



Office of National Drug Control Policy

PULSE CHECK *National Trends in Drug Abuse*

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Executive Summary

The Pulse Check is a series of telephone contacts with drug ethnographers, epidemiologists, treatment providers, and police—persons who are “on the front lines” of the drug problem nationwide. It provides a current, subjective profile of drug use and availability in contrast to the comparatively dated, objective profile provided by surveys. Clearly, the Pulse Check is a complement to, not a substitute for, traditional data sources. The key findings of the results of the Pulse Check for calls during June 1994 follows.

Heroin

Heroin use and availability continue to be high in most areas of the Northeast and Midwest, and low in portions of the South and West. In areas where availability is high the heroin is also reported to be of high purity. The majority of heroin users are in their thirties or older and inject the drug. However, younger users (ages 21-30) in areas of high availability **are** beginning to inhale heroin. Heroin sellers are responding to this trend by cutting and packaging heroin for injectors and for inhalers in different ways. In some areas, sellers are also offering heroin processed for smoking. The practice of “speedballing” [mixing heroin and cocaine powder (HCl) for injection] continues to be popular. While treatment providers reported that heroin is not the primary drug of abuse for most clients, there have been increases in the number of individuals seeking treatment for primary heroin use.

Cocaine

Cocaine use has stabilized in most areas of the country and may even be on the decline. However,

there continues to be a high demand for this drug, particularly in the form of crack. A few areas reported that heroin and cocaine or crack are being sold together in a package dubbed “one-on-one.” Some cocaine or crack sellers are affixing “bag markings” to their packages, a technique common to the heroin trade and often seen as an indication of stable distributors. The demand for cocaine treatment is also high, although in some rural areas and the West the demand for alcohol and marijuana treatment surpasses that for cocaine.

Marijuana

Marijuana use, particularly among teenagers and persons in their early twenties, is reportedly up in almost every city and area. Marijuana is sometimes laced with other illegal substances including heroin, PCP, and cocaine. As a result of the increased demand for marijuana, sources reported an emergence of international trafficking and smuggling of marijuana. The variety of marijuana being smuggled is generally high priced and highly potent. While marijuana is generally a secondary drug to alcohol or other drugs for individuals seeking treatment, it is reported to be increasing as the primary drug for clients in all four regions. In fact, marijuana surpassed cocaine as the primary drug of abuse in the Midwest (region 3).

Other Emerging Drugs

Hallucinogens, often referred to as “club drugs,” are increasingly popular in Atlanta and New York. Amphetamines are emerging as a significant problem in parts of the South and West. Alcohol continues to be used by nearly all illicit drug users.

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 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 current, 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 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, and sometimes have no information to report on a topic included in the guidelines.

The following sections briefly describe each type of data source and summarize the results of the Pulse Check for the period ending in June 1994.

Description of Sources

Ethnographic Sources.

Callers contact ethnographers, epidemiologists, and ethnographic sources from multiple urban areas. 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 sources 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 sources 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 fifteen ethnographic sources.

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, 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 holds 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 cases 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.

Results of the Pulse Check for June 1994

HEROIN

(Tables 1-3)

Ethnographic Sources.

Heroin use and availability continue to be high in most areas of the Northeast and Midwest. In these areas heroin is described as readily available, relatively inexpensive, and very pure. Consequently, it is in these cities that the practice of inhalation, made possible by the availability of this high purity heroin, is increasingly reported. As was reported last quarter, however, there are still areas including Tampa, Miami, San Antonio, and Los Angeles that report low levels of heroin use and little or no evidence of inhalation. Most areas continue to report the popular practice of "speed-balling" (mixing heroin and cocaine HCl for injection).

There is a clear connection between the age of the addict and the method of heroin ingestion. Traditional users in their 30s and 40s inject heroin while new, younger users (20-30 years old) prefer to inhale the drug. Furthermore, the heroin population is not changing in areas where injection is the sole method of use; it is increasing only in areas where inhalation is prevalent. This suggests that more education and early treatment intervention are needed in areas where heroin is inhaled or where purity is increasing.

In Connecticut, where high purity heroin is widely available, the ethnographer noted that addicts may be both injecting and inhaling. For instance, older users with many collapsed veins at injection sites may give their veins a rest by inhaling high purity heroin for several days. These users then return to injection as a more efficient mode of administration. This practice, however, depends on the price and the "quality of the score" available to them.

Heroin sellers vary by area, running the gamut from young gang members to older established drug connections. The most common purchase unit is the "dime" bag, 1/8 to 1/10 of a gram which sells for \$10. In some areas, including New York and Chicago, smaller "nickel" bags (\$5) are marketed. In Denver and Austin, the typical unit is also 1/10 of a gram but sells for \$20-25. Its nickname, "paper," refers to the wax paper in which the drug is folded. Purity is reportedly lower in the South and the West than in the Northeast and Midwest.

The heroin available in Texas is primarily black tar or a Mexican brown (low purity) variety, though some Southeast Asian and Colombian (high purity) heroin is also now available. However, one Texas source noted that the circumstances of most seizures of Southeast Asian or Colombian heroin indicate that it was destined for the Northeast rather than local markets. Addicts along the border are reported as preferring Mexican brown over white heroin because variation in the purity of Mexican brown heroin can be determined by color. Sources also reported that Texas heroin users may "cook down" black tar heroin, a unique method of preparation in which users liquefy the heroin and inhale it as "nose drops."

In areas where the purity and quality of the heroin is high and the demand for snortable heroin is increasing, sellers are cutting and packaging heroin for injectors and for inhalers in different ways. The sellers cut heroin for inhalers with adulterants that are somewhat easier on the user's nasal passages than the traditional quinine cut used with heroin intended for injectors (first reported several cycles back). In effect, sellers are aware of changes in the demand for heroin and are modifying the product to appeal to the market's demands.

Some areas reported heroin being smoked. While heroin powder is not known to burn easily or effectively, there may be some extra processing of heroin in areas of high availability into a base form that is more readily smokable. For example, it was reported in New York that such processed heroin is being combined with tobacco and smoked in a pipe. This trend is potentially problematic and will be monitored closely in future Pulse Checks.

Treatment Providers.

Heroin is not the primary drug of abuse for most clients in the sample of 52 treatment providers contacted for this Pulse Check. However, in every region a significant number of treatment providers (17-42 percent) reported an increase in persons seeking treatment primarily for heroin. Regions 1, 3, and 4 reported that the majority (60-92 percent) of heroin clients are over 30, but Region 2 reported that the majority of heroin clients are ages 21-30. Injection is still the dominant route of administration for heroin among users entering treatment, though almost half are entering treatment as inhalers in the high purity/availability areas of the Northeast. Heroin users are more likely to have had prior treatment experience than cocaine and marijuana users: 60-98 percent of heroin clients across all regions have been in treatment before.

