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# Office of National Drug Control Policy

## *Pulse Check National Trends in Drug Abuse*

March 1994

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Office of National  
Drug Control Policy

*Pulse Check*  
*National Trends in Drug Abuse*

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Under Contract to ONDCP



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# Introduction

In the spring of 1992, the Office of National Drug Control Policy directed Abt Associates to examine the implications of the increased availability of high quality heroin, which, at that time was appearing in many areas across the country. Did this indicate that the U.S. was entering a new heroin epidemic as encountered in the 1970s and early 1980s, an epidemic which produced a large cohort of new users in a short time span? Turning to existing data sets including the National Household Survey of Drug Abuse and the Monitoring the Future Study (High School Senior Survey), Abt researchers found that the answer was still incomplete. Because these data sources are large annual survey efforts, they are not designed to quickly identify changes in drug use or the availability of drugs. Therefore, Abt Associates was directed to begin a series of telephone contacts with persons around the country who were “on the front lines” of the drug problem, asking them about what they were seeing in terms of heroin use and distribution. These sources included drug ethnographers, epidemiologists working in the substance abuse field, drug treatment providers, and police working in the area of narcotics enforcement. These contacts provided information that was of great use in understanding the current heroin situation and the issues surrounding it, so ONDCP instituted a quarterly series of such contacts and expanded the inquiry to include cocaine, marijuana, and other emerging drugs.

The term used to describe these conversations is the “Pulse Check,” because they provide a cur-

rent, subjective profile of drug use and availability in contrast to the comparatively dated, objective profile provided by surveys. The data are collected in conversations with roughly the same group of ethnographers/ethnographic sources and police contacts each time. The sample of treatment providers, described below, changes somewhat each quarter, both to avoid undue burden on busy program operators and to vary the reporting.

Clearly, the Pulse Check is a complement to, not a substitute for, traditional data sources. The sample of treatment providers is drawn from a systematic sample of programs, but the list of ethnographic and police sources is not. They are derived entirely from researchers and field contacts known to have current and accurate access to information about their respective areas. The conversations follow a general guideline of topics for ease in reporting, though sources frequently expand on topics not covered in the guide or have nothing to report on a certain topic.

The following sections briefly describe each data source, summarize the results of the Pulse Check for the period ending in February 1994, and discuss the past year’s trends. While each of the sources described below views the drug scene from a somewhat different vantage, eight repetitions of the Pulse Check cycle show a strong association between sources, adding credence to their reliability.

1. Dana Eser Hunt and William Rhodes, *Tracking the Incidence of Heroin Use*. Office of National Drug Control Policy, August 1993.
2. All calls are conducted by Dr. Dana Hunt or by other Abt staff members familiar with the subject matter. The conversations vary from 15-60 minutes. Dr. Hunt reviews the notes on all conversations, calls back persons for whom she may have additional follow-up questions, and summarizes the information. She then prepares a brief narrative and summary tables, which are delivered to ONDCP.

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# Description of the Sources

**Ethnographic sources.** Ethnographers, epidemiologists, and ethnographic sources from multiple urban areas are included as sources for the Pulse Check. Ethnography is a well-established qualitative research technique used extensively in the drug research field. Unlike survey methods or highly structured observation methods, in ethnography the social scientist observes the activity “on its own terms;” that is, without preconceived notions about the behavior observed. It is important to understand, however, that this is not undercover work; in ethnography, the social scientist enters the milieu, records and describes it, but is fully revealed as someone doing research.

Three types of reporters comprise this group. Some are among the most experienced drug ethnographers in the field, working directly with drug users and dealers. In many other cases, they are researchers, often epidemiologists, who have direct access to ethnographic data in their area. Finally, some are persons working in a field site, collecting similar information, but not specifically trained in the field of ethnography. Callers attempt to contact sixteen reporters in fourteen cities for each Pulse Check, though not all respondents are available in each quarter. For example, the data reported this quarter represent conversations with twelve ethnographic reporters.

**Treatment providers.** The sample of treatment providers is derived from the 1991 files of the National Drug Abuse Treatment Unit Survey (NDATUS). NDATUS divides the country into four regions consisting of the following states:

- **Region 1:** Connecticut, Maine, Massachusetts, New York, New Jersey, Rhode Island, New Hampshire, Vermont,

Pennsylvania (N=1594 or 22 percent of all programs)

- **Region 2:** Alabama, Florida, Georgia, Kentucky, Mississippi, Texas, North and South Carolina, Tennessee, Arkansas, Louisiana, Oklahoma, Maryland, Delaware, Virginia, West Virginia, Washington, D.C. (N=1994 or 27 percent of all programs)
- **Region 3:** Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin, Iowa, Kansas, Missouri, Nebraska, North and South Dakota (N=2163 or 30 percent of all programs)
- **Region 4:** Colorado, Montana, Utah, Wyoming, Nevada, Arizona, California, Idaho, New Mexico, Washington, Oregon (N=1563 or 21 percent of all programs)

Each region contains a similar number of programs, so the areas are treated equally. Currently, fifteen programs per region are identified each quarter and approximately ten are contacted, with the remainder serving as backups, should a program choose not to respond. The sample is stratified so it has an equal number of small and large programs. Of the facilities sampled, 19 percent are residential programs, 59 percent outpatient, 21 percent multi-modality, and one is a detoxification 24-hour care program. Eighteen percent offer drug abuse services exclusively, and the remainder provide both alcohol and drug treatment services.

**Police sources.** The list of law enforcement sources is derived from recommendations by drug researchers and other contacts in the field. They represent officers working on narcotics squads, DEA special agents, and other special drug task force agents.



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# Results of the Pulse Check Completed February 1994

## HEROIN (Tables 1-3)

**Ethnographers.** The incidence of heroin use appears to be at a steady state in the Northwest but increasing somewhat in the Southwest, the West, and parts of the South. These areas had reported no increase in the last few cycles, but are now experiencing a rise in heroin use. Users are consistently described as older and most often male, though there are reports of younger users, often inhaling the drug, from New York, New Jersey, Oakland, and Atlanta. While reports continue to come in about more users inhaling heroin, intravenous use still appears to predominate, and speedballing (combining heroin and cocaine intravenously) appears to be the norm almost everywhere.

