Office of National Drug Control Policy

PULSE CHECK

National Trends in Drug Abuse

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

Summer 1995

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Introduction

This issue of *Pulse Check* summarizes information gathered for the Office of National Drug Control Policy (ONDCP) by Abt Associates over a three-week period during late spring of 1995. This effort, which began in April of 1992, provides a current picture of drug use in America and information that is of substantial value and interest to researchers and policy makers, at all levels. However, the information is subjective in nature, and is not intended to replace or supplant that gained through the more thorough, objective profiles derived from surveys of probability samples.

The *Pulse Check*, done for ONDCP by Dr. Dana Hunt, uses quarterly conversations with police, ethnographers and epidemiologists working in the drug field, and providers of drug treatment services across the country to develop a current picture of illicit drug use and emerging trends therein. The police, ethnographic, and epidemiologic reporters are generally the same each quarter. The sample of treatment providers, however, is randomly drawn; stratified by size from a listing of all treatment providers in each region of the country.

The following sections describe briefly the sources used and summarize findings for this report — Summer, 1995.

Description of the Sources

Ethnographic Sources

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

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

With few exceptions, the ethnographers and epidemiologists contacted for the *Pulse Check* are performing duties that bring them into contact with the most active drug users in areas where the highest levels of drug dealing and use occur. They may be working in areas near drug treatment facilities or in large urban housing projects where drug transactions are often public and users abound. For this reason, their reports often represent an acute picture of the drug problem, which is not typical of other areas of the nation.

Police Sources

Police sources are derived from the Abt staff's existing contacts within law enforcement and from contacts developed through the recommendations of law enforcement agencies. These sources are typically officers working on special squads, narcotics task forces, and DEA agents. We are actively seeking to expand the number of police sources included in the Pulse Check. This round of calls reached police sources in ten cities.

Treatment Providers

The sample of treatment providers is derived from the files of the National Drug Abuse Treatment Unit Survey (NDATUS). NDATUS programs are divided into four regions. Each region has a similar number of treatment programs, and the four regions are treated equally for sampling. The original sample, based on the 1991 NDATUS, has been revised using the 1992 files. From each region, 20 programs are identified, 10 are contacted, with the remainder serving as replacements. Samples are stratified to include equal numbers of small (under 100 clients) and large programs. NDATUS uses the following four regional divisions:

- ***Region I:*** Connecticut, Maine, Massachusetts, New York, New Jersey, Rhode Island, New Hampshire, Vermont, Pennsylvania
- ***Region II:*** Alabama, Florida, Georgia, Kentucky, Mississippi, Texas, North and South Carolina, Tennessee, Arkansas, Louisiana, Oklahoma, Maryland, Delaware, Virginia, West Virginia, D.C.
- ***Region III:*** Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin, Iowa, Kansas, Missouri, Nebraska, North and South Dakota
- ***Region IV:*** Colorado, Montana, Utah, Wyoming, Nevada, Arizona, California, Idaho, New Mexico, Washington, Oregon

Summary of Findings

Heroin

- High purity, low cost heroin is available in most urban areas of the country. This high level of purity has made possible inhaling heroin, a practice which appears to be growing in popularity in most areas.
- The South and the West are exceptions: In the South, injection remains the most popular mode of ingestion; in the West, lower purity black tar heroin dominates the market and injection remains the most popular mode of ingestion.
- In areas already saturated with high purity heroin, younger, more affluent users are most likely to inhale or smoke the drug rather than inject it. New users in some areas include white suburbanites who travel to inner city locations, and without leaving their vehicles, purchase heroin on the street in "drive-by" transactions.
- There seems to be growing diversity among heroin dealers. Some of this can be contributed to former (and current) crack dealers beginning to deal heroin as crack use becomes less popular. This change has caused turf battles over control of the market and marked variation in both the cutting agents used and the purity of heroin sold at street level.
- Treatment providers in all four regions report increases in the number of clients entering treatment with heroin as the primary drug of abuse. Reports by treatment providers are consistent with statements by ethnographers and police: Heroin is a problem in the Northeast, Mid-Atlantic, and some parts of the South. It is less prevalent in the Far West and Mid-Western areas.

Cocaine

- While cocaine use remains a major problem in many areas, evidence is accumulating that users may be "burning out" or turning to other drugs
- Crack users are reportedly buying larger quantities of cocaine powder (HCl) and making their own crack supplies, reducing the demand for street level crack. Users state that "commercially available" crack is inferior to what they themselves can produce from HCl.
- Prices and purity of cocaine remain fairly stable in most areas.
- The number of clients entering treatment with cocaine as their primary drug of abuse increased only slightly in all four regions. Treatment providers now say that those long-term crack users who appear for treatment are older and have more serious psychological, social, and medical problems than those who presented for treatment in the past.

Marijuana

- In all reporting locations, the availability and use of marijuana is reported as high. Use is reported as increasing in all locations except for Colorado, Florida, Texas, and one area of California.
- Unlike the users of other drugs, marijuana users cross all ethnic, gender, and age boundaries in all regions. Most users tend to be under 20 years old.
- Police report increased trafficking in marijuana with dealers often shipping via the mail or using body-cavity-packing techniques.

- The proportion of clients entering treatment with marijuana as the primary drug of abuse remains low, especially when compared to heroin and cocaine. This does not necessarily reflect a low level of marijuana usage; most marijuana users in treatment have already expanded their illicit drug use to include alcohol and other, more serious drugs, and those drugs become the primary substance of abuse.

Emerging drugs

- Methamphetamine use continues to be reported as increasing, often competing in the market with other stimulants like cocaine.
- Methamphetamine smuggling is active, with Mexico and Canada being primary source areas.
- Rohypnol, a powerful sedative like Valium, has appeared as a drug of abuse among youth and young adults in the South, particularly in Texas and Florida.

Trends in Drug Use

HEROIN

Ethnographers (Table 1)

Heroin use remains high in all areas except Florida and Southern California. Although heroin use has grown in the latter two areas, this growth has not been great. Heroin is typically not as pure there as in other parts of the country, so fear of injection as a mode of administration may be keeping new users out of the market. In places like New York and New Jersey, where high purity heroin was first available in the late 1980s and early 1990s, use seems to have stabilized. In other areas, like Atlanta and Denver, use is still increasing and the user group is changing (e.g., more young users, who are often inhaling). The Atlanta ethnographer also reports a drastic increase in heroin use among existing users of crack.