Many treatment providers, particularly those in more rural areas, made it clear that the primary drug of abuse is not heroin but alcohol. Several Region 4 treatment providers reported few or no heroin users, but large numbers of primary alcohol and amphetamine users. In all four regions, alcohol is again the number one substance linked with primary heroin use.

Police Sources.

Police sources all reported a continued high

level of heroin arrests and seizures this quarter. They also reported that inhalation of heroin is increasingly popular. The demographic characteristics of heroin sellers usually match those of their buyers, though Maryland State Police sources noted the appearance of some younger sellers.

Police reported that dime bags are the most common unit for heroin sales, and that gram prices vary from \$75-300 depending on the area and purity. Purity in the dime bags also varies by area, but is generally high, averaging about 40 percent.

COCAINE/CRACK

(Tables 4-6)

Ethnographic Sources.

Crack cocaine and cocaine powder (HCl) use seems to have stabilized in most areas of the country. Some areas, including Los Angeles, San Francisco, Washington D.C., and New York, even reported declining use. Most cocaine users are smoking the drug in its crack form. Cocaine injectors are often persons speedballing cocaine HCl with heroin, rather than injecting cocaine alone. Injectors are more likely to be older males, while crack smokers are more likely to be young and are increasingly female. In East Texas, a practice of dissolving crack in lemon juice or vinegar, then injecting it, was reported.

Ethnographers reported that cocaine users who inhale and smoke are not as likely to be using heroin in combination. However, one Texas reporter noted the appearance of "one-on-one" houses in Dallas, where both heroin and crack are sold. She also noted that "stash areas" (drug storage and distribution areas) have moved from urban to rural areas, and white crack dealers are appearing on the streets in those new areas. This move may be related to fears of violence in and around the

inner-city, open air drug markets. Sources in Denver reported that packaging of heroin and cocaine HCl together for speedballing is also called “one-on-one.” This may indicate that the term and its practice are spreading. Other drugs used by cocaine HCl or crack users are marijuana, alcohol and in the West, amphetamines.

In most communities, cocaine sellers tend to be young males, often Hispanic or African American, but as a rule of thumb, demographics of the sellers match the community in which they sell. In Texas, upper level cocaine HCl traffickers are white or Hispanic, and street level crack or powder dealers are African Americans. Nigerians and Jamaican posses are also reported as heavily involved in the crack trade.

Prices for crack vary from \$2-3/rock in Connecticut to \$10-30 in Florida. Larger rocks (.6-.7 grams) are available in Texas for \$50, and a “cookie” or “biscuit” which equals 50 rocks sells for \$250. Cocaine HCl can generally be purchased as a dime bag or for \$50-100 per gram. Connecticut, Los Angeles and Chicago reported sales of the “8-ball,” a 1/8 ounce package that sells for \$115-150. New York and New Jersey sources reported increased availability of larger units of purchase, including the 8-ball. The purity of cocaine and crack seems to vary somewhat, but in general is considered stable and high.

Two areas also mentioned the appearance of “bag markings” for cocaine and crack. This has been common in the heroin trade for many years, and is often seen as an indication of stable distributors. “Bag marking” is the dealer’s practice of labelling his/her product and selling it by name, e.g., “Smoking Gun,” “Sudden Death,” “Red Tag,” or “Yellow Tag.”

Treatment Providers.

Treatment providers in three of the four regions reported no decrease in admissions with cocaine as the primary drug of abuse. The exception was Region 1, where 93 percent of providers reported a decrease in cocaine admissions. Nevertheless, cocaine continues to be the most common primary drug for clients in Regions 1, 2 and 4. Smoking crack is the most common method of ingestion: 72-94 percent of primary cocaine admissions are due to smoking crack.

Alcohol is the overwhelming concurrent problem with cocaine, although heroin, marijuana, and amphetamine use are up in many areas compared with last quarter. About half of the cocaine clients have been in treatment before, and they tend to be younger than those admitted for heroin use.

Police Sources.

Police sources still report a very active market for cocaine, particularly crack. Sellers are often gang members, though Maryland State Police sources noted that bulk dealers are noticeably older than the lower level distributors. Crack prices vary from \$5-20 a vial depending on the area of the country, and HCl on average sells for \$80-100 per gram. Purity is reportedly high, even at the gram level.

MARIJUANA (Tables 7-9)

Ethnographic Sources.

Marijuana use, again the drug topic most avidly discussed by ethnographers, is reportedly up in almost every city and area. Sources reported marijuana use as “going through the roof” in D.C., “all over the place” in New York, and “the illicit substance most commonly used” in Texas. While most users are young, many sources reported a contin-

ued presence of marijuana among older users of heroin and cocaine. Marijuana is sold most often in bags of varying weights, and as “blunts” (marijuana rolled in cigar wrappers) or single joints sometimes laced with other substances. In Atlanta, “geek joints” are marijuana laced with cocaine, and marijuana laced with PCP or crack is reportedly available in several sites across the country. Marijuana prices range from \$75-\$600/ounce depending on the quality and variety of the drug. Sellers are described as separate from sellers of heroin and cocaine, though in New York some sellers are adding marijuana to their inventory because of its popularity among users of the other drugs they sell.

In Chicago, a wide variety of marijuana is available in the market. Choices range from a strong-smelling, poorer quality variety known as “skunk weed” to expensive varieties with names like “Lima” (for its green color) and sinsemilla selling for more than \$300 an ounce. In addition, Chicago sources reported a practice of dipping or wiping blunts with honey to seal the paper. Marketed as “honey blunts,” these items presumably have a somewhat sweet smell or taste which might appeal to newer or younger users.

Sources reported an emergence of international trafficking and smuggling of marijuana. Texas is described as a major transshipment area for Mexican marijuana, which is smuggled across the border in autos, by aircraft, and in family RVs. The market in that area is reported as “flooded” with both Mexican and domestically grown marijuana.

Outdoor growing is common there, though indoor growing techniques are being used to produce the high potency and high priced sinsemilla. New Jersey marijuana is also now “important enough to smuggle,” and more traffickers from areas like Jamaica are reported to be entering the country through local airports.

Treatment Providers.

Marijuana is generally a secondary drug to alcohol or other drugs for individuals seeking treatment. This quarter, however, its appearance as an independent problem was reported to be increasing in three of the four regions. **In fact, marijuana surpassed cocaine as the primary drug of abuse in Region 3.** Marijuana use is concentrated among users under 30 except in Region 4, where the majority of users treated are 31 and over. The majority of primary marijuana users in all regions have no prior treatment history.

