

NLWJC - Kagan

DPC - Box 017 - Folder 001

Drugs - Trends Report

Talking Points: *Pulse Check*, Summer 1998

- The *Pulse Check* is a report on the use and distribution of illicit drugs in various areas of the country.
- It is published twice a year by ONDCP.
- The *Pulse Check* is based on conversations with people “on the front lines” of the drug problem — drug researchers (ethnographers, epidemiologists), law enforcement officials (State police, DEA agents) and substance abuse treatment providers.
- This *Pulse Check* describes conversations with practitioners from 30 ethnographic and law enforcement sources from all over the country. It also reports information provided by over 100 treatment providers, from both small and large programs.
- We are extremely pleased to have some distinguished guests here with us today:

(NOTE: the following participants are confirmed)

- Nelba Chavez, Director of the Substance Abuse and Mental Health Services Administration, at HHS,
- Alan Leshner, Director of the National Institute on Drug Abuse, at NIH
- Donnie Marshall, Deputy Administrator of the Drug Enforcement Administration, DoJ

(NOTE: will know by COB whether the following participants will attend)

- Bill Modzeleski, Safe and Drug Free Schools Program Office, Department of Education
- Jeremy Travis, Director of the National Institute of Justice, DoJ
- It is truly an honor to have these guests with us today. Their presence illustrates the cross-cutting nature of this problem. Each of their agencies' valuable contributions to this effort cannot be overestimated. We'll plan to hear some remarks from each of them later this morning, then take questions.
- Want to announce the findings of the *Pulse Check*.

Heroin

- Most ethnographic sources report **heroin use as either stable or rising**. The majority of heroin users are older, chronic users who inject the drug. At the same time, **the number of new, young users who snort or smoke the drug, continues to rise in areas all over the country.**
- **Levels of heroin purity at the street level are much higher than they were just a few years ago.** This is a disturbing finding. Since higher purity heroin can be snorted, rather than injected, it attracts new users who fear injection drug use. However, many of these new users start injecting heroin as their drug use progresses.
- **"Speedballing" — combining heroin with cocaine either through injection or inhaling — is reported to be a more common behavior in all areas.** Treatment providers tell us that 75 percent of clients in treatment for heroin abuse report problems with cocaine as well.
- "Double-breasted" dealing, or dealing both heroin and cocaine, is still occurring in many areas (i.e., San Diego, San Francisco, Denver, Atlanta, Chicago, and New York). **A Miami source tells us that cocaine imported from Colombia may come with five kilograms of heroin (known as a "rider") at no extra cost with every 100 kilograms of cocaine purchased.** Heroin dealers are also avoiding open air markets and becoming more discreet in their dealings by using beepers, cell phones, and indoor sales.

Cocaine

- Sources in the West report a **high methamphetamine use rate among cocaine users**. In San Diego, a decrease in cocaine use is reported, but with a concomitant rise in methamphetamine use. **Over a third of clients receiving treatment for cocaine abuse in the West/Southwest region report that they also abuse methamphetamine.**
- Overall, the level of cocaine use varies between cities. **Crack is still failing to attract new users although established users persist.** In a few areas (i.e., San Diego, Bridgeport, Miami, Boston), use of cocaine powder is rising among more affluent user groups, a trend consistent with the last *Pulse Check*.

- Approximately one third of treatment clients in the Northeast and Mid-Atlantic/South regions report cocaine as their primary drug of abuse. **Nationwide, more than 70 percent of clients receiving treatment for cocaine abuse have been in treatment before, indicating that they are an older, experienced group of users rather than novices.**

Marijuana

- **Marijuana use is widespread.** It seems to be "crossing all economic and social groups."
- Most of our sources report **an increase in young users of marijuana. This suggests an overall decline in age of first use,** which is borne out by treatment providers reports that **over one third of all clients receiving treatment for marijuana abuse in all regions of the country are under the age of twenty.**
- Methods employed in **domestic cultivation of marijuana are shifting; growers are switching from outdoor to indoor growing, allowing them to manipulate the THC content and produce higher quality marijuana.** This higher quality marijuana is more expensive, but it continues to attract users.

Emerging Drugs

- Methamphetamine use continues to be problematic. **In California, methamphetamine abuse is so widespread that it is no longer considered emergent.** Ethnographic reports from Denver, Atlanta, and Baltimore cite methamphetamine as a growing concern. Law enforcement sources in Los Angeles, Denver, Boston, and Columbia also report a methamphetamine problem, suggesting that **the presence of methamphetamine on the East Coast, first reported in the last *Pulse Check*, may be growing.** [It is important to note that ethnographic and law enforcement sources report on urban areas where problem drug use is likely to be most concentrated.]
- Use of MDMA ("ecstasy") and other hallucinogens is reported in Boston, Columbia, New York, Seattle, Newark, and San Diego.

- Reports of illegal prescription drug use (Dilaudid, Percocet, Percodan, and Valium) come from law enforcement sources in Birmingham, Washington D.C., and Baltimore.

[Conclusion]

- These findings hold implications for the National Drug Control Strategy and all the programs that support it. On that note, I'd like to invite each of our distinguished guests to give some remarks.