Many areas (Connecticut, California, Texas, Colorado, New Jersey, and Delaware) report seeing increased use among white, often middle-class suburban users, some of whom enter the city to buy heroin. These younger, more affluent heroin users are most likely to inhale or smoke the drug rather than inject it. Inhalation is most noticeable in areas already saturated with high purity heroin. Even in these areas injection remains the most common method of use. Ethnographers in New Jersey report that first-time admissions to detox programs are predominantly inhaling the drug. **It is important to note that, even with this shift, olderusers who inject the drug continue to dominate the heroin market in all four regions.**

Greater diversity seems to be emerging among heroin dealers. They are packaging and pricing heroin differently by market (suburban versus inner city) and by method of ingestion (inhaling versus injecting). There is also increased diversity in the availability of heroin sold in combination with other drugs by the same dealer. While areas like San Francisco and Newark still have specialized heroin markets, other areas like Connecticut report combined sales (with cocaine). Areas where suburban heroin use is reportedly increasing (Connecticut, and especially Denver) also report "drive-by" urban street markets; that is, suburban users drive to open-air city markets and, without leaving their cars, purchase heroin from street dealers. This is very similar to the open-air markets where crack was sold in the late 1980s and early 1990s. In large dealing areas in New York, the "curbside" purchases are usually small quantities, with larger quantities available at well-known indoor locations. In Denver, the ethnographer reports that white suburban users can be seen "in Jeep Cherokees with a kid on the passenger side" buying heroin openly on the street.

New York and Atlanta ethnographers report crack sellers "crossing over" to sell heroin. Ethnographers in New York describe former street-level crack dealers changing their entire operation to heroin distribution. Because of a certain lack of knowledge about the drug, this often results in poor packaging and cutting, with a resulting wide variance in quality and purity. Users report that these novice dealers may adulterate the heroin with "crazy stuff" or cut it inconsistently (e.g., some $10 bags contains 2% heroin and others from the same dealer contain 25 or 30% heroin). While this may produce only a disgruntled customer in the first case, it can lead to a fatal overdose in the second.

Perhaps stemming from intrusions by crack dealers into the heroin trade, three areas in the Northeast report the appearance of many new dealers and the outbreak of "turf wars." In New York, for example, large organized groups traditionally control an area and delegate sales much like franchise operators. Users can buy heroin

ready-cut and bagged in lots of 12 for $100, and can then resell the heroin or use it themselves. Distributors have to go outside the neighborhood sales areas to indoor connections for larger or uncut lots. However, persons not in the network who want to distribute their products in established neighborhoods are likely to meet both organized and violent resistance. Some new distributors try new packaging and market to new types of users during these turf wars. For example, there are now inexpensive ($5) bags called "sniffer bags" available to the inhaler in Brooklyn, where the market has not included this unit size and type of cut for inhalation before.

The price of heroin remains fairly low and purity high, even in street level units. New York reports $5 and even $3 bags available, though the $10 bag containing approximately 2/10 gram is the most common unit everywhere. The South and West report somewhat more expensive basic units ($20-25/bag); but black tar heroin predominates in the West. Combining heroin with cocaine (speedballing) remains popular throughout the nation, but in the West, methamphetamine use continues to rise as a replacement for cocaine.

Police Sources (Table 2)

Police sources report increases in heroin use in all areas except Los Angeles, California, and Yakima, Washington. Police tend to report little change in the number of older users, though some younger new users are reported by New York police. Injection remains the most popular route of administration, and speedballing with cocaine is reported in Yakima, Seattle, and Cleveland. Other drugs used in conjunction with heroin include methamphetamine, LSD, and pharmaceuticals such as Xanex, Dilaudid, and Ritalin. Street sales are active almost everywhere, and the demographics of the street-level seller matches the neighborhood in which he or she sells. Regionally, upper level sources of heroin are identified as Colombian in the East and Mexican nationals in the West and Northwest. This quarter Miami police reported a large seizure of Colombian heroin on its way to New York on an Amtrak train.

Heroin prices vary, though most areas report costs of approximately $80-$100 per gram. Boston police report the sales of 50-bag units (called "bricks") for $200-$300, with more expensive prices in suburban areas than at inner-city locations. Cities to the north of Boston are also reporting the appearance of high purity heroin which has been evident in Boston for over a year. This has resulted in the increased incidence of heroin-related overdose and death. Purity levels continue to fluctuate depending on the buyer and the seller.

Treatment providers (Table 3)

All four regions report increases in the number of clients entering treatment with heroin as the primary drug of abuse. **In Region I (the Northeast) treatment providers report that their current heroin admissions are fully 75 percent higher than those of one year ago.** This is the only region where more clients are inhaling or smoking heroin than injecting it.

Treatment provider reports are consistent with statements by ethnographers and police contacts: Heroin is a problem in the Northeast, Mid-Atlantic, and some parts of the South (Texas), and is less prevalent in the Far West and Mid-Western areas.

In all areas, treatment providers state that heroin clients also use cocaine, alcohol, and an assortment of other drugs. These users remain predominantly older users (almost 70% nationwide are over 30 years old) and are distributed among all ethnicities. They are approximately 3:1 male and the majority have been in treatment before.

Only one treatment provider reports seeing younger, more affluent heroin users entering treatment. This provider, from the Northeast, noted that most of her clientele are still older, recovering addicts attracted back into use by high purity heroin which they can inhale without risk of HIV infection. She noted that unfortunately these users "think they can keep it under control this time," fail, and end up in treatment again.

COCAINE

Ethnographers (Table 4)

Use of cocaine, primarily in the form of crack, is reportedly stable or high in every location except Los Angeles where ethnographers report a slight decrease. Crack is more likely to be used by minority populations of varying ages, whereas powdered cocaine (HCl) is more likely to be used by whites in their 20s and 30s. There appears to be a wide range of ages represented among crack users across the country. For example, while ethnographers report that older crack users (over 25 years old) are most common in Los Angeles, Miami, San Francisco, and Trenton, they say that cocaine is the drug of the young in Denver. There is little change in the user profile in most areas, with the exception of a continued increase in the number of female users in some areas (Texas, Connecticut).

Those who inject heroin often combine it with cocaine, and the drug user who injects *only* cocaine is rare. Crack users sometimes also inhale heroin, though these two drugs are usually used by different groups. More typically, crack users combine their crack with marijuana and/or alcohol.