Notable exceptions to the dominance of injection are New York and New Jersey. The reporters there report that admissions to treatment now show inhalation as the most common route of administration. The New York source reports that heroin inhalation has become the "in thing" in the New York nightclub drug scene and dealers are specifically targeting that market. This market was heavily targeted and ultimately controlled by cocaine distributors in the same way in the 1980s. The New York Source also describes more traditional, older users who, fearful of both HIV and the increased violence in drug dealing areas (generated by those the heroin users disdainfully described as "the crackheads,") go quickly to the copping area, buy, inhale the purchase, and leave. By inhaling, they do not have to find a shooting gallery or private place to inject, but can use the drug immediately, thus reducing the likelihood of arrest or victimization. However, he also notes that there has been an increase in the number of shooting galleries re-appearing in New York for those who are still injecting. These galleries are likely to be exclusively for heroin consumption,

with a guard often posted to specifically exclude crack users.

The distribution of heroin does not appear to have changed its character in most areas. However, in New York, there is an increasing separation of the crack and heroin distribution locations due to the fear of both police attention and "crazier customers" associated with the crack trade. The New York source reports that, in fact, there are a number of former crack distributors who are switching locations and drugs (to heroin) because of these two factors. On the other hand, in Connecticut, cocaine in its powdered form and heroin are being marketed in the same location for speedballing, with the rather flashy bag markings of "Murder One" and "Smoking Gun."

Heroin purity varies across areas, but is more often reported as high. Florida sources still report heroin as a fairly unusual phenomenon and the quality of heroin as quite low. The source in El Paso reports that the quality is so low that users complain they can barely relieve withdrawal symptoms ("get the edge off") with their usual dosage. These reports are in sharp contrast to the high purity reported in many other places. New York and New Jersey sources report that even small purchase units like \$10 bags can routinely be as high as 40 percent pure, producing the rise in observations of users "nodding off" in the streets. Price remains constant at \$5, \$10 and \$20 units at the street level.

**Treatment providers.** In the treatment programs reporting this quarter, a minority of clients report that heroin is their primary drug of abuse. There is an increase in primary heroin clients for most of the Region I programs (Northeast), but the other regions show little or no change. Again, most of the clients with heroin as the primary drug of use are injectors, though programs in

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Region II (Southeast) reported that a large number of their heroin clients were inhaling the drug prior to entry into treatment. The heroin-using clients are older (more than half over 30 years old in all regions) and most often male; the majority are also not new to treatment. The most commonly mentioned other drug problems of clients are consistently alcohol and cocaine.

**Police sources.** The police contacts included in this Pulse Check report a steady presence of heroin in their local drug scene. Incidence of use is reported as up in the D.C. area, Boston, Denver, and Los Angeles. Police sources also note that there are some new, younger users, but that the older addict is the norm. The price per gram is reported at about \$100, except for high purity (50-75 percent pure) Southeast Asian heroin, which is marketed at a much higher price. The Maryland police report that the price and purity of heroin differs dramatically, depending on the targeted buyer. Heroin intended for injection is sold in \$10 and \$20 bags of one to two milligrams in weight and about 8 percent purity. Heroin intended for inhalation is sold in 1/4 gram weights for as much as \$100 and is 50-60 percent pure.

## COCAINE (Tables 4-6)

**Ethnographers.** Use of both cocaine powder (HCl) and crack seems stable in many areas (including, D.C., San Francisco, Los Angeles, Florida). The exception is El Paso where the prevalence of crack use is reported as higher than last quarter. Crack smokers are most often younger than cocaine injectors. Few are teens — most are in their 20s and 30s. Florida, Connecticut, D.C., and New York all report seeing **fewer** young crack users, but **more** women among crack users. Teens, however, still dominate the street sales market.

Smoking crack is still the most common method of ingestion everywhere, although in Los Angeles

there is some indication of movement back to snorting cocaine HCl. Crack in particular is consumed with alcohol, marijuana, and sedatives, while powder is consumed in combination with alcohol (if snorted) and with heroin (if injected). Sources often repeat that these are distinct groups of users. The heroin/cocaine user is more likely to be an older addict who has long combined the two drugs in a speedball; the mix or proportion of the two may change with the price or availability of one or the other. The crack user, with one exception, is unlikely to inject cocaine powder or any other drug, but is likely to consume marijuana and alcohol as part of a drug use pattern. The exception to this type is the female crack user who, in some areas, may also use heroin.

Both Connecticut and New York report a increase in the number of older men — 30-50 years of age — who become involved with crack through interaction with younger females. These young women, crack users themselves, engage in prostitution to obtain the drug and, subsequently, may involve the customer in obtaining and using it. Finally, the cocaine snorter still seems to reflect the profile of the 1970s and 1980s — more likely white, working class or higher income, men and women.

There are also three distinct classes of sellers: the older heroin dealer, who also sells cocaine HCl for injection; the teenaged crack distributor; and the cocaine HCl dealer, who may sell marijuana, but does not sell heroin. Prices for crack range from \$2 per rock in San Francisco to \$10 and \$20 for rocks in Florida. Prices for cocaine HCl vary from \$40-60 per gram in New York and Connecticut to \$125 per gram in Tampa. Most areas report that the quality is good, and that cocaine HCl is available in larger amounts than was true a few months ago. Several reporters state again that users are “rocking it themselves”; that is, purchasing cocaine HCl and making their own crack supply.

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**Treatment Providers.** Cocaine is clearly the primary drug of abuse among persons in treatment across the country. However, there does not appear to be an increase in the number of clients with cocaine as the **primary** drug of abuse. Very few of these clients are injectors; over 80 percent of cocaine clients in all regions were inhalers or smokers of the substance. As Table 6 indicates, many of these clients also use alcohol, marijuana, and heroin. The cocaine client in treatment is also younger than his/her heroin counterpart, slightly more likely to be female, and less frequently a re-admission to treatment.