- **[NOTE: order of introduction TBD]**

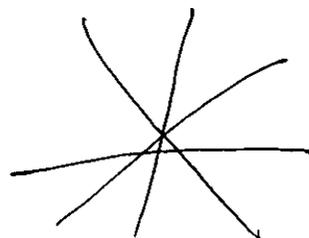
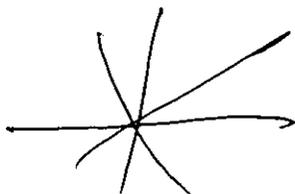
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Drugs-trends reports

1997 MONITORING THE FUTURE STUDY
December 20, 1997

- **A Glimmer of Hope.** The 1997 Monitoring the Future (MTF) study shows that for most drugs and for most grades -- and for the first time since 1991 -- the increasing trends in teen drug use seem to be leveling off and, in some cases, even decreasing. Specifically, this year's MTF found:
 - **Drug use stabilizing.** With one exception, there was no recorded statistically significant increase in 30-day drug use among 8th, 10th and 12th graders;
 - **8th grade drug use declining.** For 8th graders, declines were recorded in past year use of any illicit drug, stimulants, tranquilizers, and daily use of marijuana.
 - **Attitudes changing.** There were important changes in attitudes regarding drug use. For instance, 8th graders were more likely to disapprove of occasional marijuana and cocaine use.
- **Progress On Drug-Related Crime.** Earlier this year, the Justice Department released studies showing that methamphetamine use declined between 7% and 52% in 8 key cities, and that the crack use was down substantially -- by at least 10% -- in 10 major cities. Drug-related murders also dropped to their lowest point in a decade.
- **Much More Still Needs to be Done.** Unfortunately, despite these signs of progress, drug use remains unacceptably high. Too many kids are still using drugs, and too many kids still do not understand the risks associated with them. Motivating kids to reject the use of illegal drugs must be our number one priority.
- **Time to Redouble Our Efforts.** MTF is the second national survey this year to show that we have an opportunity to begin reversing recent increases in adolescent drug use. That is why now, as teen drug use begins to level off and younger students show their disapproval, is the time to reach out to our kids.
- **The President's Nation Anti-Drug Youth Media Campaign.** Starting January 5th, the Administration will launch an unprecedented \$195 million paid media campaign that uses the full force of the media --from prime time television to the Internet to sports marketing -- to educate kids and parents about the dangers of drugs. The campaign will begin with ads in 12 pilot -- Atlanta, Baltimore, Boise, Denver, Hartford, Houston, Milwaukee, Portland, San Diego, Sioux City, Tucson, and Washington, D.C. -- and spread throughout the country before the end of next year.



EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY
Washington, D. C. 20503

Drugs - Trends Report 10948

December 15, 1997

INFORMATION

MEMORANDUM FOR THE DIRECTOR

THROUGH: CHIEF OF STAFF *Juler*
FROM: JOHN CARNEVALE (Terry Zobeck and Fe Caces)
SUBJECT: 1997 Monitoring the Future Study

PURPOSE: To provide you with a brief on the data from the 1997 Monitoring the Future (MTF) study.

SUMMARY: There is **modest good news** with the release of the data from the 1997 MTF study. For most drugs in most grades there appears to be a **leveling off** in the increasing trends observed since the early 1990s; specifically there were **no statistically significant increases in past year or past 30-day use of marijuana** among any of the three grades. In fact, except for 12th grade LSD use, there were no statistically significant increases in past 30-day use of any illicit drug for any grade. On a hopeful note, there were slight declines among 8th graders in the use of some drugs, and their disapproval of people who regularly use certain categories of drugs increased. This good news is tempered by the fact that drug use among students in all three grades remains unacceptably high.

DETAILED HIGHLIGHTS: The MTF study is a nationwide school-based study that reports drug use patterns and trends among 8th, 10th, and 12th grade students. The study, conducted annually, has been in existence since 1975, though it has been modified and improved over time. For 1997, the main study consists of a sample size of approximately 51,000 students. Because the study is school-based, it does not survey school dropouts, nor does it include students who may be absent from school on the day the survey is administered.

Data highlights are presented below. Charts presenting some of the highlights are attached. All changes are between 1996 and 1997 and are statistically significant.

The good news includes:

- Among 8th graders there were **declines in past year use** of any illicit drugs other than marijuana (from 13.1% to 11.8%), heroin (from 1.6% to 1.3%), and stimulants (from 9.1% to 8.1%); **past 30-day use** of any illicit drug (from 14.6% to 12.9%), stimulants (from 4.6% to 3.8%), tranquilizers (from 1.5% to 1.2%), having been drunk (from 9.6%

to 8.2%), and smokeless tobacco (from 7.1% to 5.5%); and **daily use of marijuana** in the past 30 days (from 1.5% to 1.1%).

- Among all three grades trends in the **perceived harmfulness** of various categories of drugs appear to have leveled off from the declining trends of previous years, with the exception of four changes discussed below. This may presage a turnaround in these trends which, in turn, suggests that we may see declines in actual behavior in the near future.
- Eighth graders reported an increase in the **perceived harmfulness** of having 5 or more drinks once or twice each weekend (from 51.8% to 55.6%).
- Eighth graders reported **increased disapproval** of people who smoke **marijuana** occasionally (from 76.5% to 78.1%) or regularly (from 82.8% to 84.6%); take **cocaine powder** occasionally (from 88.7% to 90.1%); take 1 or 2 **drinks nearly every day** (from 74.1% to 76.6%); have **5 or more drinks once or twice** each weekend (from 79.1% to 81.3%); **smoke 1 or more packs of cigarettes per day** (from 77.3% to 80.3%); and use **smokeless tobacco regularly** (from 74.1% to 76.5%).