Ethnographers increasingly refer to users buying larger amounts of cocaine powder (HCl) and "basing their own;" that is, making crack for their own use from HCl, rather than buying ready-made supplies. One ethnographer in New York reports that crack users state that what is "commercially available" (already transformed from cocaine powder to crack for sale) has "chemicals in it" and is thus inferior to what could be made by the users themselves. There is, however, still a market for ready-made crack for those who want to use the product immediately. For example, this same source reports that crack users may buy two "nickels" of crack (bags or vials worth $5 each) to consume immediately and two "dimes" of HCl (bags worth $10 each) to make into crack at their leisure. This trend produces less volume in the crack trade and greater volume in the HCl trade, a market which traditionally relies on cocaine injectors or inhalers as its main source of business. The ethnicity of dealers continues to vary widely.

As was mentioned above, diverse areas (Connecticut, Texas, Southern California) report that cocaine sellers in their areas also sell heroin. This is a continued trend in *Pulse Check* reports and a deviation from the traditional single drug markets. In some of these areas, this may represent a transitional market trend. For example, as crack use becomes "passe" in an area or is seen as "going out of style" (as was noted in Newark and San Francisco), young dealers may be switching their product line and offering both drugs during the transition.

Prices and purity remain fairly stable in most areas. A gram of HCl sells for roughly $60-$100 in most areas and the quality is high. In New York, there is the report of pressing crack into larger pieces called "slabs" and scoring the slabs into flat pieces of crack called "clips." These clips, which sell for $10 each, look quite different from the pieces or rocks of crack sold in vials or bags. They resemble a piece of chewing gum and are harder to detect by police when patting down a dealer suspect.

Police Sources (Table 5)

Police report that cocaine use is stable in most areas of the country, with the notable exceptions of Denver and Cleveland. Washington State sources report crack use as low, but cocaine powder use as high. There is a wide range of ages and ethnicities seen by police among users nationwide.

Sellers vary across areas. Colombian sources are reported for bulk sales in Miami, but when the sales reach the street, the sellers' demographics match the neighborhoods where they sell. Denver police report gang involvement in street level sales. Police sources report lower prices (as low as $40/gram in the Northwest) than ethnographic sources and more variability in purity. Also, methamphetamine is becoming more predominant as a substitute for cocaine in the Northwest

Treatment providers (Table 6)

The number of clients entering treatment with cocaine as their primary problem increased only slightly in all four regions. Region I programs have a higher proportion of clients (70%) with cocaine as their primary treatment problem than programs in the other regions. The majority of clients in all regions are cocaine smokers or inhalers, rather than injectors, and injection is considerably less common in the Mid-Atlantic and Southern states. As with previous reports, the other drugs used by cocaine clients are most commonly alcohol (over 70% in all regions) and marijuana. The majority of clients in all regions are male. Ethnically, whites constitute the majority of clients in every area except Region I, where the percentage of white clients is the same as the percentage of African American clients.

As noted by Texas ethnographers, several treatment providers commented on the seriously impaired state of long term heavy crack users appearing for treatment. They have multiple health problems (repeated miscarriage, irregular heartbeat, malnutrition), concurrent alcohol or stimulant use and considerably more family relationship problems than other types of drug users. This profile makes the long-term crack user entering treatment at 30 or 35 years old both difficult to treat and in need of many services not often provided by treatment programs.

MARIJUANA

Ethnographers (Table 7)

Marijuana use is reported as increasing in most locations except California, Colorado, Florida, and Texas. The ethnographers report that almost everyone they observe is using marijuana, though it appears to be more common among younger users, except in Miami and Denver, where heavy use is reported among older users.

It should be noted that, with few exceptions, the work these ethnographers are doing brings them into contact with the most active drug users in areas in which the highest levels of drug dealing and use occur. For this reason, their reports often represent an acute picture of the drug problem, which is not typical of other areas of the nation.

Street level marijuana sellers are distinct from the sellers of other drugs (such as heroin and cocaine) and their sources are a mix of local, Caribbean, and Mexican growers. The ethnographer at San Antonio/El Paso reports that marijuana often comes in with illegal farm workers who are offered assistance in passage across the border in exchange for transporting a dealer's supplies.

Many varieties of marijuana (including hashish in New York) are available on the street in both

small units (single joints, $10 bags) and larger weights. The market in Texas is described as "glutted" with marijuana. In Connecticut a buyer is able to purchase ounces and even half-pounds on the street in open-air drug dealing areas. High quality varieties are available in most areas, but they may not be available through common street sellers; they are more likely to be sold through networks of users and dealers. Other drugs used in conjunction with marijuana include LSD, MDMA, and methamphetamine.

An interesting note comes from one of the Florida ethnographers: He reports that arrestees tell him about the availability of products that mask the presence of marijuana in urine, so they are not identified as users in drug tests.

Police Sources (Table 8)

Marijuana use and availability is described by police sources as increasing or stable everywhere. Users continue to constitute a large, ethnically diverse group. Four areas (Massachusetts, Delaware, Ohio, and Colorado) report a noticeable increase in the number of street sellers of marijuana. The identities of sellers differ at each location. Prices vary with quality of the product, and police report a wide diversity even within the same area or market. For example, in Boston police note that suburban teens are being sold a stronger, indoor grown and more expensive product, while inner city kids get less potent, less expensive Jamaican or Colombian marijuana.

Miami sources report increased international trafficking, reflected in the number of seizures of "mules" (human couriers) that have swallowed condoms filled with marijuana and hashish and are attempting to enter the United States from Jamaica. This is a new development in the trafficking of marijuana, and one that will continue to be monitored. We are concerned because there does not appear to be enough profit to justify the practice. Cleveland police also report quantities of marijuana coming through regular mail and Federal Express deliveries.

Treatment providers (Table 9)

There is little change in the number of persons in treatment with marijuana as the primary drug of abuse, which remains relatively small compared to heroin and cocaine, in all of the regions. However, Region IV reports the highest percentage (26%) of clients in treatment for marijuana (which is more than four times the percentage reported in Region I). The drugs most commonly cited as combined with marijuana are alcohol and cocaine.

Reflecting reports by ethnographers and police, marijuana users in treatment are a diverse group. A large number in all regions are over 30, but, with the exception of programs reached in Region I, anywhere from a fifth to almost half are under 20 years old. Clients in treatment for marijuana abuse are most likely to be males and are generally novices to treatment. In Region I, the majority of clients are African American, but in every other region, the majority of clients are white.