Police Sources.

Police reported that use and seizures of marijuana are up and that a large part of the market is domestically grown. Mexican marijuana is more available in the West, though even there the market is dominated by locally grown marijuana. Boston police reported an active suburban trade based in part on “commuter suppliers” going from inner city areas to suburban ones. Prices vary widely with domestic marijuana selling for \$200 per ounce or in bags of \$10 and \$20 which produce from two to five cigarettes. Sinsemilla or exotic varieties are more expensive, selling at \$500 per ounce.

Other Emerging Drugs

Atlanta and New York sources both mentioned the rise of “club drugs.” These tend to be hallucinogens, like LSD or psilocybin, or Nexus, a hallucinogen sold in capsule form for \$20 - \$30. Other drugs mentioned include Elavil, Ritalin, Clonidine, and MDMA. These drugs appear to be used most often by young white users.

Florida and Texas ethnographic sources reported the use of ephedrine (ephedrine sulfate) among teenagers and college students. Ephedrine is a chemical precursor for amphetamines and a component of over-the-counter cold medication. Students reportedly take as many as 13 or 14 pills at a time; ill effects include dizziness and heart palpitations. These findings correspond with Drug

Abuse Warning Network (DAWN) data that show an increase in juvenile drug-related emergency room admissions.

Sources in Denver and two California cities mentioned amphetamine use as a significant problem in their area. This observation was confirmed by treatment providers from Region 4. The price of methamphetamine crystals is similar to that of cocaine. The drug is administered in the same fashion, or even in combination with, cocaine HCl. Texas reported that “Red Phosphorus,” a smokable methamphetamine cooked into rocks resembling crack, is being distributed by motorcycle gangs in some areas. Amphetamines are also reportedly popular on Texas college campuses.

Conclusion

The best news this quarter appears to be that cocaine and crack use has stabilized and may even be on the decline. However, use of this drug is still high. Heroin use has stabilized among traditional injectors, but is showing an increase among younger users who are inhaling the drug. The worst news comes from those observing marijuana use, who say use is virtually exploding, particularly among teenagers. Marijuana is being laced with even stronger narcotics such as cocaine and PCP. Alcohol continues to be a substance predominantly linked with all three drugs.

One striking trend in drug dealing is the level of sophistication sellers are showing in packaging and marketing drugs for their intended customers. Cutting and packaging drugs for new methods of ingestion, applying “bag markings” to packages, matching the race and age of the seller to the customers, and selling more than one drug at a time are all attempts by sellers to maintain their share of the market. Whether these are signs of an evolution of drug dealing as a business, or early indicators of either a surplus of drugs or a decline in demand is unclear. The Pulse Check will continue to monitor these and other trends to find the answers.

TABLE 1
ETHNOGRAPHERS
DRUG - HEROIN: 6/94

CITY	INCIDENCE	WHO'S USING	Δ IN USERS	METHOD	OTHER DRUGS	EMERGING DRUGS	WHO'S SELLING
BRIDGEPORT, CONNECTICUT (GETER)	HIGH	OVER 30, PRIMARILY INJECTORS	MORE YOUNG USERS SNORTING	INJECTION; SOME SNORTING, NO SMOKING SEEN	---	---	
SAN ANTONIO/ EL PASO (RAMOS)	UNCHANGED	YOUNG ADULTS	SOME MORE TEENS	INJECTION; SNORTING; "NOSE DROPS"	---	---	MEXICAN ORGANIZED CRIME
LOS ANGELES (ANNON)	UNCHANGED	HISPANICS WHITES	NONE	INJECTION	---	---	---
SAN FRANCISCO (MURPHY)	ON RISE IN GENERAL	MEDIAN AGE ABOUT 36; SMOKERS ARE YOUNGER, INJECTORS ARE AGING	MORE INHALERS, SMOKERS	INJECTION PREVAILS BUT SMOKING IS UP	METH- AMPHETAMINE ALCOHOL MARIJUANA	LSD MDMA	WHITE USERS; MEXICAN- AMERICANS
WASHINGTON, DC (MUNDELL)	SLIGHT INCREASE	MID 30S TO 60S; AFRICAN-AMERICANS	MORE NEW YOUNG SNORTERS	INJECTION PRIMARILY, SOME SNORTING	SPEEDBALL	PCP	UPPER LEVELS ARE NIGERIAN
OAKLAND (FELDMAN)	STABLE	SAME USERS	NO	INJECTION	---	---	AFRICAN-AMERICAN USER/SELLERS 35-45 YR. OLD
NEW YORK (GOLDSMITH)	HIGH	MALES & FEMALES EQUALLY	MORE INHALERS	INJECTION DOMINATES, BUT SEES LOTS OF INHALERS	COCAINE		
ATLANTA (STERK- ELIFON)	INCREASING	1) OLDER MALES IN THEIR 30S AND 40S 2) NEW USERS WHO INHALE & ALSO USE CRACK	RECENTLY, SNORTERS ARE SEEN	INJECTION STILL MOST COMMON (60%)	COCAINE IN SPEEDBALL, CRACK	"CLUB DRUGS": NEXUS	SAME SELLERS
DENVER (KOESTER)	MORE INJECTORS VISIBLE DUE TO SEASON	WHITE AND HISPANIC OVER 18	NO	INJECTION	COCAINE IN SPEEDBALL, MARIJUANA	NONE	GANG SELLING IS NOT AS OBVIOUS AS BEFORE

TABLE 1 ETHNOGRAPHERS DRUG - HEROIN: 6/94							
CITY	INCIDENCE	WHO'S USING	Δ IN USERS	METHOD	OTHER DRUGS	EMERGING DRUGS	WHO'S SELLING
MIAMI (PAGE)	UP	OLDER USERS	---	INJECTION	COCAINE IN SPEEDBALL	---	---
CHICAGO (WEIBEL)	STILL HIGH	OLDER INJECTORS; YOUNGER SNORTERS	NEW USERS TEND TO BE YOUNG	INJECTION; SNORTING	ATAREX COKE		OLDER, ESTABLISHED CONNECTIONS; SOME GANGS
TAMPA (MIECZKOWSKI)	VERY LOW	---	---	---	---	---	---
TRENTON/ NEWARK (FRENCH)	INCREASING		MORE WHITES IN SUBURBS ARE SNORTING	MORE SNORTERS; STILL INJECTORS; NO SMOKING			IN URBAN AREAS, HISPANICS & AFRICAN- AMERICANS
NEW YORK (GALEA)	HIGH	OLDER USERS MAINLY, WITH SOME NEW YOUNG INHALERS	SOME YOUNG NEW USERS	INJECTION; SMOKING MIXED W/TOBACCO INHALING	---	---	OLDER SELLERS, INCREASING #S OF WOMEN
AUSTIN, TX (MAXWELL)	UP	OLDER USERS, X̄ FOR INJECTORS IS 36, X̄ AGE FOR INHALERS IS 33	---	97% INJECT	COCAINE, ALCOHOL		MEXICAN MAFIA CONTROLS BLACK TAR AND MEXICAN BROWN TRADE; NIGERIANS AND COLOMBIANS ALSO SEEN