Negative news, on the other hand, includes:

- **Use of drugs among all grades remains at unacceptably high levels.** In 1997 approximately one-quarter of 10th (23%) and 12th (26.2%) graders used an illicit drug in the past 30-days; 12.9% of 8th graders did the same. The most frequently used illicit drug among all three grades was marijuana (23.7% for 12th graders; 20.5% for 10th graders; and 10.2% for 8th graders).
- There were **increases** among 12th graders in **past 30-day use of LSD** (from 2.5% to 3.1%), **stimulants** (from 4.1% to 4.8%), and **cigarettes** (from 34.0% to 36.5%), and **daily use of marijuana** in the past 30 days (from 4.9% to 5.8%).
- Among 10th graders there were **increases** for past 30-day use of **tranquilizers** (from 1.7% to 2.2%) and **steroids** (from 0.5% to 0.7%).
- Eighth graders reported a continued **decline in the perceived harmfulness** of trying **marijuana once or twice** (from 27.9% to 25.3%) and trying one or two drinks of an **alcoholic beverage** (from 11.8% to 10.4%), and 12th graders reported a continued decline in the perceived harmfulness of **having 5 or more drinks once or twice each weekend** (from 49.5% to 43.0%).

BOTTOM LINE: The drug use trends observed in the MTF since the early 1990s may be coming to an end. Data are particularly encouraging for the 8th graders. They will be driving the results of the MTF for the next four years as they progress through school to the 12th grade.

The current 8th graders are among the primary target of the media campaign. It is essential to drive home the prevention message among this age group with the campaign to ensure that the gains made this year are preserved and continued.

COMPARISONS WITH OTHER DRUG SURVEYS OF YOUTH: The National Household Survey on Drug Abuse (NHSDA) is the other major federal source of drug use and attitude data on youth. The NHSDA is a nationally representative household survey and includes the population aged 12 to 17, which is roughly comparable in age to the MTF. Among 12 to 15 year olds there was a statistically significant decline in the use of any illicit drug. This is consistent with MTF's reported first-time-ever decline among 8th graders in 1997. Findings on perceived risk of harmfulness among youth in the household survey show, at best, no change. Again, this appears consistent with MTF findings.

The PRIDE (Parent's Resource Institute for Drug Education, Inc.) Survey also provides data on use of selected drugs by youth in grades 6 through 12. Unlike MTF and NHSDA, PRIDE is not a statistically representative sample and results cannot be generalized to the US population of 6th- through 12th-graders. Although the sample is large (approximately 140,000 students), the results should be interpreted to represent this subgroup, and not necessarily the population from which it is drawn. Among their findings for 1996-97, **monthly use of marijuana**, along with other specific drugs, was **reported to have increased** over the previous year for junior high school students. Prevalence estimates of drug use from PRIDE tend to be higher compared to MTF and NHSDA. **Unlike MTF and NHSDA, PRIDE results show a continuing increase in drug use**, at least among certain segments of their sample.

In general, there is consistency in the findings regarding youth from the two independent, nationally representative surveys, the MTF and NHSDA. Short-term, things did not get any worse than the previous year. Now the need is to move trends in the opposite direction.

IMPORTANCE OF DRUG USE ISSUE TO THE AMERICAN PUBLIC: Nationwide, the growing concern about drugs as a problem could aid in focusing our efforts to change drug use attitudes and, ultimately, behavior. For example, an opinion poll released last month by The Robert Wood Johnson Foundation found drugs to be the most often mentioned problem facing children in America today (chosen by 56% of respondents). This is consistent with a Gallup poll conducted for ONDCP in 1996, which found that drugs were second only to crime/violence as a major problem. When the economy is not the overriding concern, the public focus on the drug problem is sharp, as it is now. This is an opportunity to be seized, which was unavailable in 1991-93 when the main issue was the economy.

IMPORTANCE OF THE MTF TO THE PERFORMANCE MEASUREMENT SYSTEM: The MTF is a key data source for measuring progress toward the goals, objectives, and impact targets of the Strategy. These data are particularly relevant to Goal 1 (Educate and enable America's youth to reject illegal drugs as well as the use of alcohol and tobacco). MTF provides data on the following specific measures identified in ONDCP's draft *Blueprint for a Drug Free*

America:

- ▶ *Prevalence of drug, alcohol, and tobacco use by youth.* The target is to reduce the prevalence of past month use of illicit drugs and alcohol among youth by 20% by 2002 as measured against the 1996 base year. A significant reduction was found among eighth graders for 1997 from 14.6% to 12.9%. This is the first such reduction since 1991. No significant changes were noted for 10th and 12th graders, whose past month use were at 23.0% and 26.2% respectively. The rising trend in drug use appears to have stalled in the short run. However, current use rates still are substantially higher than 6 years ago.
- ▶ *Percentage of youth who perceive the risks of illicit drug, alcohol, and tobacco use as harmful.* A major target of Objective 2 (which pertains to the media campaign) on youth risk perception is to increase to 80% the proportion of youth who perceive that occasional use of illicit drugs, alcohol, and tobacco is harmful by 2002. In 1997, 43.1%, 31.9%, and 24.7% of 8th, 10th, and 12th graders, respectively, perceive “great risk” in occasional marijuana use (drug-specific variations are attached). Although none of these figures are statistically changed from 1996, they represent a substantial decline from 1991 figures, which are 57.9%, 48.6%, and 40.6% respectively. The erosion of attitudes towards harmfulness has been large. It appears to have flattened out in the short run.
- ▶ *Percentage of youth who disapprove of illicit drugs, alcohol, and tobacco use.* The second target under Objective 2 (also pertaining to the media campaign) is to increase to 95% the proportion of youth who disapprove of illicit drug, alcohol, and tobacco use by 2002. Disapproval of smoking marijuana occasionally in 1997 is 78.1%, 66.2%, and 63.2% for 8th, 10th, and 12th graders respectively. For 8th graders, this figure represents a significant increase from the previous year. However, the 6-year trend for all grades is downwards, from 89.5%, 83.7%, and 79.4% for 8th, 10th, and 12th graders respectively. The latest numbers indicate that a reversal may be underway among the youngest.

The MTF numbers, when viewed in light of the Strategy’s 5-year targets, show some hopeful signs, mainly along the lines of arresting a situation that was worsening since 1991. These numbers, particularly perceptions of harmfulness and reports of disapproval of drug use, are viewed to be leading indicators for lower drug use rates. They are likely to be the first to be influenced by a concerted effort such as the Media Campaign. Achieving the third target under Objective 2, to double the number of TV viewing hours that focus on anti-drug messages by 2002, should be instrumental in a sustained effort to instill the dangers of drug, alcohol, and tobacco use among youth.