The low proportion of persons entering treatment with marijuana as the primary drug of abuse does not necessarily reflect a low level of usage. As one treatment source commented, "By the time they get to us, they have added other, more serious drugs or alcohol to their repertoire and those drugs are the primary drug of abuse."

OTHER DRUGS/EMERGING DRUGS

Two emerging drugs consistently mentioned by many sources for this issue of Pulse Check are methamphetamine and Rohypnol. While we discussed the increase in methamphetamine use and manufacturing in last quarter's Pulse Check, it was widely reported again this quarter and we will discuss it briefly.

Methamphetamine use is reported as a problem by five of the ethnographic sources (El Paso, San Francisco, Atlanta, Los Angeles, and Newark, Delaware) and four of the police sources (Oregon, Delaware, and two in Washington State). One San Francisco ethnographer describes methamphetamine as the "working man's cocaine" and sees its use increasing among white working class groups. Police sources in Washington State note that cocaine users are switching to methamphetamine even though it is somewhat more expensive ($60-$80/gram) for several reasons: Methamphetamine is felt to be less adulterated than cocaine, its effects last considerably longer, and it is readily available in the Northwest and California, coming from Canadian, Mexican, and domestic manufacturing sources. One source (Yakima, Washington) notes that Mexican distributors have an open market with methamphetamine (e.g., there are no Colombian competitors as there are with both heroin and cocaine). Mexican distributors produce the drugs in Mexico using precursor chemicals legal in that country and transport them across the border for resale in the U.S., where they often find ready customers among current and former cocaine users.

This increased use of methamphetamine, particularly in the West and Northwest, is reflected in reports of treatment providers. For example, Region IV providers report that 50 percent of their clients in treatment for cocaine abuse are also using methamphetamine.

[1]*Rohypnol* is a substance which has recently come to the attention of *Pulse Check* sources, particularly those in the South and at the border. Rohypnol is the brand name for flunitrazepam, a benzodiazepine manufactured by Hoffman-LaRoche that has been used in the treatment of sleep disorders. It has a sedative effect at appropriate doses and even higher levels (above 2 mg.), but after chronic use produces heavy sedation, psychomotor impairment, headaches and tremors. Its effects are enhanced in combination with alcohol, nitrous oxide, ketamine and opiates. As with other sedative/tranquilizers, long-term use can lead to physical dependence and the need for medically supervised withdrawal. It was moved to a Schedule III drug by the World Health Organization in March of 1995.

Rohypnol is attractive to users for its sedative effects. Use has been popular in Europe since the 1980s, particularly among cocaine users to help alleviate the agitation associated with cocaine abuse. It has appeared in Texas where the number of cases involving Rohypnol reported to the state police labs on the Southwest Border has increased from 31 in 1991 to 197 in 1994. It is reportedly very popular on Texas college campuses. In Florida, Rohypnol is often sold in its original bubble packaging, which makes it more attractive to youth as a "safe drug." In both areas it is often used in conjunction with alcohol, marijuana or cocaine and is most popular among young adults. As of April 1995, the DEA has documented over 1,000 cases involving Rohypnol including cases in Texas, Arizona, Florida, Alabama, Mississippi, Louisiana, and California.

[1]We are indebted to Jan Maxwell and Jim Hall, members of NIDA's Community Epidemiology Work Group for supplying us with a very informative memo on Rohypnol for this report.

Table 1
Ethnographers – Heroin

City	Incidence	Who's Using	Δ in Users	Method	Other Drugs	Emerging Drugs	Who's Selling
Bridgeport, Connecticut (Geter)	still high	15% whites from suburban areas 55% African Americans 30% Hispanics	rise in number of young (20–30 yrs. old) females, and teens	older users injecting; young users inhale	older injectors using it in a speedball; young inhalers also use powder or crack	mescaline	young (15–25) African American males; Hispanics in Hispanic neighborhoods
San Antonio/ El Paso (Ramos)	some increase	older users (30s and 40s), Hispanics	increased use among late teens	primarily injection; some smoking among young users	cocaine in speedball	Rohypnol, methamphetamine	Mexican Mafia and Texas Syndicate
Los Angeles (Annon.)	stable	older users (over 35), 70% male	none	injection (90%)	cocaine in speedball	methamphetamines	many sellers from all types of communities
San Francisco (Murphy)	still rising	average age 30; some young users; many "old timers"	new users in 20s	injection (80%) smoking (5%) snorting (15%)	alcohol; cocaine in speedball; crack	LSD among high school and college kids; methamphetamine	single drug markets; Latinos, African Americans, whites all sell
New York (Goldsmith)	still high	wide variety of users	more sniffing, though older users still inject	injection, inhalation	cocaine in speedball; alcohol		on Lower East Side, African American and Puerto Rican youth sell; strong turf issues
Atlanta (Sterk–Elifon)	increasing	older users reappearing; young experimenters	increase in former crack users turning to heroin	injection dominates; some smoking	cocaine; crack	amphetamines	Sellers are older African American males; some are white males.
Denver (Anderson)	high	white suburban men and women, both young (<24) and older (30–45)	more weekend users	injecting		none	more drive–by purchases as suburban users buy in city; Mexican Nationals 30–45
Miami (Page)	increasing	primarily Hispanic users		injection, little smoking	cocaine in speedball	MDMA Rohypnol	some Colombian sellers
Tampa (Mieczkowski)	low	few older users	none	injection			dealer ethnicity corresponds to user ethnicity, no specific groups

Table 1
Ethnographers – Heroin

City	Incidence	Who's Using	Δ in Users	Method	Other Drugs	Emerging Drugs	Who's Selling
Trenton/Newark (French)	stable	inner city users, though more suburban users evident	more middle– and working class whites; more women	inhaling (90%) injecting (10%)	Robitussin DM among kids; LSD PCP	LSD among high school kids	Hispanics and African Americans; a single drug market
New York (Galea)	stable	primarily the older traditional user	none	injection, inhaling	cocaine in speedball	none	former crack sellers into heroin sales
Austin, TX (Maxwell)	stable	average age 36 years; primarily male, white (34%), Hispanic (50%)	none	injecting	Rohypnol		Mexican dealers/importers
Newark, DE (Pazzaglini)	increasing		more white, middle class users; more teens in nightclubs using	snorting; injecting	cocaine; benzodiazepines	LSD; inhalants; other hallucinogens; antidepressants	wide range of sellers; some evidence of increasing turf wars in Philadelphia