**TABLE 1 (CONT'D.)
ETHNOGRAPHERS
DRUG - HEROIN: 6/94**

CITY	PURCHASE AMOUNT	PURITY	OTHER/COMMENTS
BRIDGEPORT, CONNECTICUT (GETER)	\$10/BAG	BY THE TIME IT HITS THE STREET, IT'S BEEN "WACKED" (SEVERELY CUT)	LOTS OF P-DOPE; HEAVY MARKETING BY VARIETY OF DEALERS; SNIFFERS ARE IN VOGUE
SAN ANTONIO/EL PASO (RAMOS)	---	VARIABLE BUT GENERALLY POOR	YOUNG USERS ARE COOKING IT AND TAKING IT AS "NOSE DROPS"
LOS ANGELES (ANNON)			BLACK TAR PREDOMINANT; L.A. STILL ONLY A TRANSSHIPMENT POINT FOR WHITE HEROIN
SAN FRANCISCO (MURPHY)	\$60-80/GRAM	HIGH	PURITY INCREASES AFTER 1/4 GRAM LEVEL; BLACK TAR SPRAYED WITH 7-UP TO ADD WEIGHT
WASHINGTON, DC (MUNDELL)	---	19%	
OAKLAND (FELDMAN)	---	COMPLAINTS FROM USERS OF POOR QUALITY	
NEW YORK (GOLDSMITH)	\$10/BAG	GOOD	SEES MANY METHADONE CLIENTS SNIFFING
ATLANTA (STERK-ELIFON)	\$100/GRAM	28-44% PURE	RECENTLY SEEING SOME INHALERS, THOUGH INJECTION DOMINATES
DENVER (KOESTER)	\$20-25/"PAPER"	POOR	MEXICAN NATIONALS CONTROL HEROIN; THERE ARE LOTS OF STREET SELLERS OF ALL TYPES
MIAMI (PAGE)	---	UP	
CHICAGO (WEIBEL)	\$5, 10, 20 BAGS 1/2 GRAM = \$75 OZ. = \$1100-5000	HIGH; VERY AVAILABLE	60% TREATMENT ADMISSIONS FOR SNORTING - DOUBLED FROM 1991
TAMPA (MIECZKOWSKI)		---	---
TRENTON/NEWARK (FRENCH)	\$15/BAG	60-80%	AMONG THOSE WHO ARE NOT INJECTORS, SEROPREVALENCE (HIV) IS STILL 10% SUGGESTING SEXUAL TRANSMISSION. P-DOPE AND P-FUNK HAVE APPEARED.
NEW YORK (GALEA)	\$5,10/BAG	GOOD; USERS SAY, "IT'S GREAT"	HEROIN IS BEING CUT WITHOUT QUININE TO MAKE IT EASIER ON SNORTERS. ALSO BEING PUT IN A BOWL W/TOBACCO, W/PROCESSED HEROIN ON TOP & SMOKED.
AUSTIN, TX (MAXWELL)	\$150-\$300/GRAM \$25/PAPER FOR BLACK TAR	GOOD AT THE GRAM OR LARGER LEVEL	HEROIN TRADE IS DOMINATED BY MEXICANS, BUT LOW-PRICED, HIGHER PURITY COLOMBIAN HEROIN BEING SEIZED SUGGESTS NEW, SERIOUS COMPETITION.

TABLE 2 POLICE DRUG - HEROIN: 6/94							
CITY	INCIDENCE	WHO'S USING	Δ IN USERS	METHOD	OTHER DRUGS	EMERGING DRUGS	WHO'S SELLING
NEW YORK P.D. -- SPECIAL PROJECTS, NARCOTICS	HIGH			PRIMARILY INJECTION; SOME INHALING	LSD, MARIJUANA		TRADITIONAL SELLERS
YAKIMA, WA DEA	STILL HIGH		MORE YOUNG USERS SEEN	INJECTION	COCAINE		HISPANICS
MARYLAND STATE POLICE	MORE HEROIN BEING SEIZED IN RANDOM HIGHWAY STOPS			INCREASED INHALING		---	TRAFFICKERS ARE BECOMING YOUNGER; MALES
BOSTON P.D.	INCREASING			INHALATION IS INCREASING			DEPENDS ON COMMUNITY; SELLER MATCHES USER
SEATTLE, WA P.D.	---	---	---	---	---	---	MEXICAN FAMILIES BASED IN MEXICO
LOS ANGELES LAPD, SOUTH CENTRAL							
NEW YORK P.D.	ARRESTS IN MAY UP 22% COMPARED TO MAY 1993; SEIZURES DOWN	USERS CONCENTRATED IN PARTICULAR AREAS	---	---	---	---	---

TABLE 2 (CONT'D.) POLICE DRUG - HEROIN: 6/94			
CITY	PURCHASE AMOUNT	PURITY	OTHER/COMMENTS
NEW YORK P.D. SPECIAL PROJECTS NARCOTICS	\$10/BAG \$5/BAG	40-65%	
YAKIMA, WA DEA	\$900/OZ.	10-27%	PRIMARILY BLACK TAR; HEROIN IS DEFINITELY MAKING A COMEBACK
MARYLAND STATE POLICE	FOR INJECTION: \$10, \$20 PER BAG OR \$75 PER GRAM FOR INHALING: \$100 PER 1/4 GRAM	LOW FOR INJECTORS; HIGH FOR INHALERS	
BOSTON P.D.	\$10-\$25/GLASSINE OR FOLDED PAPER	HIGH	"WE NEED MORE HELP."
SEATTLE, WA P.D.	BLACK TAR \$80-\$300/GRAM	GRAM: 20-70% OZ.: 30% LB.: 28-62%	
NEW YORK P.D.	---	---	---