**Police sources.** Most police sources still report cocaine as the primary problem in their area. The price has dropped for cocaine HCl on both coasts to less than \$80 per gram and in some areas (New York, Connecticut, New Jersey) is as low as \$40 per gram. As the ethnographers also reported, this price drop has placed cocaine HCl for injection and for making crack well in the price range of many lower level users. This is again reflected in reports of users "cooking their own or "basing their own." Instead of buying the already finished product, users are buying small amounts of HCl (1/2 gram) and following the simple, widely known recipe for making crack. The Maryland State Police source reports that the "dealers' market" (that is, professional crack dealers) is represented by purchases of only two grams or higher.

## MARIJUANA (Tables 7-9)

**Ethnographic sources.** Most areas continue to report a rise in marijuana use. "Blunts," which were first reported in the New York and D.C. areas, have now surfaced in Los Angeles and in college populations in the South. The varieties of marijuana available are also increasing. For example, in New York marijuana from all over the world is widely available, though the most popular is a type from California known as "Chronic", which is actively marketed with caps and T-shirts

bearing that name. Several sources also mention the connection between marijuana use and malt liquor consumption; blunts may be dipped in the malt liquor or simply consumed with it. In New York, a practice is described which includes blowing smoke from a joint into a bottle of malt liquor, capping it momentarily, then drinking the smoky liquid. This seems to be most popular among younger users.

In Florida, sources report that marijuana has again taken on the mystique of a mind-expanding experience, with the belief that it has a positive value in gaining insight, appreciation of music, expansion of imagery, etc. It is also reported to be used in combination with cocaine, a combination known as "lace" among college students. Though marijuana blunts first appeared among inner city users, they are now reported as increasingly popular among college students. Marijuana is sometimes found laced with PCP in the D.C. area.

Distributors of marijuana seem to be young adults, often distributing home grown products. On the other hand, distributors in New York and Connecticut selling exotic varieties are older and more established dealers. No one reported marijuana distributors as selling heroin or large quantities of cocaine — these appear to have a separate set of suppliers.

All areas report high THC content in the marijuana available and a range of prices. New York reports from \$100-600 per ounce., the Southwest \$65 per ounce, and Florida \$125 per ounce. Loose joints are also reported to be available in some areas, with prices in the range of \$3 to \$5, each.

Several cycles of the Pulse Check have reported an increase in marijuana use and availability in many areas. Use of this drug, which was endemic to the drug world ten or more years ago, had receded dramatically by the end of the 1980s. It was still used by many hardcore drug users, much as alcohol, which is also a mainstay for that

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group, but was no longer a commonly available and consumed substance. The availability of marijuana — and perhaps the active marketing of the substance in many places— have rekindled marijuana's popularity. In contrast to earlier periods of its popularity, today's marijuana comes from a variety of both local and exotic places, often appears to be hydroponically grown, and has a higher THC content (up to a current record of 39 percent). In this era of use, marijuana is also sometimes directly combined in use with cocaine HCl or crack.

**Treatment Providers.** Treatment providers do not report increases in marijuana use, perhaps because marijuana users generally require treatment less often. There is no increase cited in any region and marijuana is not yet a primary drug of abuse for any large proportion of clients.

**Police sources.** Police sources on both coasts report high availability of marijuana in their areas. D.C. police describe its use as “exploding.” Much of the West Coast marijuana is locally grown by users who then share or sell to others; other dealers grow large amounts in greenhouses (often using hydroponic systems) specifically for wider distribution. In most cases the dealers/distributors are described as young white and Hispanic males. Prices reported by DEA in the West range from \$400 per pound for domestic or Mexican marijuana to as high as \$5000 for a pound of sinsemilla or high potency foreign marijuana. New York sources also report a wide range of prices reflecting a wide variety of drug types. Ten dollar bags of loose marijuana are common purchase units.

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## Other Drugs/Emerging Drugs

Many sources continue to mention a re-appearance of hallucinogens (LSD, mescaline, PCP), particularly among young and college-aged users. The National Monitoring the Future (High School Senior) Survey, covering the same time period as earlier Pulse Checks, confirms earlier Pulse Check reports of this re-appearance. This round of conversations did not produce any added information on this phenomenon.

Three sites mentioned a rise in amphetamine use (Denver, Los Angeles, and San Francisco), though it has not appeared elsewhere. However, one treatment provider in Southern California reported that injectable methamphetamine is the primary drug problem among the clients they cur-

rently serve. Los Angeles police also mentioned the appearance of something called “tweek,” described as methamphetamine in a rock-like form, and is perhaps “ice.”

Alcohol, particularly alcohol use among young users, continues to be mentioned. While most of these reporters focus on illegal drugs in their work, many mention alcohol as a serious companion problem which is not adequately addressed. It is often cited in discussions about the rise in marijuana use, as it is the substance most often combined with marijuana and is part of a music/grass/alcohol scene found in clubs, on street corners, and on college campuses.

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# July 1993 - January 1994:

## Some Trends Over the Past Six Months

An earlier unpublished Pulse Check report summarized trends as of July, 1993. While there is often little change from quarter to quarter, the examination of responses over two or three reporting cycles can produce some interesting trends.

- **consistent reporting of increased use of hallucinogens**

In the July 1993 report, half of the ethnographic sources and a number of the treatment providers reported the continued presence of LSD and other hallucinogens. Since that time there has been consistent reporting of the use of these drugs, particularly among college aged users and "club" goers, and more sources have added the appearance of mescaline and PCP. PCP is mentioned by reporters on both coasts and, unlike LSD or mescaline, appears to have greater variation in ethnicity and age representation among its users.