Table 1 (cont'd.)
Ethnographers – Heroin

City	Purchase Amount	Purity	Other/Comments
Bridgeport, Connecticut (Geter)	$10/bag	high	Many sellers in housing project areas are selling heroin and crack together. Heroin sales are prospering, selling at same rate as crack.
San Antonio/El Paso (Ramos)	$10, $20/spoon or balloon	variable; higher at the border	Some younger users smoking, but even in this group, injection dominates.
Los Angeles (Annon.)	$2,500/oz. for black tar	70–80%	Dramatic rise in methamphetamine use among arrestees
San Francisco (Murphy)	$20/bag; $80–$100/gram	increasing	Methamphetamine use is up among working class groups, seen as "working man's cocaine." New interest in heroin among younger (20s) users.
New York (Goldsmith)	$5, $10/bag		Remains plentiful as a "curbside" drug, but also available in larger quantities, often through well-known indoor places.
Atlanta (Sterk-Elifon)	$25–$40/bag	high	Drastic increase in number of crack users who now use heroin. Also sees sales of heroin by young crack dealers.
Denver (Anderson)	$20/"pill"	increasing; almost exclusively black tar	
Miami (Page)	$10/bag	average, though some higher purity appears periodically	
Tampa (Mieczkowski)	DK, it is still rare		
Trenton/Newark (French)	$15/$35 mg.	60–70%	First admissions to detox programs are primarily inhaling the drug; more middle class users are appearing.
New York (Galea)	$3, $5, $10/bag	high	Former crack dealers have entered the market and there are complaints that they "are mixing it with crazy stuff" and/or " are not cutting it right."
Austin, TX (Maxwell)	$10–$15		"The East Coast epidemic has not hit;" still basically same users and same treatment demand.
Newark, DE (Pazzaglini)	$10/bag	generally high	Increase in weekend experimental use among teens and middle class users (at parties, concerts, etc.); antidepressants like Prozac and lithium carbonate combined with LSD.

Table 2
Police - Heroin

City	Incidence	Who's Using	Δ in Users	Method	Other Drugs	Emerging Drugs	Who's Selling
New York P.D.	up	traditional older users, some new young users sniffing	more young users	older users inject; young users snort		pharmaceuticals: Xanex, Klonipin, percocette	varies by neighborhood; some Dominicans from outside city selling large quantities
Yakima, WA DEA	leveled off	traditional older user	none	injection	cocaine in speedball	methamphetamine	Mexican controlled on upper sales level; anyone sells at street level
Eugene, OR P.D.	slight increase		none	injection; some inhaling		LSD "mushrooms" methamphetamine	Mexican and white dealers
Boston P.D.	up						
Seattle, WA P.D.	stable		fewer new users	injection; snorting	cocaine	Dilaudid Ritalin	active street sales, mostly black tar
Los Angeles P.D.							
Miami, FL P.D.	stable	traditional users	none	injection			bulk dealers are Colombian; street sellers are African American
Cleveland, OH P.D.	up	traditional older user	none	injection	cocaine in speedball		street sales and house sales evident; sold with cocaine
Denver, CO P.D.	up	traditional older user	none	injection			Mexican nationals, lots of street sale activity
Delaware State Police	slight increase	traditional user	none	injection	some Dilaudid		active street level sales

Table 2 (cont'd.)
Police - Heroin

City	Purchase Amount	Purity	Other/Comments
New York City P.D.	$4,000–$6,000/oz.	good	
Yakima, WA DEA	$20/"tabs"	low; heavily cut	
Eugene, OR P.D.	$40/1/2 gram		
Boston P.D.	varies from $4–$6/bag to $15/bag; high purity is $100–$150/gram	varies depending on both buyer and the seller	Fifty-bag units ("brick") available for $200–300; more expensive for white suburban buyers; bag markings seen on high purity heroin
Seattle, WA P.D.	$80/$100 gram		Very seldom sees Southeast Asian heroin
Miami, FL P.D.	$10, $20/bag $125,000/kilo	poor: 2–4% at street level	Amounts up to a gram in glassine bags. Large (11 lbs.) bust of Colombian heroin on Amtrak to N.Y.C.
Cleveland, OH P.D.			
Denver, CO P.D.	$10, $20/bag $65/balloon	good	
Delaware State Police	$50–$100/bundle		

Table 3

Treatment Providers
Drug Use Patterns

DRUG: HEROIN

REGION	% clients w/drug listed as 1° drug of abuse	Δ over last year	% clients injecting	% clients inhaling/ smoking	Other Drugs Used (% Mentioned)
I N=5	$\bar{X}$=30%	increase 75% no change 25% decrease	$\bar{X}$=44%	$\bar{X}$=56%	cocaine 80% marijuana 20% alcohol 60% other 20%
II N=12	$\bar{X}$=24%	increase 37% no change 63% decrease 0%	$\bar{X}$=68%	$\bar{X}$=32%	cocaine 75% marijuana 38% alcohol 75% tranquilizers 13% other 25%
III N=15	$\bar{X}$=6%	increase 21% no change 79% decrease 0%	$\bar{X}$=73%	$\bar{X}$=27%	cocaine 43% marijuana 50% alcohol 93% tranquilizers 14% speed 7% amphetamines 7% other 14%
IV N=16	$\bar{X}$=14%	increase 20% no change 73% decrease 7%	$\bar{X}$=73%	$\bar{X}$=27%	cocaine 47% marijuana 20% alcohol 80% tranquilizers 27% hallucinogens 7% speed 7% amphetamines 20% other 20%

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Table 3 (cont'd.)