NOTE: \bar{X} INDICATES AN AVERAGE		SUMMARY TABLE 3 TREATMENT PROVIDERS DRUG USE PATTERNS DRUG - HEROIN: 6/94					
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=17	\bar{X} =15%	INCREASE NO CHANGE DECREASE	20% 80% 0	\bar{X} =58%	\bar{X} =42%	COCAINE MARIJUANA ALCOHOL TRANQUILIZERS AMPHETAMINES OTHER	93% 67% 93% 33% 27% 7%
II N=14	\bar{X} =16%	INCREASE NO CHANGE DECREASE	40% 50% 10%	\bar{X} =50%	\bar{X} =50%	COCAINE MARIJUANA ALCOHOL TRANQUILIZERS AMPHETAMINES OTHER	43% 29% 50% 7% 7% 21%
III N=10	\bar{X} =2%	INCREASE NO CHANGE DECREASE	17% 83% 0	\bar{X} =78%	\bar{X} =22%	COCAINE MARIJUANA ALCOHOL TRANQUILIZERS AMPHETAMINES	50% 83% 100% 50% 33%
IV N=11	\bar{X} =7%	INCREASE NO CHANGE DECREASE	42% 42% 16%	\bar{X} =93%	\bar{X} =7%	COCAINE MARIJUANA ALCOHOL TRANQUILIZERS AMPHETAMINES OTHER	64% 45% 100% 36% 36% 9%
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							

NOTE: \bar{X} INDICATES AN AVERAGE

SUMMARY TABLE 3 (CONT'D.)
TREATMENT PROVIDERS
CHARACTERISTICS OF USERS BY DRUG OF ABUSE
DRUG - HEROIN: 6/94

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=17	\bar{X} =12%	\bar{X} =21%	\bar{X} =67%	\bar{X} =31%	\bar{X} =58%	\bar{X} =11%	\bar{X} =80%	\bar{X} =20%	\bar{X} =64%	\bar{X} =36%
II N=14	\bar{X} =1%	\bar{X} =57%	\bar{X} =42%	\bar{X} =22%	\bar{X} =77%	\bar{X} =1%	\bar{X} =79%	\bar{X} =21%	\bar{X} =60%	\bar{X} =40%
III N=10	\bar{X} =0	\bar{X} =8%	\bar{X} =92%	\bar{X} =29%	\bar{X} =69%	\bar{X} =2%	\bar{X} =77%	\bar{X} =23%	\bar{X} =98%	\bar{X} =2%
IV N=11	\bar{X} =7%	\bar{X} =33%	\bar{X} =60%	\bar{X} =10%	\bar{X} =72%	\bar{X} =18%	\bar{X} =70%	\bar{X} =30%	\bar{X} =80%	\bar{X} =20%

TABLE 4
ETHNOGRAPHERS
DRUG - COCAINE/CRACK: 6/94

CITY	INCIDENCE	WHO'S USING	Δ IN USERS	METHOD	OTHER DRUGS	EMERGING DRUGS	WHO'S SELLING
BRIDGEPORT, CONNECTICUT (GETER)	STABLE	---	NONE	SMOKING; SPEEDBALLS	HEROIN	---	---
SAN ANTONIO/ EL PASO (RAMOS)	STABLE	AFRICAN-AMERICANS USE CRACK, LATINOS USE COCAINE HCL	---		---	---	HISPANICS
LOS ANGELES (ANNON)	RELATIVE DOWNTURN	SAME	NO SPECIAL NEW USERS	89% SMOKING	PCP	PCP	NO CHANGE
SAN FRANCISCO (MURPHY)	STEADY DECLINE IN NEW USERS	MID 30S	---	SMOKING	ALCOHOL MARIJUANA HEROIN	LSD MDMA	AFRICAN-AMERICANS AND MEXICANS
WASHINGTON, DC (MUNDELL)	LITTLE NEW USE, DECLINE OVERALL	AFRICAN-AMERICANS, FEMALES FOR CRACK; ALL TYPES FOR HCL	---	---	LSD ALCOHOL	---	AFRICAN-AMERICAN MALES
OAKLAND (FELDMAN)	CONTINUING TO DEVELOP		INCREASE IN SEEKING TREATMENT	SMOKING	---	---	MEXICAN-AMERICAN USER/SELLERS 35-45 YEARS OLD
NEW YORK (GOLDSMITH)	HIGH IN SOME AREAS	ALL AGES, ETHNICITIES	MORE YOUNG WHITES	INJECTING SMOKING	HEROIN		YOUNG HISPANICS
ATLANTA (STERK-ELIFON)	STABLE	NO CHANGES 50/50 GENDER MIX; PRIMARILY AFRICAN-AMERICAN	NO	SMOKING	MARIJUANA HEROIN	SEE HEROIN	NO CHANGE
DENVER (KOESTER)		AFRICAN-AMERICANS & WHITES	MORE INJECTORS	INJECTION; SOME SMOKING	HEROIN IN SPEEDBALL, METH-AMPHETAMINE	NONE	SAME SELLERS AS HEROIN
MIAMI (PAGE)	UP	SNORTERS OVER 30 CRACK USERS YOUNGER	FEWER SHOOTERS	SNORTING AND INJECTING		MDMA IN CLUBS	---

TABLE 4
ETHNOGRAPHERS
DRUG - COCAINE/CRACK: 6/94

CITY	INCIDENCE	WHO'S USING	Δ IN USERS	METHOD	OTHER DRUGS	EMERGING DRUGS	WHO'S SELLING
CHICAGO (WEIBEL)	STILL INCREASING IN INNER CITY AREAS	AFRICAN-AMERICANS, THOUGH THERE IS A CROSS-SECTION	NONE	SMOKING; SOME INJECTION	MARIJUANA	ELAVIL	SOME GANGS; DEPENDS ON NEIGHBORHOOD
TAMPA (MIECZKOWSKI)	NO CHANGE	23% OF POPULATION HE SEES	NO	SMOKING SNORTING	MARIJUANA ALCOHOL	EPHEDRINE (SEE NARRATIVE)	
TRENTON/ NEWARK (FRENCH)	DECLINING	MOSTLY AFRICAN- AMERICANS IN LATE 20S, SOME SUBURBANITES	---	SMOKING INJECTING	ALCOHOL HEROIN	---	TEENAGERS WHO ARE NOT USERS
NEW YORK (GALEA)	SAME	YOUNGER GROUP, LATE TEENS	SWITCHING TO HEROIN	SMOKING INJECTING	PSILOCYBIN IN QUEENS	---	SOME NEW MARKETING OF 1/8 OZ. BAGS
AUSTIN, TX (MAXWELL)	STABLE	CRACK USERS ARE YOUNGER, MORE LIKELY TO BE FEMALE, AFRICAN AMERICAN; INHALERS AND INJECTORS MORE OFTEN WHITE, HISPANIC, AND MALE	NUMBER OF INJECTORS DECLINING	SMOKING INJECTING	HEROIN (SPEEDBALL)	---	VARIES IN PLACES THROUGHOUT STATE; NIGERIANS, HISPANICS, GANGS