- **continued availability of high purity heroin and increased prevalence of inhalation**

As was mentioned in the July 1993 report, high purity heroin persists in most areas (see Table 10), with the exception of Florida and Texas. (However, even in the latter places, the purity is higher than it was a year or two ago.) As a result of the increased availability of higher purity heroin, many areas are now reporting increased inhalation of the drug, though injection still dominates as the primary mode of administration. It is interesting that in some areas where higher purity heroin is available (like Los Angeles, San Francisco and even Connecticut) inhalation remains rare, relative to other areas such as (New York and New Jersey) where inhalation is more

common. In most cases, the trend toward inhalation has been coupled with younger users, though sources stress that the majority of all heroin users, regardless of mode of administration, are still older, established users. The New York report for this quarter is interesting in that regard. Older heroin users, fearful of HIV and more hesitant to inject their purchases in copping areas, now often inundated with crack users, are purchasing and snorting heroin rather than injecting it. French in New Jersey, however, reports increased prevalence of heroin inhalers who have never injected heroin appearing for treatment, many in their late 20s and early 30s. He also notes that emergency room mentions for heroin are rising rapidly among younger age groups, indicating a number of new users.

The price/purity data from STRIDE, prepared by Abt Associates quarterly, (see Table 10) substantiates these trends. Purchases even of 1/2 gram or less have sustained high purity nationwide (over 40 percent) and price per pure gram have remained low throughout the 1990s. This varies regionally as is reflected in the Pulse Check reports. Purity is very high in the Northeast and lower in the South and West, though higher even there than five years ago.

- **some reduction in crack use**

While crack and cocaine in general remains the primary problem across all areas, reporters increasingly say that crack use has leveled off over the past few cycles. This trend was mentioned in earlier summaries. Sources are quick to note that crack is still the most serious problem, but that dealers and users seem to be "slowing down," and that there appear to be fewer new recruits to the drug.

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- **rise in marijuana use and availability**

The 1993 Monitoring the Future Study indicates the same trend which has been reported by earlier Pulse Check sources. There was a 4 percent increase (to 26 percent) in high school seniors reporting prior 30-day marijuana use in 1993 compared to 1992. This is also accompanied by a decrease in the percentage of students who think marijuana poses “a great risk.”

In the last few cycles the trend has been toward markedly increased availability, increased marketing, and use of marijuana, both alone and in com-

bination with cocaine. Blunts (the cigar-like packaging of marijuana) are now reported on college campuses as well as in inner city areas, and an active marketing campaign for marijuana products and paraphernalia has appeared in many major urban areas. Associated with this trend is a drop in price and an increased availability of varieties of marijuana (Table 10), many with high THC content. The market seems to be dominated by domestically grown marijuana, though more exotic, foreign varieties are also available in large metropolitan areas.

Table 1

## Ethnographers - Heroin: 2/94

City	Incidence	Who's Using	Δ in Users	Method	Other Drugs	Emerging Drugs	Who's Selling
Bridgeport, Connecticut (Geter)	slight escalation	mostly longtime users, but rise in number of 17-25 year olds and women; African-Americans		15-30 year olds more likely to snort; other inject	speedball (cocaine)	marijuana and mescaline among teens	20-30 year olds African-Americans
San Antonio/El Paso (Ramos)	up	Mexican-Americans; few African-Americans; males 25-35	more women	injection almost exclusively	rare to see heroin alone; speedballs are norm (cocaine)	acid among teens	
Los Angeles (Annon)	up from ER data, treatment admissions	2/3 male, Latino; likely to be over 35	none	IV, still no move toward snorting			Mexican Nationals & Mexican-Americans
San Francisco (Murphy)	increase	20s and 30s	none	inhaling, injecting	methamphetamines PCP	---	---
Baltimore/D.C. (Mundell)	stable	aging population; all ethnic groups; men & women	---	---	cocaine in speedball	---	---
Oakland (Feldman)	stable	30-60 year olds with some new young users	some new younger users	inject; though young users snort	speedball (cocaine)	no	old users (30-60); match neighborhoods in which they sell
New York (Galea)	stable at a high level	users both older and some new users apparent	more inhalers of all ages	inhaling and injecting	cocaine alcohol	no	separation of locations
Atlanta (Serk)	low but increasing	older African-Americans males younger cohort also	---	IV	speedball (cocaine)	---	males, African-American; sell only heroin; no crossovers
Denver (Koester)	no change	older users still predominate	more younger users among runaways	---	speedball (cocaine)	methamphetamines	Mexican nationals
Miami (Page)	same	older, 30s and 40s, male	no	1. IV 2. skin popping 3. snorting	speedball (cocaine)	Rufinal LSD	---
Trenton/Newark (French)	stable	many new inhalers, young users; late 20s	continued increase in inhalation	inhale inject	cocaine	Khat (see notes)	some new dealers who previously sold cocaine
Tampa (Mieczkowski)	low	too small a group to measure	---	---	---	---	---



Table 1 (cont'd.)			
Ethnographers - Heroin: 2/94			
City	Purchase Amount	Purity	Other/Comments
Bridgeport, Connecticut (Geter)	\$10 bags	rising quality in the bags	Stable population of heavy users, older guys not interested in treatment; "lot of these guys are ones taking a fall."
San Antonio/El Paso (Ramos)	\$10 bag \$20 "spoon" \$80 = 5 spoons	low	Potency is reportedly low; users complain they can "just get the edge off."
Los Angeles (Annon)		high	
San Francisco (Murphy)	---	high	Price is stable; purity high; "If my respondents are any indication, the heroin is strong. It's hell keeping them awake during a two hour interview."
Baltimore/D.C. (Mundell)	---	---	
Oakland (Feldman)	\$5, \$10 units	---	
New York (Galea)	\$5, \$10 bags	high - up to 40%	Inhaling has become an "in" thing in clubs; also dealers are selling in separate locations (away from crack dealers) to avoid police attention; new competition among dealers as former crack dealers switch to heroin dealing; return of many new shooting galleries.
Atlanta (Sterk)	\$10, \$25 bags \$100/gram	rising	
Denver (Koester)	¼ gram = \$20	noticeably decreasing quality	
Miami (Page)	---	somewhat higher than last quarter but potency still low	Packaged in clear or pink bags.
Trenton/Newark (French)	\$10-\$15/bag	50%	Dramatic increase in young ER mentions; also treatment admissions show dominance of inhalers; $\bar{x}$ age 26 indicating longer time to treatment for inhalers; many enter treatment with no injection history. Khat appearing in police seizures, no market structure for it apparent, but street interest in it.
Tampa (Mieczkowski)	---	---	"We just don't see a lot of heroin users."