Treatment Providers
Characteristics of Users by Drug of Abuse

DRUG: HEROIN

REGION	Percent by Age			Percent by Race/Ethnicity			Percent by Sex		Prior Treatment	
	under 20	21–30	31+	African–American	White	Hispanic and Other	Male	Female	Yes	No
I N=5	X̄=0%	X̄=21%	X̄=79%	X̄=27%	X̄=60%	X̄=13%	X̄=79%	X̄=21%	X̄=82%	X̄=18%
II N=12	X̄=3%	X̄=29%	X̄=68%	X̄=33%	X̄=64%	X̄=3%	X̄=64%	X̄=36%	X̄=66%	X̄=34%
III N=15	X̄=2%	X̄=25%	X̄=73%	X̄=33%	X̄=62%	X̄=5%	X̄=76%	X̄=24%	X̄=83%	X̄=17%
IV N=16	X̄=6%	X̄=26%	X̄=68%	X̄=6%	X̄=84%	X̄=10%	X̄=69%	X̄=31%	X̄=50%	X̄=50%

Table 4
Ethnographers – Cocaine

City	Incidence	Who's Using	Δ in Users	Method	Other Drugs	Emerging Drugs	Who's Selling
Bridgeport, Connecticut (Geter)	high; powder most popular in areas outside inner city	powder: 25 yrs. old and older; suburban market except for speed balls crack: 17 to 50 yrs. old; African American and Hispanic	more female users	crack and snorting most common; injection less common	heroin		same sellers as heroin for crack; powder sold by beeper contact and delivered
San Antonio/ El Paso (Ramos)	stable	African Americans use crack	more women using crack	smoking; injecting in speedball	heroin		Mexican Mafia and Texas Syndicate
Los Angeles (Annon.)	slight decrease	African Americans 25–35 yrs. old; 50/50 male/female	none	smoking (90%)	heroin in speedball; alcohol; marijuana; heroin		same sellers as heroin
San Francisco (Murphy)	stable	powder: high school kids, whites crack: poor, working class users, older	cocaine is seen as "going out of style"	snorting, smoking, smaller percentage injecting			white sellers for powder; African American or Latinos for crack
New York (Goldsmith)	still popular	all ethnic groups	none	smoking	heroin in speedball; marijuana	MDMA	variety of groups: Colombians, Dominicans, Puerto Ricans; many markets
Atlanta (Sterk–Elifon)	still high	late teens, early 20s, whites; older African Americans	none	smoking; some injection	none	none	HCl: white dealers crack: young African Americans; some Asian sellers
Denver (Koester)	stable	African Americans; 20–30 yrs. old; younger for crack	none	kids smoking; older users inject or snort			
Miami (Page)	stable	inner city African Americans, 30–40 yrs. old	none	smoking; less injection			

Table 4
Ethnographers – Cocaine

City	Incidence	Who's Using	Δ in Users	Method	Other Drugs	Emerging Drugs	Who's Selling
Tampa (Mieczkowski)	stable	crack: young African Americans males (20s) HCl: white, 20s–30s, male	none	smoking; snorting	marijuana, alcohol, MDMA, LSD	none	
Trenton/Newark (French)	stable	users late 20s and 30s	fewer young (under 20) users for crack	smoking; some young snorters			African Americans and Hispanics; young sellers who don't use themselves
New York (Galea)	up slightly (crack)	few teens, but wide variety of ages represented	none	smoking		LSD Rufinol	young sellers; some new packaging
Austin, TX (Maxwell)	up (crack)	crack used by African Americans; 20s and 30s, powder used by whites and Hispanics	% injecting is up	smoking injecting	heroin marijuana		Mexican Mafia, local dealers
Newark, DE (Pazzaglini)	up (crack)			smoking, injecting, snorting		methampheta-mine among users under 25	wide variety of sellers

Table 4 (cont'd.)
Ethnographers – Cocaine

City	Purchase Amount	Purity	Other/Comments
Bridgeport, Connecticut (Geter)	HCl $5 and $10/bag; $3, $5 for crack	good	Housing projects have become "a mecca" for sales, even after destruction of one of the most notorious projects, Father Panick Village.
San Antonio/El Paso (Ramos)	$10, $20/balloon, piece	variable	
Los Angeles (Annon.)	HCl: $18,000–$23,000/kilo crack: $425/oz.	50–70% (crack) 70–80% (powder)	
San Francisco (Murphy)	$60–$80/gram $25/ 1/4 gram	good	Lots of powder around, price has dropped slightly.
New York (Goldsmith)			Many opportunities for newcomers; older markets tied to heroin markets; many users buying HCl and making crack for their own use.
Atlanta (Sterk–Elifon)	$5/rock $80/gram	good	
Denver (Anderson)			Police have been trying to crack down on the open drug markets, but they just move a few blocks away.
Miami (Page)		high	Crack is now what is available, though users in the area would prefer powdered cocaine.
Tampa (Mieczkowski)	$20/rock (smallest purchase unit) $120–$180/gram HCl		LSD, Ecstasy(MDMA) popular among some high school students
Trenton/Newark (French)	$60–$100/gram	40–50%	The glamour has worn off crack use among people under 18; it has become "passe." Older users are buying HCl in bulk to base their own crack, particularly in urban areas.
New York (Galea)	$10/"clip"	high	There appears to be a new processing method for crack where it is pressed into a "slab" and scored into $10 "clips"; resembles a stick of gum.
Austin, TX (Maxwell)			Crack is everywhere. Long–term users are more noticeably impaired; there is more prostitution associated with its use.

Table 5
Police - Cocaine

City	Incidence	Who's Using	Δ in Users	Method	Other Drugs	Emerging Drugs	Who's Selling
New York City P.D.	stable	traditional set of users, wide ethnic variety	none	smoking; injecting; snorting			
Yakima, WA	crack: very low HCl: still high	all groups, all ages	less use in upper income groups	snorting; little injecting	heroin in speedball	methamphetamine	Mexicans
Eugene, OR P.D.	stable		none	snorted or smoked	methamphetamine	methamphetamine	
Boston, MA P.D.							
Seattle, WA DEA	stable	wide diversity in users	none	snorting, smoking, injecting	heroin	methamphetamine	distinct "score areas" in city
Los Angeles P.D.							
Miami, FL P.D.	stable	everyone, users from all ethnicities; all income groups	none	smoking, snorting		LSD	Colombians sell bulk amounts; many ethnicities sell street level amounts.
Cleveland, OH P.D.	up			crack dominates		LSD	young street sellers; also sales in crack houses; gang involvement
Denver, CO P.D.	up	wide diversity among inner city groups	none	smoking, no injecting except as speedball	heroin		gangs involved in street sales
Delaware State Police	stable	young adults to early 30s	none	snorting, smoking		methamphetamine	

Table 5 (cont'd.)
Police - Cocaine

City	Purchase Amount	Purity	Other/Comments
New York P.D.	$19–$25,000/kilo		
Yakima, WA DEA	$40/gram (HCl)	90% at kilo level	Many cocaine users are switching to methamphetamine. It is more expensive ($60–$80/gram), but less adulterated. Mexicans have entered the methamphetamine market.
Eugene, OR P.D.	$900–$1,000/oz. $20–$42/gram.		Many more people making their own crack; methamphetamine is the news in this area, both coming from Mexico and produced in U.S.
Boston, MA P.D.			
Seattle, WA DEA	$40–$150/gram HCl $20–$40/gram crack	variable	Methamphetamine is coming into area from both Canada and Mexico
Los Angeles P.D.			
Cleveland, OH P.D.			Many seizures of crack this quarter. Fewer seizures of cocaine HCl.
Denver, CO P.D.	$10–$20/rock	variable	
Delaware State Police	$20/rock $350–$500/ 1/4 oz.	variable	
Miami, FL P.D.	$14–$16,000/kilo	variable; ounce level sales 40–50%	Several arrests of "mules" and large seizures by Coast Guard.