TABLE 4 (CONT'D.) ETHNOGRAPHERS DRUG - COCAINE/CRACK: 6/94			
CITY	PURCHASE AMOUNT	PURITY	OTHER/COMMENTS
BRIDGEPORT, CONNECTICUT (GETER)	\$2-3/ROCK \$10/BAG FOR HCL 1/8 OZ. = \$115	GOOD	PRICES HAVE LOWERED AND VIALS ARE MARKETED W/COLOR MARKINGS TO INDICATE DEALER, LIKE HEROIN
SAN ANTONIO/ EL PASO (RAMOS)	---	---	MEXICAN ORGANIZED CRIME CONTROLS DRUGS, PROSTITUTION IN MAJOR HOUSING PROJECTS
LOS ANGELES (ANNON)	8 BALL = \$150 \$10-20/ROCK	50-70% CRACK 85% FOR HCL	MORE PCP, METHAMPHETAMINES PARTICULARLY AMONG LATINOS
SAN FRANCISCO (MURPHY)	\$50-80/GRAM \$20/ROCK	HIGH	
WASHINGTON, DC (MUNDELL)	---	---	---
OAKLAND (FELDMAN)	---		THE CRACK SCENE SEEMS TO HAVE GROWN MORE AND MORE DESPERATE W/MORE & MORE PEOPLE REQUESTING REFERRALS TO DRUG PROGRAMS. BECAUSE PROGRAMS ARE FULL, THE EFFECT IS HEIGHTENED HUSTLING IN THE STREET.
NEW YORK (GOLDSMITH)	\$10, 20/BAG \$5/VIAL	GOOD	MARKETING BY COLOR LIKE HEROIN
ATLANTA (STERK-ELJFON)	\$5/ROCK \$100/GRAM	STABLE	
DENVER (KOESTER)	\$20-25 PER 1/4 GRAM	VARIABLE; FAIR TO GOOD	"ONE-ON-ONE" IS PACKAGING OF HEROIN AND COCAINE FOR SPEEDBALLING
MIAMI (PAGE)	---	STEADY	
CHICAGO (WEIBEL)	GRAM = \$50-100 8 BALL = \$125-150 OZ. = \$900-1500	GOOD	HEARD OF MIXING RITALIN, COKE AND HEROIN FOR INJECTION
TAMPA (MIECZKOWSKI)	\$10, 20, 30/ROCK	DK	
TRENTON/NEWARK (FRENCH)	\$3-100 CRACK \$5, 10, 20 HCL BAGS		COCAINE USE IS RETREATING; CRACK AND HCL ARE SECONDARY TO ALCOHOL
NEW YORK (GALEA)	\$2, 3, 5, 10/VIAL	SAME	PSILOCYBIN APPEARING IN QUEENS IS OBTAINED THROUGH MAIL; CONNECTIONS MADE THROUGH GRATEFUL DEAD CONCERTS; ALSO SEES 1/8 OZ. PRE-COOKED CRACK
AUSTIN, TX (MAXWELL)	\$10/BAG \$5-10/ROCK \$250/"COOKIE" \$75-90/GRAM	HIGH	SOME USERS ARE DISSOLVING CRACK IN VINEGAR OR LEMON JUICE, THEN INJECTING IT

TABLE 5
POLICE
DRUG - COCAINE/CRACK: 6/94

CITY	INCIDENCE	WHO'S USING	Δ IN USERS	METHOD	OTHER DRUGS	EMERGING DRUGS	WHO'S SELLING
NEW YORK P.D. SPECIAL PROJECTS NARCOTICS	STILL A SIGNIFICANT PROBLEM			PRIMARILY CRACK	---	---	TRADITIONAL SELLERS
YAKIMA, WA DEA	STILL HIGH	SAME	NO	CRACK			
MARYLAND STATE POLICE	AVAILABILITY OF CRACK IS SLOWLY INCREASING			PRIMARILY INHALED OR SMOKED	PCP		VARIES WITH THE COMMUNITY; STREET SELLERS TEND TO BE YOUNGER; VOLUME TRAFFICKERS ARE OLDER
BOSTON P.D.	HIGH, BUT STABLE FOR PAST FEW YEARS	---	---	CRACK IS DOMINANT	---	---	SELLER MATCHES USER .
SEATTLE, WA P.D.	---	---	---	---	---	---	MEXICAN FAMILY ORGANIZATIONS
LAPD (SO. CENTRAL)	CRACK STABLE; POWDER IS RARE						BLACK GANGS AND HISPANICS
NEW YORK P.D.	CRACK ARRESTS UP 36% COMPARED TO MAY 1993; POWDER ARRESTS UP 9% SINCE MAY 1993	--	--	---	---	---	---

TABLE 5 (CONT'D.) POLICE DRUG - COCAINE/CRACK: 6/94			
CITY	PURCHASE AMOUNT	PURITY	OTHER/COMMENTS
NEW YORK P.D. SPECIAL PROJECTS NARCOTICS	\$5, \$10/VIAL	---	
YAKIMA, WA DEA	KILO = \$15,000 - \$28,000	DK	
MARYLAND STATE POLICE	HCL \$80/GRAM CRACK \$10/ROCK (1/10 GRAM) \$200 PER OUNCE	HCL VARIES 65-75% CRACK 75-80%	
BOSTON P.D.	\$1,200/OZ. HCL \$10-20/VIAL		
SEATTLE, WA P.D.	\$80-150/GRAM \$800-2,000/OZ.	GRAM: 50-70% OZ: 40-80%	
LAPD (SO. CENTRAL)	\$5-10 FLAKES OR CHIPS	HIGHER IN SOUTHERN DISTRICTS	

