b>	Marijuana	*		Marijuana Alcohol
<b>Who's Selling</b>	20-30 years old, White males, sell only meth	*	Late 20s, White males	White male users
<b>Price</b>	\$90 per gram \$150 for 1-2 gram	*	\$40 per gram	DK
<b>Other/Comments</b>	Increase in labs and many more people manufacturing; labs located in hotel rooms and other private areas.	Never had a bust or run across a user.	We have the same guys both using and selling – no change in group.	

\* Not applicable in this area.

**Table 11, cont'd.**  
**Law Enforcement Report on Methamphetamine**

Question	City			
	Detroit, MI	Louisville, KY	Washington, DC	Maryland State Police, MD
<b>Incidence</b>	None	50% of all drug users are using meth	Increase	Very low
<b>Who's Using/ Change in Users</b>	NA	Late teens-60s, White males and females	18-25 years old, White males and females	DK
<b>Prevalent Methods of Use</b>		Inhalation Injection		DK
<b>Drugs in Combination</b>	Vicodin (injected) Dilaudid (injected)	Marijuana Crack		DK
<b>Who's Selling</b>	*	Teens-40s, White males, may also sell marijuana	18-29 years old, White males, sell only meth, no street sales	DK
<b>Price</b>	*	\$25-50 for 1/4-1/2 gram	\$60-100 per gram \$20-30 per tab	DK
<b>Other/Comments</b>				

\* Not applicable in this area.

**Table 11, cont'd.**  
**Law Enforcement Report on Methamphetamine**

Question	City		
	Eugene, OR	Yakima, WA	Seattle, WA
<b>Incidence</b>	Increase	Stable	Increase
<b>Who's Using/ Change in Users</b>	20-40 years old, White males and females	25-35 years old, White males and females	Late teens-50s, all ethnicities, males and females
<b>Prevalent Methods of Use</b>			
<b>Drugs in Combination</b>	Alcohol Marijuana		
<b>Who's Selling</b>	20-30 years old, White males for local sales; Mexican for imported sales	18-30 years old, Hispanic immigrants	Late teens-40s, all ethnicities
<b>Price</b>	\$600-800 per oz. \$100-150 per gram	\$600 per oz.	\$30-120 per gram
<b>Other/Comments</b>	A common sales unit is a "half" or 2 of 1/16 oz. and costs \$40. The area has a huge meth production problem, but local meth production still only makes up 10-20% of the total market.	More coming from Mexico recently than from local labs.	Drug choice in Seattle and Takoma; "blue collar coke"; Mexican sellers also sell coke; locals just sell meth.

\* Not applicable in this area.

**Table 11, cont'd.**  
**Law Enforcement Report on Methamphetamine**

Question	City		
	Honolulu, HA	San Francisco, CA	Tucson, AZ
<b>Incidence</b>	Stable	Increase	Increase
<b>Who's Using/ Change in Users</b>	All ages, all groups	18-30 years old, White males, Asians (increasing)	11-30 years old, Hispanic and White, males and females
<b>Prevalent Methods of Use</b>	Smoking as ice	Injection Some snorting	
<b>Drugs in Combination</b>	Crack	MDMA among White users	
<b>Who's Selling</b>	20s-40s, local males, home-based dealing, no street sales, usually user/dealers selling only meth	20s-30s, low end dealers are White; high end dealers are Hispanic	12-25 years old, White and Hispanic males and females
<b>Price</b>	\$50 for 1/4 gram	\$25-40 for 1/10-1/4 gram, price has dropped	\$800 per oz. \$160 for 3.2 grams
<b>Other/Comments</b>	50% of drug users are using meth.	GHB manufacture in large amounts has increased; in recent months there have been large busts (5- 10 gallons seized).	Often violent users. Seeing more female sellers. It is our biggest crime problem.

\* Not applicable in this area.

**Table 12**  
**Treatment Providers Report on Drug User Patterns 4/99: Methamphetamine**

Question	Region			
	Northeast*	Mid-Atlantic and South	Midwest	West/Southwest
Number of Facilities	N=22	N=32	N=33	N=27
% clients w/ Methamphetamine Listed as 1st Drug of Abuse	1%	2%	3%	17%
<u>Change Over Last Year</u>				
Increase		0%	15%	40%
No change		82%	85%	56%
Decrease		12%	0%	4%
<u>Other Drugs Abused (% Mentioned)</u>				
Cocaine		9%	9%	26%
Marijuana		9%	3%	33%
Heroin		3%	3%	19%
Alcohol		16%	30%	70%
Tranquilizers		0%	0%	4%
Other		3%	3%	0%
<u>Average by Age</u>				
Under 20		21%	18%	18%
21-30		35%	43%	41%
31-40		27%	27%	34%
40+		17%	12%	7%
<u>Average by Race/Ethnicity</u>				
African-American		26%	14%	12%
White		61%	76%	51%
Hispanic & Other		13%	10%	37%
<u>Average by Sex</u>				
Male		53%	74%	62%
Female		47%	26%	38%
% of Clients Who Have Had Prior Treatment		39%	29%	45%
% of Clients Who Are New Users		10%	24%	31%
Region I	Connecticut, Maine, Massachusetts, New York, New Jersey, Rhode Island, New Hampshire, Vermont, Pennsylvania			
Region II	Alabama, Florida, Georgia, Kentucky, Mississippi, Texas, North and South Carolina, Tennessee, Arkansas, Louisiana, Oklahoma, Maryland, Delaware, Virginia, West Virginia, D.C.			
Region III	Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin, Iowa, Kansas, Missouri, Nebraska, North and South Dakota			