Table 6

Treatment Providers
Drug Use Patterns

DRUG: COCAINE/CRACK

REGION	% clients w/drug listed as 1° drug of abuse	Δ over last year		% clients injecting	% clients inhaling/ smoking	Other Drugs Used (% Mentioned)	
I N=5	$\bar{X}$=70%	increase no change decrease	25% 75% 0%	$\bar{X}$=31%	$\bar{X}$=69%	marijuana alcohol other	25% 75% 25%
II N=12	$\bar{X}$=38%	increase no change decrease	27% 64% 9%	$\bar{X}$=6%	$\bar{X}$=94%	heroin marijuana alcohol other	9% 73% 100% 18%
III N=15	$\bar{X}$=23%	increase no change decrease	20% 73% 7%	$\bar{X}$=28%	$\bar{X}$=72%	heroin marijuana alcohol tranquilizers amphetamines	7% 60% 87% 7% 13%
IV N=16	$\bar{X}$=23%	increase no change decrease	19% 75% 6%	$\bar{X}$=27%	$\bar{X}$=75%	heroin marijuana alcohol tranquilizers hallucinogens amphetamines other	6% 56% 81% 13% 6% 50% 6%

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Table 6 (cont'd.)

Treatment Providers
Characteristics of Users by Drug of Abuse

DRUG: COCAINE/CRACK

REGION	Percent by Age			Percent by Race/Ethnicity			Percent by Sex		Prior Treatment	
	under 20	21–30	31+	African–American	White	Hispanic and Other	Male	Female	Yes	No
I N=5	$\bar{X}$=0%	$\bar{X}$=30%	$\bar{X}$=70%	$\bar{X}$=42%	$\bar{X}$=42%	$\bar{X}$=16%	$\bar{X}$=79%	$\bar{X}$=21%	$\bar{X}$=70%	$\bar{X}$=30%
II N=12	$\bar{X}$=10%	$\bar{X}$=40%	$\bar{X}$=50%	$\bar{X}$=44%	$\bar{X}$=53%	$\bar{X}$=3%	$\bar{X}$=64%	$\bar{X}$=36%	$\bar{X}$=48%	$\bar{X}$=52%
III N=15	$\bar{X}$=7%	$\bar{X}$=47%	$\bar{X}$=46%	$\bar{X}$=30%	$\bar{X}$=67%	$\bar{X}$=3%	$\bar{X}$=67%	$\bar{X}$=33%	$\bar{X}$=58%	$\bar{X}$=42%
IV N=16	$\bar{X}$=16%	$\bar{X}$=35%	$\bar{X}$=49%	$\bar{X}$=18%	$\bar{X}$=64%	$\bar{X}$=18%	$\bar{X}$=63%	$\bar{X}$=37%	$\bar{X}$=36%	$\bar{X}$=64%

Table 7

Ethnographers – Marijuana

City	Incidence	Who's Using	Δ in Users	Method	Other Drugs	Emerging Drugs	Who's Selling
Bridgeport, Connecticut (Geter)	increasing	all ages, all groups	none	joints; blunts	mescaline		
San Antonio/ El Paso (Ramos)	stable	older users of other drugs; young "party-goers," gang members	none				
Los Angeles (Annon.)	stable	evenly divided among ethnicities; 40% under 18	none				
San Francisco (Murphy)	up	many high school kids, but generally diverse user group	none				
New York (Goldsmith)	increasing	wide variety of users	none	blunts; joints			
Atlanta (Sterk-Elifon)	increasing	high school students; also common among users of cocaine	more young users				
Denver (Anderson)	stable	primarily users over 30	none				
Miami (Page)	stable	older users of other drugs	some increased use among teens				
Tampa (Mieczkowski)	stable	use is distributed across race/gender lines	none		cocaine LSD alcohol		locally grown; variety of sellers
Trenton/Newark (French)	increasing	everyone; no particular community of users	none	blunts			Jamaicans, Colombians; different sellers than for other drugs

Table 7

Ethnographers – Marijuana

City	Incidence	Who's Using	Δ in Users	Method	Other Drugs	Emerging Drugs	Who's Selling
New York (Galea)	high	everyone	none	---	LSD		Dominicans. Streets sales are of poor quality; hash isavailable.
Austin, TX (Maxwell)	increasing	youth, particularly African Americans	none	---	alcohol	Rohypnol	
Newark, DE (Pazzaglini)	increasing	everyone	more teens; more working class users	---	PCP		Local sources sell poor quality often mixed with other things. Dealers from MD and VA bring higher quality marijuana into area for sale through local distributors.

Table 7, (cont'd.)

Ethnographers – Marijuana

City	Purchase Amount	Purity	Other/Comments
Bridgeport, Connecticut (Geter)	variety available; primarily $10/bag (2 joints)	variable	Variety of weights available on street: 1/4 oz., ounces, even pounds
San Antonio/El Paso (Ramos)			At border, marijuana coming across the border with illegal farm workers. It is offered as part of a deal by drug dealers: dealers help them get across in exchange for the workers bringing a shipment.
Los Angeles (Annon.)	$100–$300/oz. $700–$1,000/lb. (Mexican) $3,000–$4,000/lb. (sinsemilla) $400–$500/oz.	variable	
San Francisco (Murphy)		very good	Many marijuana users also use MDMA, LSD, other hallucinogens. Lots of interest in MDMA and methamphetamines, especially among middle class whites in 20s and 30s.
New York (Goldsmith)			
Atlanta (Sterk–Elifon)	$3/joint		
Denver (Anderson)			
Miami (Page)	still expensive	high	Sold in little green ziploc bags.

Table 7, (cont'd.)