NOTE: \bar{X} INDICATES AN AVERAGE SUMMARY TABLE 6 TREATMENT PROVIDERS DRUG USE PATTERNS DRUG - COCAINE/CRACK: 6/94						
REGION	% CLIENTS W/DRUG LISTED AS 1 st DRUG OF ABUSE	Δ OVER LAST YEAR		% CLIENTS INJECTING	% CLIENTS INHALING/ SMOKING	OTHER DRUGS USED (% MENTIONED)
I N=17	\bar{X} =41%	INCREASE	7%	\bar{X} =24%	\bar{X} =76%	HEROIN 47%
		NO CHANGE	0			MARIJUANA 80%
		DECREASE	93%			ALCOHOL 100%
						TRANQUILIZERS 27%
						AMPHETAMINES 20%
						OTHER 13%
II N=14	\bar{X} =26%	INCREASE	15%	\bar{X} =6%	\bar{X} =94%	HEROIN 23%
		NO CHANGE	85%			MARIJUANA 92%
		DECREASE	0			ALCOHOL 100%
						TRANQUILIZERS 54%
						AMPHETAMINES 31%
						OTHER 15%
III N=10	\bar{X} =9%	INCREASE	20%	\bar{X} =22%	\bar{X} =78%	HEROIN 30%
		NO CHANGE	80%			MARIJUANA 90%
		DECREASE	0			ALCOHOL 100%
						TRANQUILIZERS 100%
						AMPHETAMINES 60%
IV N=11	\bar{X} =20%	INCREASE	20%	\bar{X} =28%	\bar{X} =72%	HEROIN 18%
		NO CHANGE	80%			MARIJUANA 27%
		DECREASE	0			ALCOHOL 91%
						TRANQUILIZERS 9%
						AMPHETAMINES 45%
						OTHER 9%
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 DRUG - COCAINE/CRACK: 6/94										
NOTE: \bar{X} INDICATES AN AVERAGE										
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=17	\bar{X} =14%	\bar{X} =40%	\bar{X} =46%	\bar{X} =34%	\bar{X} =54%	\bar{X} =12%	\bar{X} =75%	\bar{X} =25%	\bar{X} =59%	\bar{X} =41%
II N=14	\bar{X} =7%	\bar{X} =44%	\bar{X} =49%	\bar{X} =47%	\bar{X} =52%	\bar{X} =1%	\bar{X} =71%	\bar{X} =29%	\bar{X} =46%	\bar{X} =54%
III N=10	\bar{X} =10%	\bar{X} =33%	\bar{X} =57%	\bar{X} =21%	\bar{X} =75%	\bar{X} =4%	\bar{X} =68%	\bar{X} =32%	\bar{X} =44%	\bar{X} =56%
IV N=11	\bar{X} =5%	\bar{X} =45%	\bar{X} =50%	\bar{X} =14%	\bar{X} =69%	\bar{X} =17%	\bar{X} =73%	\bar{X} =27%	\bar{X} =67%	\bar{X} =33%

TABLE 7
ETHNOGRAPHERS
DRUG - MARIJUANA: 6/94

CITY	INCIDENCE	WHO'S USING	Δ IN USERS	METHOD	OTHER DRUGS	EMERGING DRUGS	WHO'S SELLING
BRIDGEPORT, CONNECTICUT (GETER)	UP	15-20 YEARS OLD	---	---	ALCOHOL		MARKETED IN WHITE AREAS
SAN ANTONIO/ EL PASO (RAMOS)	SAME	ANGLO MIDDLE CLASS TEENS HOUSING PROJECT TEENS	---	---	---	---	SAME AS FOR OTHER DRUGS
LOS ANGELES (ANNON)	UP -- WIDELY AVAILABLE	YOUNG MALES	---	---	PCP	---	
SAN FRANCISCO (MURPHY)	STABLE	YOUNG WHITES	NO	---	ALCOHOL		ALMOST ALL WHITE DEALERS, SOME HISPANICS
WASHINGTON, DC (MUNDELL)	"GOING THROUGH THE ROOF"	YOUNG USERS SMOKE BLUNTS; OLDER USERS SMOKE JOINTS	---	---	BLUNTS, W/PCP; CRACK		ALL GROUPS
OAKLAND (FELDMAN)	LESS PUBLIC SMOKING STILL COMMON	ADOLESCENTS	---	---	---	INCREASED SALES OF VALIUM, MUSCLE RELAXERS TO WOMEN BY WOMEN	LESS PUBLIC DEALING
NEW YORK (GOLDSMITH)	EVERYONE			BLUNTS			TEENAGERS
ATLANTA (STERK-ELIFON)	UP	ADOLESCENTS, OFTEN WHITE		SMOKED OFTEN IN "GEEK JOINTS"	ALCOHOL	CLUB DRUGS	---
DENVER (KOESTER)	"EXTENSIVE"	EVERYONE	---	---	---	---	SEPARATE DEALERS FROM OTHER DRUGS

TABLE 7 ETHNOGRAPHERS DRUG - MARIJUANA: 6/94							
CITY	INCIDENCE	WHO'S USING	Δ IN USERS	METHOD	OTHER DRUGS	EMERGING DRUGS	WHO'S SELLING
MIAMI (PAGE)	STEADY	---	---	---	---	---	---
CHICAGO (WEIBEL)	INCREASING	YOUNG USERS; GANG MEMBERS	JUST MORE	---	VALIUM CODEINE		ESTABLISHED DEALERS
TAMPA (MIECZKOWSKI)	HIGH - 40-50% OF POPULATION HE SEES	---	NONE		EPHEDRINE		
TRENTON/ NEWARK (FRENCH)	UP	TEENS, EARLY 20S	---	---	ALCOHOL		JAMAICAN CONNECTIONS AND HOME GROWERS
NEW YORK (GALEA)	ALL OVER THE PLACE	EVERYONE	---	---	ALCOHOL		CRACK AND HEROIN SELLERS ARE ADDING MARIJUANA BECAUSE OF POPULARITY
AUSTIN, TX (MAXWELL)	MOST COMMONLY USED SUBSTANCE	YOUNG, THOUGH AVERAGE AGE OF USERS INCREASING					MEXICAN NATIONALS THROUGH BORDER SMUGGLING; DOMESTIC GROWERS ARE WHITE