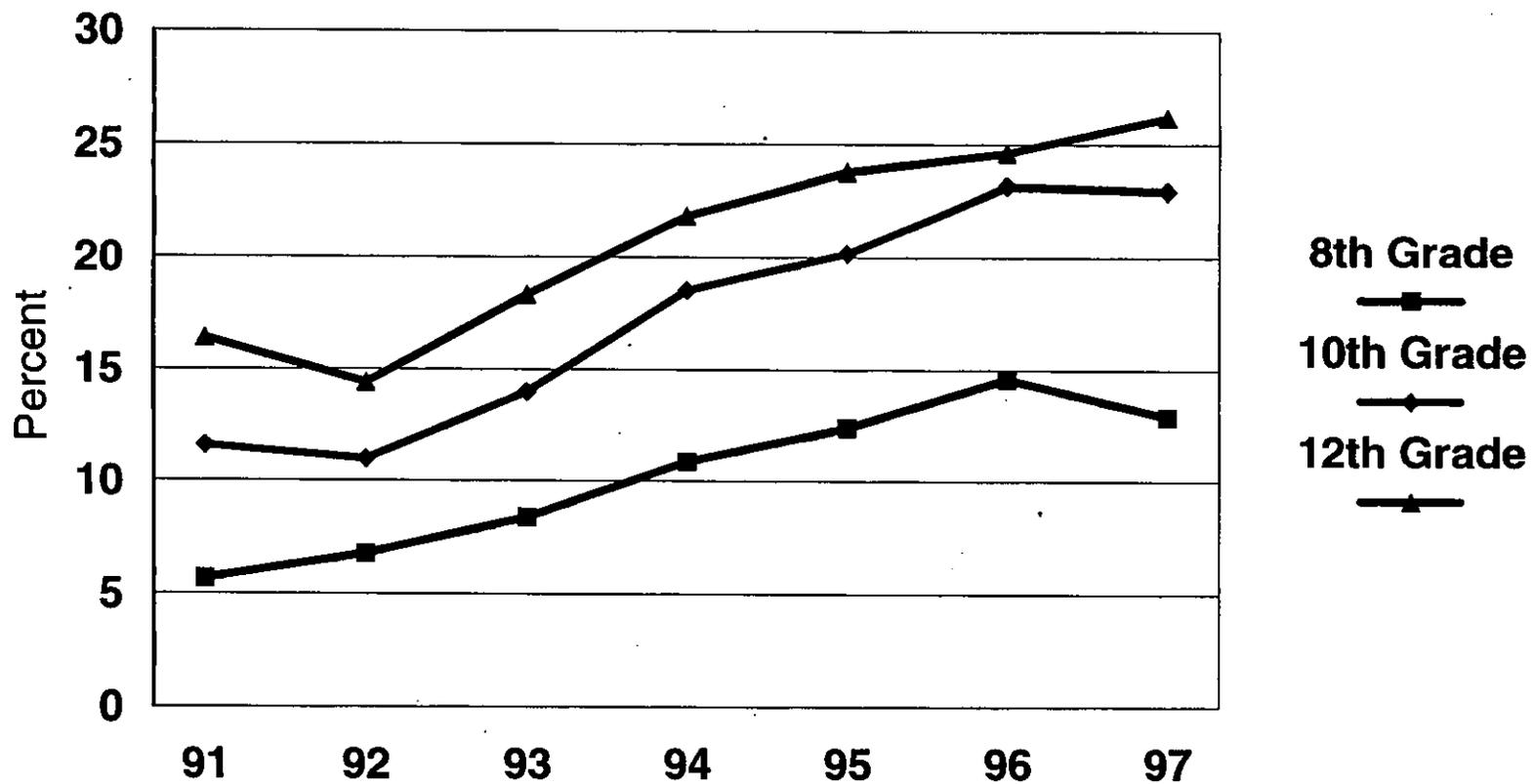
Attachments: Data charts

Summary of Findings from the MTF

- **Modest Good News** -- Except for LSD use among 12th graders, there were no recorded statistically significant increases in 30-day drug use among any of the three classes tracked in the MTF survey (8th, 10th, and 12th grades) -- **drug use seems to have stabilized.**
- For the **8th grade** class, there was some **modest progress in reducing drug use** in any illicit drug use, stimulants, tranquilizers, having been drunk, and daily use of marijuana.
- On an even more hopeful note, there were statistically significant changes in **attitudes** affecting drug use -- this is important given the evidence that attitude changes precede meaningful changes in drug use:
 - Among **8th graders**, there was an increase in disapproval of people who smoke marijuana occasionally or regularly, and take cocaine powder occasionally.
- The stabilization of drug use trends is welcome news, given the upward trend in drug use that characterized the 1990s
- It is expected that the Administration's **National Media Campaign** and other prevention efforts will be the catalyst to reduce drug use.

Any Illicit Drugs

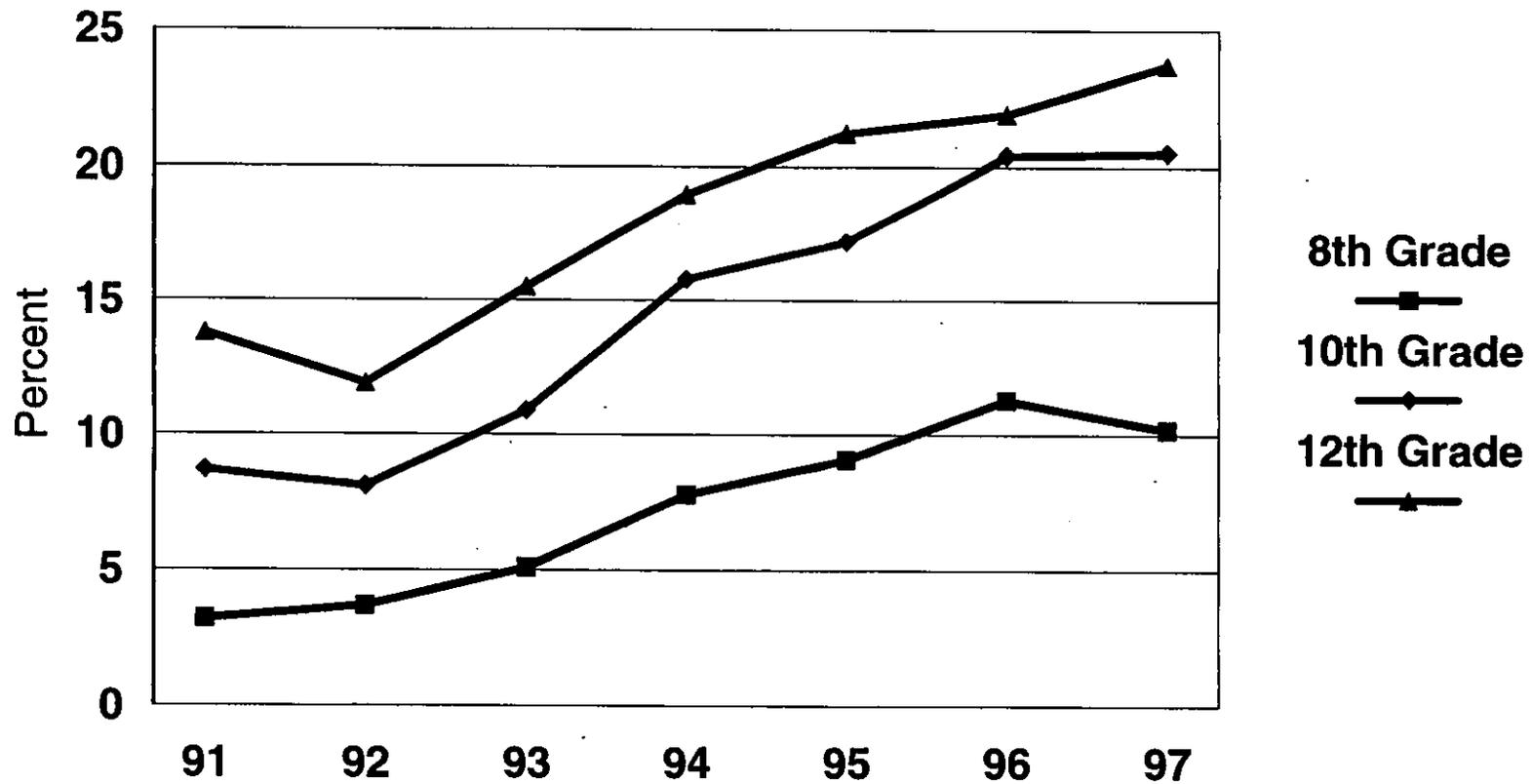
30-Day Use
Statistically Significant Decline in 8th Grade Use, 96-97