Table 2

## Police - Heroin: 2/94

City	Incidence	Who's Using	$\Delta$ in Users	Method	Other Drugs	Emerging Drugs	Who's Selling
Yakima, WA	no change, still popular	25-45 years old; equal men & women; primarily African-American	none	injection; no snorters	marijuana	none	wide range of sellers
Seattle, WA DEA	---	---	---	---	---	none	Hispanics
Washington, DC	up	some younger (25-40) users snorting; older African-American users inject	more snorters	injection snorting	cocaine alcohol	"coolies"	young African-Americans
Miami, FL	small to moderate increase	older, male, white, and minority	none	injection	crack	none	Hispanic, African-American, Anglo; match the area
Boston, MA	slight increase	all ages	more whites and more blue collar users	inhaling increasing	---	none	seller matches the community of the sale
Denver, CO	increase continues	older users mid 20s-early 30s	none	injection	---	---	
Los Angeles, CA (So. Central)	stable	"see everyone buying it"; heavy use among Hispanics	none, though less speedballing	injection; never seen a snorter		tweek (see comments)	African-Americans and Hispanics
Maryland (State Police)	up	---	---	primarily see innercity injectors; snorters are more middle class	---	blunts	older African-American males

**Table 2 (cont'd.)**

**Police - Heroin: 2/94**

<b>City</b>	<b>Purchase Amount</b>	<b>Purity</b>	<b>Other/Comments</b>
Yakima, WA	25 grams = \$1800 1 gram = \$100	---	Price indicates a steady demand.
Seattle, WA DEA	Black Tar 1 gram = \$80-\$800 SE Asian 1 gram = \$450	25-70% for Black Tar at gram level; 50-75% for SE Asian at gram level	
Washington, DC	\$20-\$40/bag	15-25% pure	Mix of cigarettes and NoDoz called "coolies"; more indoor sales.
Miami, FL	\$5-\$10/hit	up	
Boston, MA	\$10/bag (.025 gram)	very pure	
Denver, CO	prices are down, vary by area	variable	Black tar is dominant type so no inhalation.
Los Angeles, CA (So. Central)	\$3-\$5/bag; packaged in balloons	low	Tar heroin is dominant; "tweek" is something like methamphetamine, but looks like rock cocaine and sells for \$4/hit.
Maryland (State Police)	\$10, \$20/bag for .10-.20 grams; higher quality for snorting is \$100 for ¼ gram	injectable is 8-9%; snortable is 50-60%	Use of inhalants is up among high school students.

Summary Table 3

Treatment Providers  
Drug Use Patterns  
2/94

DRUG: HEROIN

REGION	% clients w/drug listed as 1 <sup>o</sup> drug of abuse	$\Delta$ over last year	% clients injecting	% clients inhaling/ smoking	Other Drugs Used (% Mentioned)
I N=11	$\bar{x}$ = 27%	increase 55% no change 45% decrease 0	$\bar{x}$ = 64%	$\bar{x}$ = 36%	cocaine 73% marijuana 64% alcohol 73% tranquilizers 45% hallucinogens 9% amphetamines 9% other 18%
II N=8	$\bar{x}$ = 22%	increase 38% no change 62% decrease 0	$\bar{x}$ = 53%	$\bar{x}$ = 47%	cocaine 50% marijuana 38% alcohol 88% tranquilizers 38% amphetamines 13% other 25%
III N=11	$\bar{x}$ = 4%	increase 9% no change 64% decrease 27%	$\bar{x}$ = 77%	$\bar{x}$ = 23%	cocaine 27% marijuana 18% alcohol 55% tranquilizers 18% amphetamines 27%
IV N=7	$\bar{x}$ = 9%	increase 33% no change 50% decrease 17%	$\bar{x}$ = 96%	$\bar{x}$ = 4%	cocaine 50% marijuana 83% alcohol 100% tranquilizers 33% speed 17% amphetamines 33%
Region I: Connecticut, Maine, Massachusetts, New York, New Jersey, Rhode Island, New Hampshire, Vermont, Pennsylvania					
Region II: Alabama, Florida, Georgia, Kentucky, Mississippi, Texas, North and South Carolina, Tennessee, Arkansas, Louisiana, Oklahoma, Maryland, Delaware, Virginia, West Virginia, D.C.					
Region III: Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin, Iowa, Kansas, Missouri, Nebraska, North and South Dakota					
Region IV: Colorado, Montana, Utah, Wyoming, Nevada, Arizona, California, Idaho, New Mexico, Washington, Oregon					

Summary Table 3 (cont'd.)

**Treatment Providers**  
**Characteristics of Users by Drug of Abuse**  
**2/94**

**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=11	$\bar{x}$ = 7%	$\bar{x}$ = 28%	$\bar{x}$ = 65%	$\bar{x}$ = 27%	$\bar{x}$ = 59%	$\bar{x}$ = 14%	$\bar{x}$ = 77%	$\bar{x}$ = 23%	$\bar{x}$ = 54%	$\bar{x}$ = 46%
II N=8	$\bar{x}$ = 24%	$\bar{x}$ = 16%	$\bar{x}$ = 60%	$\bar{x}$ = 55%	$\bar{x}$ = 38%	$\bar{x}$ = 7%	$\bar{x}$ = 74%	$\bar{x}$ = 26%	$\bar{x}$ = 61%	$\bar{x}$ = 39%
III N=11	$\bar{x}$ = 5%	$\bar{x}$ = 21%	$\bar{x}$ = 74%	$\bar{x}$ = 40%	$\bar{x}$ = 57%	$\bar{x}$ = 3%	$\bar{x}$ = 78%	$\bar{x}$ = 22%	$\bar{x}$ = 64%	$\bar{x}$ = 36%
IV N=7	$\bar{x}$ = 0	$\bar{x}$ = 15%	$\bar{x}$ = 85%	$\bar{x}$ = 16%	$\bar{x}$ = 39%	$\bar{x}$ = 45%	$\bar{x}$ = 64%	$\bar{x}$ = 36%	$\bar{x}$ = 71%	$\bar{x}$ = 29%