TABLE 7 (CONT'D.)
ETHNOGRAPHERS
DRUG - MARIJUANA: 6/94

CITY	PURCHASE AMOUNT	PURITY	OTHER/COMMENTS
BRIDGEPORT, CONNECTICUT (GETER)	\$10/BAG (2-4 JOINTS)	GOOD	RISE IN USE AMONG TEENS
SAN ANTONIO/ EL PASO (RAMOS)	DK	DK	
LOS ANGELES (ANNON)	\$800/LB. \$10-5/GRAM	COMMERCIAL GRADE 12% THC	PCP LACED JOINTS RATHER THAN BLUNTS ARE POPULAR
SAN FRANCISCO (MURPHY)	\$15-20/GRAM \$400-600/OZ.	VARIABLE; NOT AVAILABLE	---
WASHINGTON, DC (MUNDELL)	---	HIGH	BLUNTS NOW BEING SOLD AS SINGLE UNITS; BIG INCREASE IN PCP USE
OAKLAND (FELDMAN)	\$5-10/BAG	---	
NEW YORK (GOLDSMITH)	\$5-10/BAG	GOOD	CONTINUED HEAVY MARKETING
ATLANTA (STERK-ELIFON)	\$150-180/OZ.	DK	ADOLESCENTS USE MARIJUANA INSTEAD OF CRACK AS IT IS SEEN AS MORE ACCEPTABLE; "GEEK" JOINTS ARE ONES LACED W/COCAINE
DENVER (KOESTER)	VARIABLE BY SELLER	VARIABLE AS TO GROWER: MEXICAN OR HYDROPONIC	
MIAMI (PAGE)	---	STEADY	
CHICAGO (WEIBEL)	\$75-80/OZ. SOME ARE \$250-300/OZ.	VARIABLE	"HONEY BLUNTS" ARE BLUNTS BAKED WITH HONEY SEAL; SEE NARRATIVE
TRENTON/NEWARK (FRENCH)	\$10/BAG \$150-600/OZ.	VARIABLE	BLUNTS ARE A FAD BUT MOST ARE JUST SMOKING JOINTS
TAMPA (MIECZKOWSKI)	---	---	---
NEW YORK (GALEA)	\$150-600/OZ. \$5 BAGS	THC CONTENT UP	BLUNTS STILL POPULAR
AUSTIN, TX (MAXWELL)	\$80-100/OZ.	20% THC	MARKET IS FLOODED AND WIDE RANGE OF PURITY AND VARIETIES ARE AVAILABLE

TABLE 8 POLICE DRUG - MARIJUANA: 6/94							
CITY	INCIDENCE	WHO'S USING	Δ IN USERS	METHOD	OTHER DRUGS	EMERGING DRUGS	WHO'S SELLING
NEW YORK P.D. SPECIAL PROJECTS NARCOTICS		YOUNG USERS	NO				
YAKIMA, WA DEA	UP	---			COCAINE		LOCAL GROWERS
MARYLAND STATE POLICE	INCREASING	---	---	---	PCP; LSD		MORE FEMALES; OLDER MALES
BOSTON P.D.	PREVALENT						CRACK DEALERS; ALSO COMMUTER SALES TO WHITES
SEATTLE, WA P.D.	---	---	---	---	---	---	
LAPD (SO. CENTRAL)	SAME	EVERYONE; "EVERY MALE PUSHING A SHOPPING CART" (HOMELESS)	NO	---	---	---	BLACKS AND HISPANICS
NEW YORK P.D.	ARRESTS IN MAY UP 11% FROM MAY 1993	---	---	---	---	---	---

**TABLE 8 (CONT'D.)
POLICE
DRUG - MARIJUANA: 6/94**

CITY	PURCHASE AMOUNT	PURITY	OTHER/COMMENTS
NEW YORK P.D. SPECIAL PROJECTS NARCOTICS		ALLEGEDLY MORE PURE	
YAKIMA, WA DEA	---	---	LOCAL GROWERS ARE WHITE, 20-50 YEARS OLD, MORE SOPHISTICATED HYDROPONIC GROWING
MARYLAND STATE POLICE	---	---	
BOSTON P.D.	\$200/OZ. \$500/OZ. FOR SINSEMILLA \$23/BAG ON STREET	VARIES	BLUNTS ARE NOT A BIG PROBLEM -- "OUR MANPOWER GOES TO OTHER THINGS" -- BIG DELIVERY SERVICE TO WHITE SUBURBS FROM BOSTON
SEATTLE, WA P.D.	DOMESTIC: \$2,000- 5000/LB. MEXICAN: \$700- 2500/LB.	---	LOCALS GROW DOMESTICS; SMALL QUANTITIES OF MEXICAN AVAILABLE
LAPD (SO. CENTRAL)	\$10/BAG	GOOD	

SUMMARY TABLE 9 TREATMENT PROVIDERS DRUG USE PATTERNS DRUG - MARIJUANA: 6/94					
NOTE: \bar{X} INDICATES AN AVERAGE					
REGION	% CLIENTS W/DRUG LISTED AS 1° DRUG OF ABUSE	Δ OVER LAST YEAR		OTHER DRUGS USED	
I N=17	\bar{X} =15%	INCREASE	0	HEROIN	36%
		NO CHANGE	86%	COCAINE	43%
		DECREASE	14%	ALCOHOL	100%
				TRANQUILIZERS	36%
				AMPHETAMINES	21%
				OTHER	7%
II N=14	\bar{X} =16%	INCREASE	8%	COCAINE	73%
		NO CHANGE	84%	ALCOHOL	100%
		DECREASE	8%	TRANQUILIZERS	46%
				AMPHETAMINES	31%
				OTHER	15%
III N=10	\bar{X} =14%	INCREASE	10%	HEROIN	30%
		NO CHANGE	90%	COCAINE	70%
		DECREASE	0	ALCOHOL	100%
				TRANQUILIZERS	40%
				AMPHETAMINES	50%
				OTHER	20%
IV N=11	\bar{X} =12%	INCREASE	21%	COCAINE	36%
		NO CHANGE	67%	ALCOHOL	82%
		DECREASE	12%	TRANQUILIZERS	18%
				AMPHETAMINES	27%
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					

NOTE: \bar{X} INDICATES AN AVERAGE

SUMMARY TABLE 9 (CONT'D.)
TREATMENT PROVIDERS
CHARACTERISTICS OF USERS BY DRUG OF ABUSE
DRUG - MARIJUANA: 6/94

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=17	\bar{X} =21%	\bar{X} =38%	\bar{X} =41%	\bar{X} =22%	\bar{X} =73%	\bar{X} =5%	\bar{X} =74%	\bar{X} =26%	\bar{X} =34%	\bar{X} =66%
II N=14	\bar{X} =17%	\bar{X} =47%	\bar{X} =36%	\bar{X} =26%	\bar{X} =73%	\bar{X} =1%	\bar{X} =77%	\bar{X} =23%	\bar{X} =42%	\bar{X} =58%
III N=10	\bar{X} =20%	\bar{X} =43%	\bar{X} =37%	\bar{X} =17%	\bar{X} =78%	\bar{X} =5%	\bar{X} =71%	\bar{X} =29%	\bar{X} =36%	\bar{X} =64%
IV N=11	\bar{X} =16%	\bar{X} =25%	\bar{X} =59%	\bar{X} =6%	\bar{X} =72%	\bar{X} =22%	\bar{X} =73%	\bar{X} =27%	\bar{X} =44%	\bar{X} =56%