Source: University of Michigan, 1997

Marijuana/Hashish

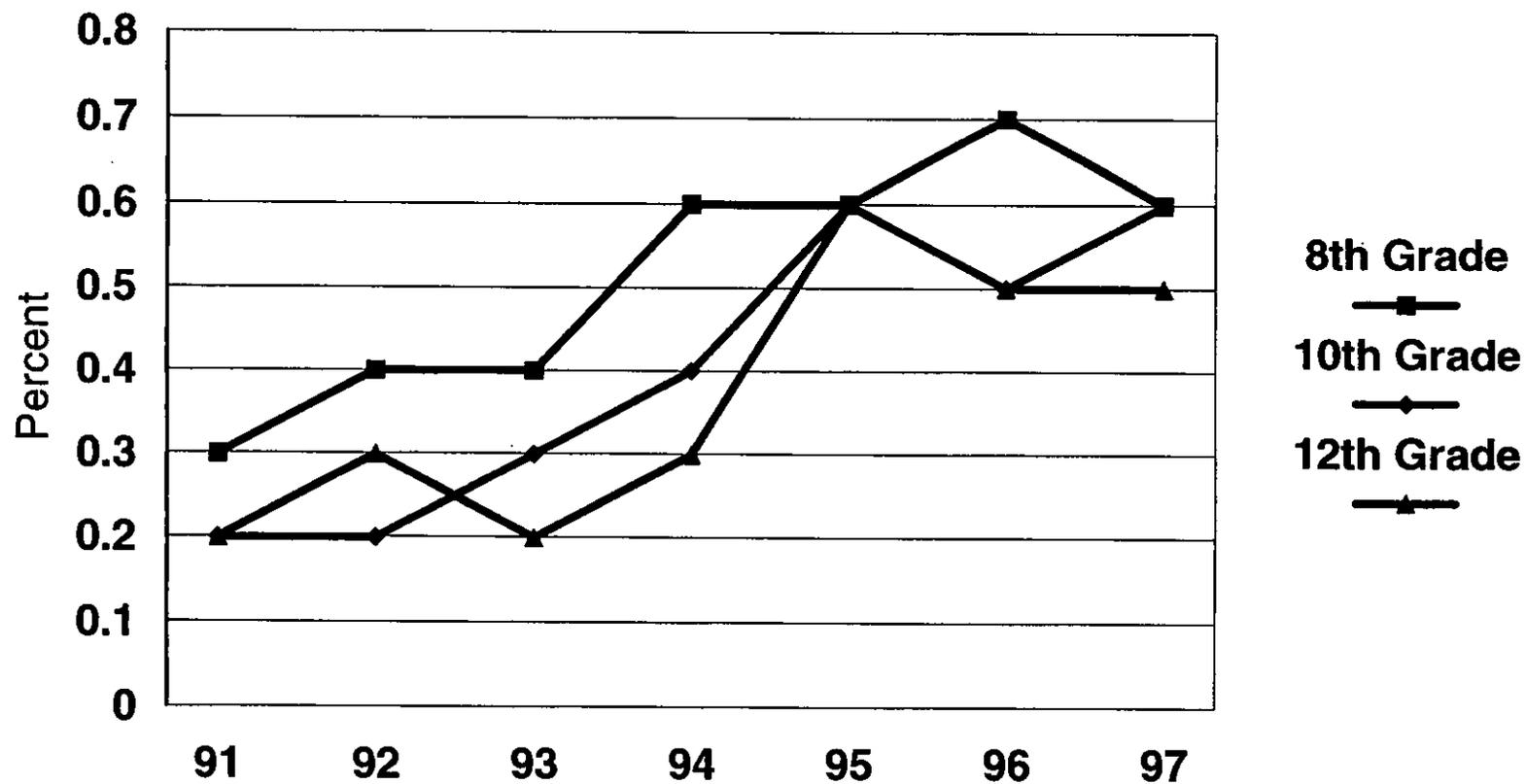
30-Day Use
No Statistically Significant Changes, 96-97