Region IV Colorado, Montana, Utah, Wyoming, Nevada, Arizona, California, Idaho, New Mexico, Washington,  
Oregon, Hawaii

\* Only four facilities in the Northeast sample reported treating any clients for methamphetamine addiction, and of those four facilities, only two reported any clients whose primary drug of abuse is methamphetamine.

## Appendix

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## ***Pulse Check* Methodology**

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The *Pulse Check* report has been published periodically since 1992. Its goal is straightforward: to provide the most current information on recent and changing trends in drug abuse in the United States. The *Pulse Check* utilizes conversations with ethnographers and epidemiologists, law enforcement officials, and treatment providers all working in the drug field to compose a snapshot of the current state of drug abuse nationwide. For this issue, approximately 144 contacts were consulted from these three fields.

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

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

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

The final set of ethnographic sources consulted for the *Pulse Check* report is comprised of sociologists and psychologists who use ethnographic methods in their studies of drug abuse. We refer to these contacts as “ethnographic sources.”

In sum, the ethnographic sources consulted for the *Pulse Check* report are some of the best-known drug researchers in the country. In some cases, they are trained ethnographers, in the other cases they are epidemiologists, sociologists, and psychologists who employ ethnographic research methodology. As often as possible, contacts remain the same from *Pulse Check* issue to issue.

The thirteen ethnographers, epidemiologists, and other ethnographic sources contacted for this issue of the *Pulse Check* follow:

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

**Bridgeport, CT:** Garry Geter, Success Village.

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

**St. Petersburg, FL:** Thomas Mieczkowski, Professor, Department of Criminology, University of South Florida.

**Atlanta, GA:** Claire E. Sterk, Associate Professor, Rollins School of Health, Emory University.

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

**Baltimore, MD:** Brook Wraight, Research Associate, Center for Substance Abuse Research.

**Minneapolis, MN:** Carol Falkowski, Senior Research Analyst, Hazelden Foundation.

**Kansas City, MO:** Margaret Turner, Development Director, Project Neighborhood.

**New York, NY:** Douglas Goldsmith, National Development Research Institute

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

**San Antonio, TX:** Reyes Ramos, Ph.D., Department of Community Initiatives, City of San Antonio.

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

## **Law Enforcement Sources**

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

This issue of *Pulse Check* contacted law enforcement sources from eighteen cities. Generally, law enforcement contacts remain the same across issues of this report. However, when replacements must be made, they are done so upon recommendation, and when new contacts are established in new cities, they are included.

## Treatment Providers

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

This issue of *Pulse Check* draws from interviews with a sample of 114 treatment providers representing four geographic regions. From each region, 20 large programs (over 100 clients) and 20 small programs (less than 100 clients) were identified, and 10-20 of each type were contacted. The States in each region follow:

**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, Hawaii

## Topics of Discussion

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

### *ETHNOGRAPHERS AND LAW ENFORCEMENT OFFICIALS*

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

- Characteristics of sellers in the community, any changes in those characteristics, and whether or not sellers deal multiple drugs.
- Typical prices and purity of heroin, cocaine, and marijuana.

### *TREATMENT PROVIDERS*

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

### **Special Survey on Methadone**

A sample of 80 treatment methadone treatment providers was drawn from the Uniform Facility Data Set, a compilation of treatment programs supplied by the Substance Abuse Mental Health Administration. Programs providing methadone services (N=299) are specifically identified in that data set. The sample was stratified to represent the distribution of program across four regions of the country and to represent the distribution of programs between states within a region. The same regions used in the regular treatment provider sample were used in this sampling procedure.

*The topics included in the 30 minute interviews with treatment providers include:*

- \* Characteristics of the program: age, capacity, current census, detoxification and/or maintenance, waiting list, average length of stay
- \* Services provided in addition to methadone: medical, individual and/or group counseling, family therapy, employment
- \* Characteristics of clients: age distribution, gender, prior treatment, employment, percent injecting, primary drug of abuse at admission, other drugs used
- \* Dosage policy and use of other drugs in therapy

- \* Changes in the client population over the last year
- \* Opinion of methadone as a therapeutic tool

In addition, questions were added to the interviews conducted with **ethnographers, ethnographic sources, epidemiologists and law enforcement sources.**

*The topics included in the additional section of the regular Pulse Check interview included:*

- \* availability of methadone in community
- \* presence of/characteristics of an illegal market for methadone in area
- \* opinion of methadone therapy