Table 4

## Ethnographers - Cocaine: 2/94

City	Incidence	Who's Using	Δ in Users	Method	Other Drugs	Emerging Drugs	Who's Selling
Bridgeport, Connecticut (Geter)	crack use still high	20-40 year olds; African-American and Hispanics	slightly older crack users seen now	injection w/heroin; but its mostly crack	heroin P-dope	---	crack sellers are teens 15-20
San Antonio/El Paso (Ramos)	high	African-Americans use crack; also white professionals snort powder	more women using crack	smoke; snort and inject; most are injectors	speedball	---	
Los Angeles (Annon)	slight decline	26-35; 40% African-American; 30% Latino	none	½ crack users; some move back to snorting			Mexicans
San Francisco (Murphy)	"waning"	late 20s and 30s	getting older	smoking	methamphetamine PCP	LSD mescaline MDMA	---
Baltimore (Mundell)	stable	older users, fewer new, young users		crack most common	---	---	---
Oakland (Feldman)	stable	older users (not teens)	none	---	---	---	Mexican youths
New York (Galea)	still the dominant drug	young users, many young females	more older (40-50) males seen	crack most common	heroin alcohol marijuana	none	young marketers, teens
Atlanta (Sterk)	high, particularly crack	African-Americans in 20s & 30s	---	mostly crack; some IV in speedball	alcohol & marijuana w/crack	---	African-Americans male & female for crack; no heroin sold with it
Denver (Koester)	no change for either HCl or crack	white, young users		---	methamphetamine w/HCl	---	---
Miami (Page)	slight decrease of injection in favor of smoking	wide variation	fewer young recruits	1. smoking 2. IV 3. snorting	heroin	---	---
Trenton/Newark (French)	stable		fewer young users	smoking injecting	heroin	---	---
Tampa (Mieczkowski)	stable	50% white 30% African-American	none	snort smoke	marijuana valium	Nexus	---

Table 4 (cont'd.)

## Ethnographers - Cocaine: 2/94

City	Purchase Amount	Purity	Other/Comments
Bridgeport, Connecticut (Geter)	vial = \$3, \$5, \$10 \$10 bag of HCl, \$40/gram	good	Exotic markings on bags and vials evident. Names like "Murder One" or "Smoking Gun" are heroin/cocaine 2-bag combinations for sale.
San Antonio/El Paso (Ramos)	\$10, 20, 30 units; 1/16 oz. = \$120 = 12-16 hits	good	---
Los Angeles (Annon)		varies 30-95%	
San Francisco (Murphy)	drop in price; 1 gram = \$50	---	LSD, mescaline and MDMA among college students; increased PCP and methamphetamine use among gay men.
Baltimore (Mundell)	---	---	---
Oakland (Feldman)	\$2, \$5, \$10, \$20 rocks	---	Lots of alcohol use among teens evident.
New York (Galea)	HCl in \$20, \$40 bags, 1 gram = \$40-\$60 \$5, \$10 vials	high, very available	Older men are getting introduced to crack through young females who they contact initially for sex.
Atlanta (Sterk)	\$5/rock \$60-100/gram	---	
Denver (Koester)	¼ gram = \$20	decreasing quality	Seeing increase in methamphetamine (crystal) and cocaine injectors.
Miami (Page)	\$3, \$5 rocks \$5, 10 bags HCl	consistently strong bags	Crack smoking in increasingly entrenched in African-American community but not collecting new recruits as rapidly as 5 years ago.
Trenton/Newark (French)	\$3, \$5, \$10/rock 1 gram = \$50	high	See crack dealers switching to heroin sales.
Tampa (Mieczkowski)	125/gram \$10, 20/rock	good	

**Table 5**

**Police - Cocaine: 2/94**

City	Incidence	Who's Using	Δ in Users	Method	Other Drugs	Emerging Drugs	Who's Selling
Yakima, WA	high, no change	15-60; "everybody uses it;" White and African-American	none	---	marijuana	---	Hispanics
Seattle, WA DEA	---	---	---	---		none	Hispanics African-Americans
Washington, DC	stable	HCl user is white; crack user is African-American	none	smoking snorting injecting	PCP alcohol	PCP	young African-American males
Miami, FL	up	evenly mixed among ethnicity	more young users	smoking	marijuana	none	depends on area, but they only sell cocaine
Boston, MA	stable	all ages, ethnicities	none	sniffing smoking	marijuana	none	seller matches community of the sale
Denver, CO	crack is still the primary drug	young, visible users	none	crack	---	---	open markets
Los Angeles, CA (So. Central)	high, "an avalanche"	many in 30s and 40s who are using crack; also common among African-American males 20-40	none	primarily crack	alcohol	---	Hispanics and African- Americans
Maryland (State Police)	availability has declined for powder; availability of crack is up	---	---	snorting and smoking	marijuana	---	Young African-American males, younger than heroin dealers



**Table 5 (cont'd.)**

**Police - Cocaine: 2/94**

City	Purchase Amount	Purity	Other/Comments
Yakima, WA	1 gram = \$60	---	
Seattle, WA DEA	1 gram HCl = \$80-\$150 .1 gram = \$20	50-75% HCl at gram level	
Washington, DC	½ and whole grams selling \$50 & \$100; crack \$10, \$20, \$50 or \$100/rock	50% or higher	PCP is back.
Miami, FL	1 kilo - \$18,000 1 rock = \$5, \$10	up	
Boston, MA	\$10/.2 grams	high	
Denver, CO	prices down somewhat	variable	
Los Angeles, CA	variable depending on size of rock; "powder is only for dealers"	low	
Maryland (State Police)	HCl is \$80-\$90/gram; crack \$10, \$20, \$40 pieces; dealers' market is above 2 grams	dropping; HCl at 54%	