Source: University of Michigan, 1997

Heroin

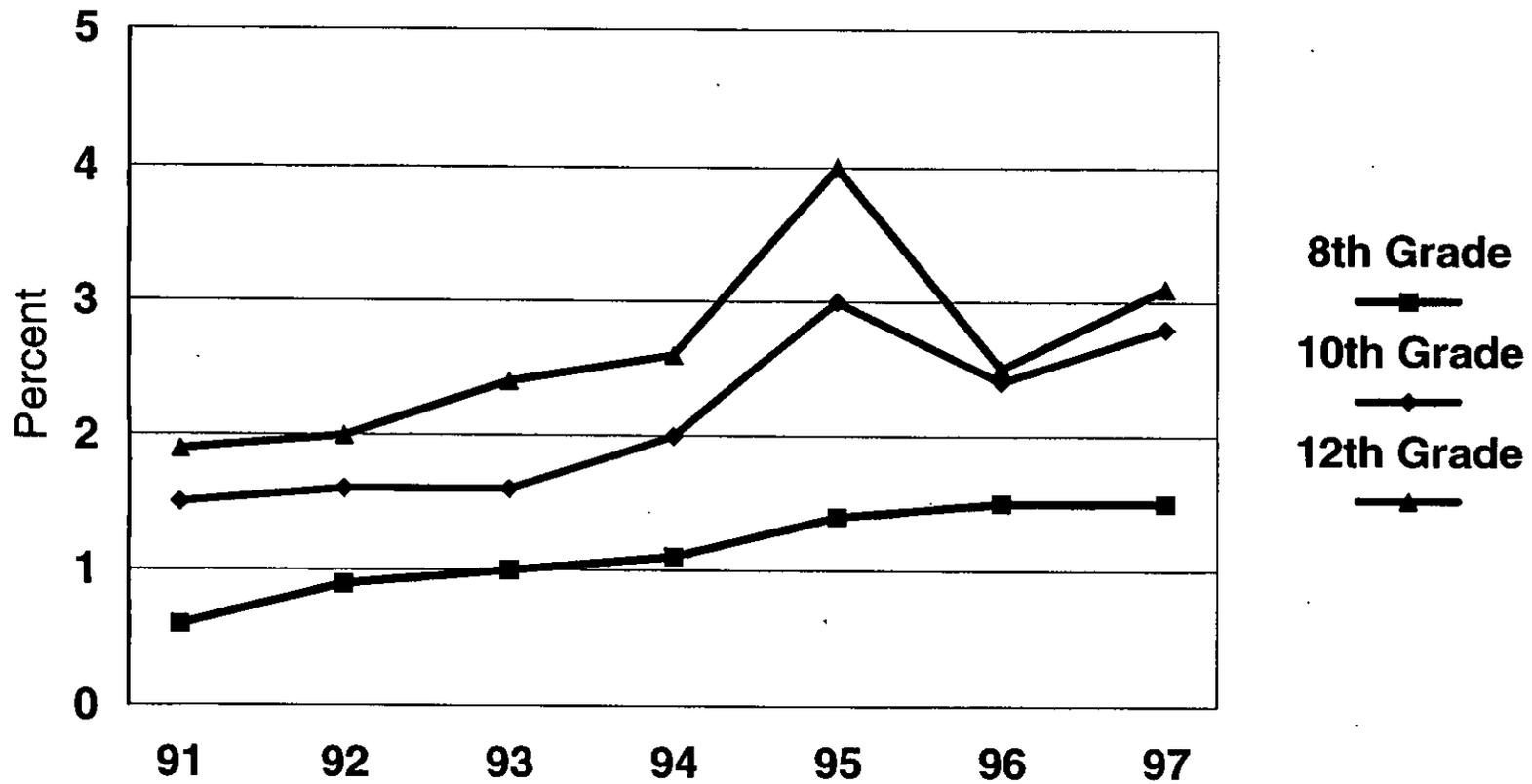
30-Day Use
No Statistically Significant Changes, 96-97



Source: University of Michigan, 1997

LSD

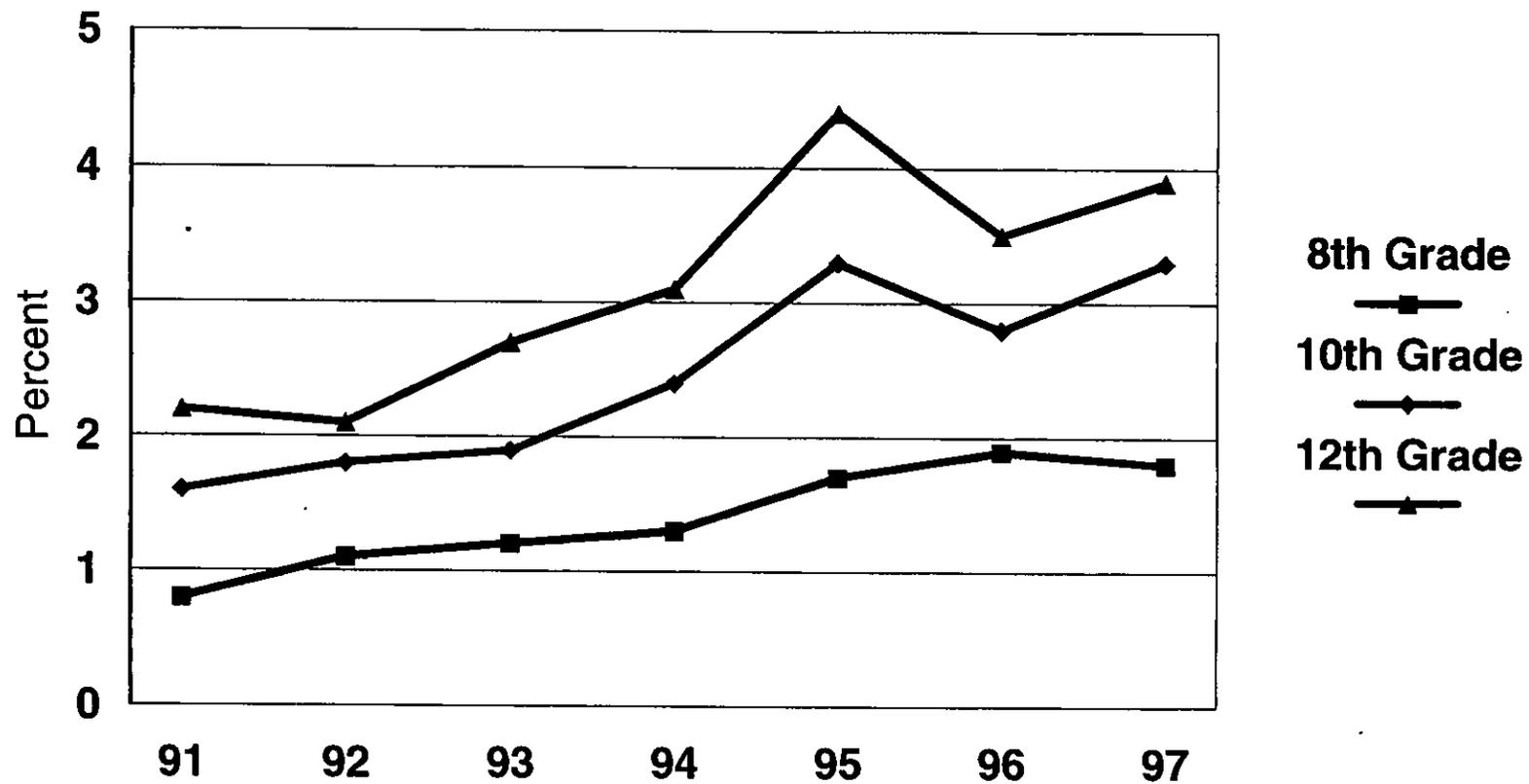
30-Day Use
Statistically Significant Increase for 12th Graders, 96-97