Ethnographers – Marijuana

City	Purchase Amount	Purity	Other/Comments
Trenton/Newark (French)	$1/joint ("match-sticks"); $10 bag = 3-5 joints	variable	Blunts may be mixes of marijuana and other things, but often just marijuana.
Tampa (Mieczkowski)	$90-$100/oz. for regular quality; $250-$275/oz. for sinsemilla	variable	LSD available in microdots/blotters at $3-$5/80-100 microgram with logos like "The Simpsons."
New York (Galea)	$10/bag	variable	Higher quality product sold to known customers, not in public sales
Austin, Tx (Maxwell)			The market is glutted with marijuana; it is everywhere
Newark, DE (Pazzaglini)		Local varieties are poor. MD and VA source varieties are higher quality.	

Table 8

Police – Marijuana

City	Incidence	Who's Using	Δ in Users	Method	Other Drugs	Emerging Drugs	Who's Selling
New York City P.D.	increasing		none				
Yakima, WA DEA	very high	everyone; it is the most commonly abused substance	none		methampheta-mine	methamphetamine	Mexicans and local white sellers who grow it indoors
Eugene, OR P.D.	stable	everyone; especially popular among young users	none		LSD		most locally grown, some Mexican
Boston, MA P.D.	increasing	everyone	younger users; more open use				young sellers (as young as junior high school age)
Seattle, WA P.D.	stable	everyone	none				
Miami, FL P.D.	stable	everyone	none				varies by community
Cleveland, OH P.D.	increasing		more diversity in users			steroids	Street sales, bulk seizures increasing.
Denver, CO P.D.	increasing	everyone	none				lots of street corner sales
Delaware State Police	increasing	everyone	none				street sales as well as networks of contact sales

Table 8 (cont'd.)

Police - Marijuana

City	Purchase Amount	Purity	Other/Comments
New York City P.D.	$3,000/lb. for high quality; $20/bag	good	
Yakima, WA P.D.	$700/lb. (Mexican) $2,000/lb. (local indoor grown)	Mexican is low quality; local has high THC content	Mexican have found fewer problems with distributing methamphetamine. There are no Colombians, etc. to provide competition.
Eugene, OR P.D.	$15/gram $40–$50/ 1/8 oz. $300–$500/oz.	Local is high quality; Mexican quality s poor.	
Boston, MA P.D.	$10–$50/unit bag; pounds also available		Suburban kids are getting the stronger, indoor-grown marijuana; inner city sources are Jamaican and Colombian, which is less strong.
Seattle, WA DEA	price varies, is higher now	variable with growing season	
Miami, FL P.D.	$50/ 1/4 oz. $20/small envelope	good	Have been seizures of "mules" who swallowed condoms of marijuana and hashish from Jamaica.
Cleveland, OH P.D.		high	Lots coming into area through deliveries (mail and Federal Express) and through airports.
Denver, CO P.D.		good	Smoked in joints; no blunts seen.
Delaware State Police	$150/oz.	good	

Table 9

Treatment Providers
Drug Use Patterns

DRUG: MARIJUANA

REGION	% clients w/drug listed as 1° drug of abuse	Δ over last year		Other Drugs Used	
I N=5	$\bar{X}$=6%	increase no change decrease	0% 100% 0%	alcohol	100%
II N=12	$\bar{X}$=16%	increase no change decrease	0% 100% 0%	cocaine alcohol tranquilizers	20% 100% 10%
III N=15	$\bar{X}$=21%	increase no change decrease	7% 93% 0%	cocaine alcohol tranquilizers	27% 87% 7%
IV N=16	$\bar{X}$=26%	increase no change decrease	20% 73% 7%	heroin cocaine alcohol tranquilizers hallucinogens amphetamines other	7% 20% 87% 7% 7% 40% 7%

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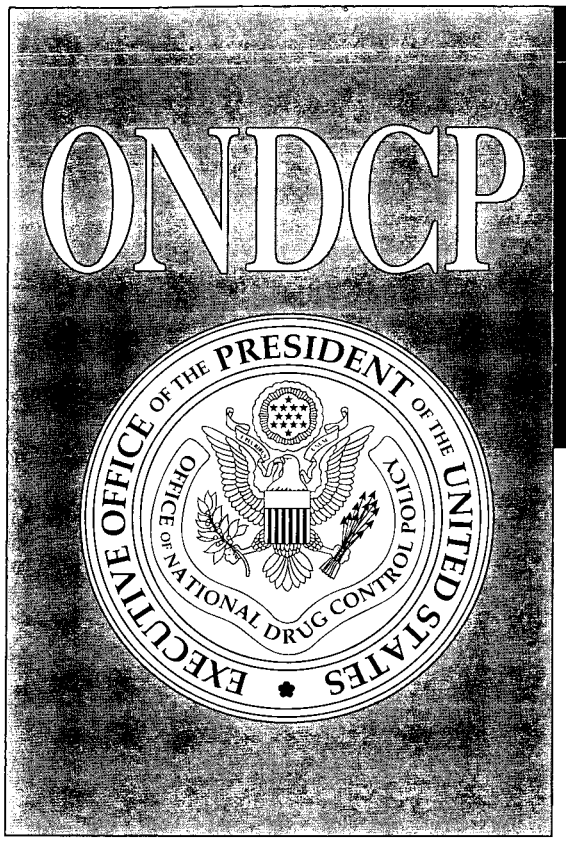
Table 9 (cont'd.)

Treatment Providers
Characteristics of Users by Drug of Abuse

DRUG: MARIJUANA

REGION	Percent by Age			Percent by Race/Ethnicity			Percent by Sex		Prior Treatment	
	under 20	21–30	31+	African–American	White	Hispanic and Other	Male	Female	Yes	No
I N=5	X̄=0%	X̄=38%	X̄=62%	X̄=67%	X̄=17%	X̄=16%	X̄=88%	X̄=12%	X̄=10%	X̄=90%
II N=12	X̄=24%	X̄=26%	X̄=50%	X̄=36%	X̄=59%	X̄=5%	X̄=74%	X̄=26%	X̄=25%	X̄=75%
III N=15	X̄=15%	X̄=48%	X̄=37%	X̄=25%	X̄=71%	X̄=4%	X̄=69%	X̄=31%	X̄=36%	X̄=64%
IV N=16	X̄=41%	X̄=35%	X̄=24%	X̄=8%	X̄=75%	X̄=17%	X̄=64%	X̄=36%	X̄=23%	X̄=77%



The ONDCP Drugs & Crime Clearinghouse

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