Summary Table 6

Treatment Providers  
Drug Use Patterns  
2/94

DRUG: COCAINE/CRACK

REGION	% clients w/drug listed as 1 <sup>o</sup> drug of abuse	$\Delta$ over last year	% clients injecting	% clients inhaling/ smoking	Other Drugs Used (% Mentioned)
I N=11	$\bar{x}$ = 49%	increase 0 no change 80% decrease 20%	$\bar{x}$ = 14%	$\bar{x}$ = 86%	heroin 55% marijuana 64% alcohol 73% tranquilizers 36% amphetamines 9% other 9%
II N=8	$\bar{x}$ = 41%	increase 0 no change 100% decrease 0	$\bar{x}$ = 4%	$\bar{x}$ = 96%	heroin 25% marijuana 38% alcohol 88% tranquilizers 28% amphetamines 13% other 25%
III N=11	$\bar{x}$ = 31%	increase 18% no change 73% decrease 9%	$\bar{x}$ = 9%	$\bar{x}$ = 91%	heroin 18% marijuana 55% alcohol 73% tranquilizers 36% amphetamines 18% speed 9% other 9%
IV N=7	$\bar{x}$ = 11%	increase 0 no change 60% decrease 40%	$\bar{x}$ = 18%	$\bar{x}$ = 82%	heroin 20% marijuana 60% alcohol 100% tranquilizers 20% speed 20% methamphetamine 40%

Region I: Connecticut, Maine, Massachusetts, New York, New Jersey, Rhode Island, New Hampshire, Vermont, Pennsylvania

Region II: Alabama, Florida, Georgia, Kentucky, Mississippi, Texas, North and South Carolina, Tennessee, Arkansas, Louisiana, Oklahoma, Maryland, Delaware, Virginia, West Virginia, D.C.

Region III: Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin, Iowa, Kansas, Missouri, Nebraska, North and South Dakota

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

Summary Table 6 (cont'd.)

Treatment Providers  
Characteristics of Users by Drug of Abuse  
2/94

**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=11	$\bar{x} = 3\%$	$\bar{x} = 33\%$	$\bar{x} = 64\%$	$\bar{x} = 41\%$	$\bar{x} = 49\%$	$\bar{x} = 10\%$	$\bar{x} = 78\%$	$\bar{x} = 22\%$	$\bar{x} = 55\%$	$\bar{x} = 45\%$
II N=8	$\bar{x} = 0$	$\bar{x} = 100\%$	$\bar{x} = 0$	$\bar{x} = 62\%$	$\bar{x} = 33\%$	$\bar{x} = 5\%$	$\bar{x} = 61\%$	$\bar{x} = 39\%$	$\bar{x} = 46\%$	$\bar{x} = 54\%$
III N=11	$\bar{x} = 13\%$	$\bar{x} = 34\%$	$\bar{x} = 53\%$	$\bar{x} = 39\%$	$\bar{x} = 56\%$	$\bar{x} = 5\%$	$\bar{x} = 69\%$	$\bar{x} = 31\%$	$\bar{x} = 47\%$	$\bar{x} = 53\%$
IV N=7	$\bar{x} = 1\%$	$\bar{x} = 57\%$	$\bar{x} = 42\%$	$\bar{x} = 14\%$	$\bar{x} = 62\%$	$\bar{x} = 24\%$	$\bar{x} = 74\%$	$\bar{x} = 26\%$	$\bar{x} = 56\%$	$\bar{x} = 44\%$

Table 7

## Ethnographers - Marijuana: 2/94

City	Incidence	Who's Using	$\Delta$ in Users	Method	Other Drugs	Emerging Drugs	Who's Selling
Bridgeport, Connecticut (Geter)	up, very available	lots of young users	just more of them	---	crack	mescaline	variety of dealers; only deal marijuana, pills, LSD, no crossovers
San Antonio/El Paso (Ramos)	same	teens	none	---	alcohol; crack	---	---
Los Angeles (Annon)							
San Francisco (Murphy)	---	wide range	none	---	---	see cocaine	---
Baltimore (Mundell)	up	all ages, ethnic groups	---	---	PCP & malt liquor	PCP	---
Oakland (Feldman)	---	"all over"	none	---		---	---
New York (Galea)	very high, "unbelievably popular"	everybody	---	---	malt liquor, cocaine in a blunt	---	young adults
Atlanta (Serk)	---	primarily cocaine users and younger users of just marijuana	---	---	crack	---	crack dealers and marijuana only dealers
Denver (Koester)	increasing		none	---	---	---	
Miami (Page)	slight surge among teens	teens (12-15) also older (30-50) users	---	---	LSD; cocaine	---	---
Tampa (Mieczkowski)	---	60% whites 30% African-Americans	none	---	alcohol	---	---
Trenton/Newark (French)	up	wide range	none	---	w/cocaine in blunt	---	wide range; seizures at Newark Airport indicate some non-local trade

Table 7 (cont'd.)

## Ethnographers - Marijuana: 2/94

City	Purchase Amount	Purity	Other/Comments
Bridgeport, Connecticut (Geter)	\$10 for bag which = 3 joints	good	Dealers deliver in nightclubs, bars, parties when contacted through beepers; street sales in many areas.
San Antonio/El Paso (Ramos)	\$1-\$2/joint oz. = \$65	good	---
Los Angeles (Annon)			
San Francisco (Murphy)	---	--	---
Baltimore (Mundell)	---	---	Blunts are appearing among college population, sometimes combined with PCP.
Oakland (Feldman)	Mexican = \$125/oz. sinsemilla = \$150/ ¼ oz.	varies	
New York (Galea)	\$100-\$600/oz.	high	"It's like beer; New Yorkers like the imported stuff and can buy grass from around the world here." A California brand called "Chronic" is the most common and is marketed with T-shirts, caps, etc.
Atlanta (Sterk)	1 oz. = 150	--	
Miami (Page)	1/3 oz. = \$100 \$5/joint	strong	Emphasis on mind expanding, belief in it as a positive drug experience has returned. When combined w/cocaine called "lace."
Tampa (Mieczkowski)	\$125/oz.	---	---
Denver (Koester)	wide price variation	wide variation	
Trenton/Newark French	\$10/bag = 3 joints	variable	Increase in number of body packers of grass found at Newark Airport.

Table 8

## Police - Marijuana: 2/94

City	Incidence	Who's Using	$\Delta$ in Users	Method	Other Drugs	Emerging Drugs	Who's Selling
Yakima, WA	demand still high	wide range of people	none	---	alcohol	none	white males 20-40 growing their own
Seattle, WA DEA	---	---	---	---	---	---	Hispanics and Caucasians
Washington, DC	"exploding"	16-25 year olds, male, minority	none	---	PCP crack		young, African-American males
Miami, FL	up	young users, mixed ethnicity	more young users		combined w/crack	---	young sellers, only sell marijuana
Boston, MA	slight increase	all ages, ethnicities	none	---	crack	none	sellers match community of sale
Los Angeles, CA	stable	Hispanics, younger users (13-20)	none	---	alcohol	---	Hispanics, young gang members
Maryland (State Police)	---	---	---	---	with crack	---	white males and they are a "tight knit community"

**Table 8 (cont'd.)**

**Police - Marijuana: 2/94**

<b>City</b>	<b>Purchase Amount</b>	<b>Purity</b>	<b>Other/Comments</b>
Yakima, WA	---	---	Supply and demand haven't changed much since last report.
Seattle, WA DEA	1 lb. sinsemilla = \$1600-\$5000 1 lb. Mexican = \$400-\$1200 1 lb. domestic = \$400-\$5000		
Washington, DC	¼ oz. = \$85; dime bags also available	DK	Zip lock or stapled bags common sight.
Miami, FL	\$5, \$10/bag	up	
Boston, MA	\$10/bag = 2 joints	up	
Los Angeles, CA	\$10/bag	high	
Maryland (State Police)	1/8 oz. = \$35-\$40	---	

Summary Table 9

Treatment Providers  
Drug Use Patterns  
2/94

**DRUG: MARIJUANA**

REGION	% clients w/drug listed as 1° drug of abuse	$\Delta$ over last year		Other Drugs Used (% Mentioned)	
I N=11	$\bar{x}$ = 16%	increase	11%	cocaine	22%
		no change	89%	alcohol	78%
		decrease	0	tranquilizers	22%
				amphetamines	11%
II N=8	$\bar{x}$ = 18%	increase	0	heroin	25%
		no change	100%	cocaine	25%
		decrease	0	alcohol	75%
				tranquilizers	13%
				amphetamines	13%
				other	13%
III N=11	$\bar{x}$ = 14%	increase	9%	heroin	9%
		no change	82%	cocaine	27%
		decrease	9%	alcohol	92%
				tranquilizers	18%
				amphetamines	9%
				hallucinogens	9%
				other	9%
IV N=7	$\bar{x}$ = 16%	increase	0	heroin	14%
		no change	71%	alcohol	86%
		decrease	29%	tranquilizers	14%
				methamphetamine	29%
				other	14%
<p>Region I: Connecticut, Maine, Massachusetts, New York, New Jersey, Rhode Island, New Hampshire, Vermont, Pennsylvania</p> <p>Region II: Alabama, Florida, Georgia, Kentucky, Mississippi, Texas, North and South Carolina, Tennessee, Arkansas, Louisiana, Oklahoma, Maryland, Delaware, Virginia, West Virginia, D.C.</p> <p>Region III: Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin, Iowa, Kansas, Missouri, Nebraska, North and South Dakota</p> <p>Region IV: Colorado, Montana, Utah, Wyoming, Nevada, Arizona, California, Idaho, New Mexico, Washington, Oregon</p>					



Summary Table 9 (cont'd.)

Treatment Providers  
 Characteristics of Users by Drug of Abuse  
 2/94

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=11	$\bar{x} = 33\%$	$\bar{x} = 34\%$	$\bar{x} = 33\%$	$\bar{x} = 14\%$	$\bar{x} = 66\%$	$\bar{x} = 20\%$	$\bar{x} = 88\%$	$\bar{x} = 12\%$	$\bar{x} = 47\%$	$\bar{x} = 53\%$
II N=8	$\bar{x} = 0$	$\bar{x} = 66\%$	$\bar{x} = 34\%$	$\bar{x} = 31\%$	$\bar{x} = 63\%$	$\bar{x} = 6\%$	$\bar{x} = 76\%$	$\bar{x} = 24\%$	$\bar{x} = 35\%$	$\bar{x} = 65\%$
III N=11	$\bar{x} = 19\%$	$\bar{x} = 48\%$	$\bar{x} = 33\%$	$\bar{x} = 22\%$	$\bar{x} = 74\%$	$\bar{x} = 4\%$	$\bar{x} = 73\%$	$\bar{x} = 27\%$	$\bar{x} = 36\%$	$\bar{x} = 64\%$
IV N=7	$\bar{x} = 32\%$	$\bar{x} = 53\%$	$\bar{x} = 15\%$	$\bar{x} = 3\%$	$\bar{x} = 72\%$	$\bar{x} = 25\%$	$\bar{x} = 71\%$	$\bar{x} = 29\%$	$\bar{x} = 32\%$	$\bar{x} = 68\%$

Table 10 Average Drug Price in The United States by Quarter, 1993				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Cocaine				
Purchases of 1 ounce or less				
Price per pure gram	\$126	\$126	\$113	\$116
Purity	74%	72%	72%	72%
Purchase Of 1.8 ounce or less				
Price per pure gram	\$171	\$178	\$154	\$165
Purity	76%	76%	75%	76%
Heroin				
Purchases of 1 gram or less				
Price per pure gram	\$2,082	\$1,657	\$1,113	\$1,397
Purity	44%	38%	50%	40%
Purchase pf ½ gram or less				
Price per pure gram	\$2,186	\$1,753	\$1,109	\$1,891
Purity	50%	40%	57%	42%
Marijuana				
Purchases of 1 pound or less				
Price per bulk gram	\$12	\$11	\$11	\$12
Purchase of 1 ounce or less				
Price per bulk gram	\$14	\$13	\$12	\$14

Source: System to Retrieve Information form Drug Evidence, 1993.