Source: University of Michigan, 1997

Hallucinogens

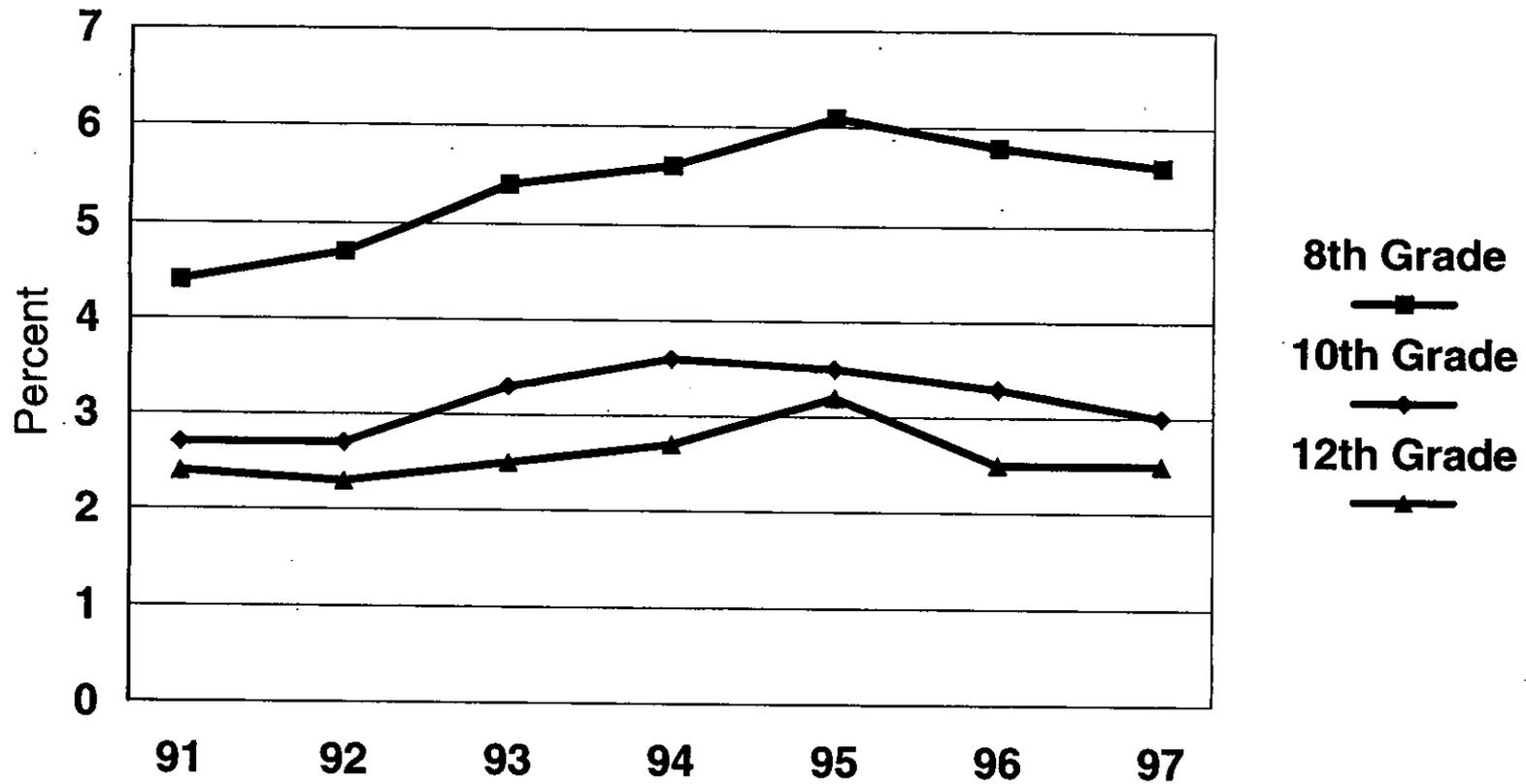
30-Day Use
No Statistically Significant Changes, 96-97



Source: University of Michigan, 1997

Inhalants

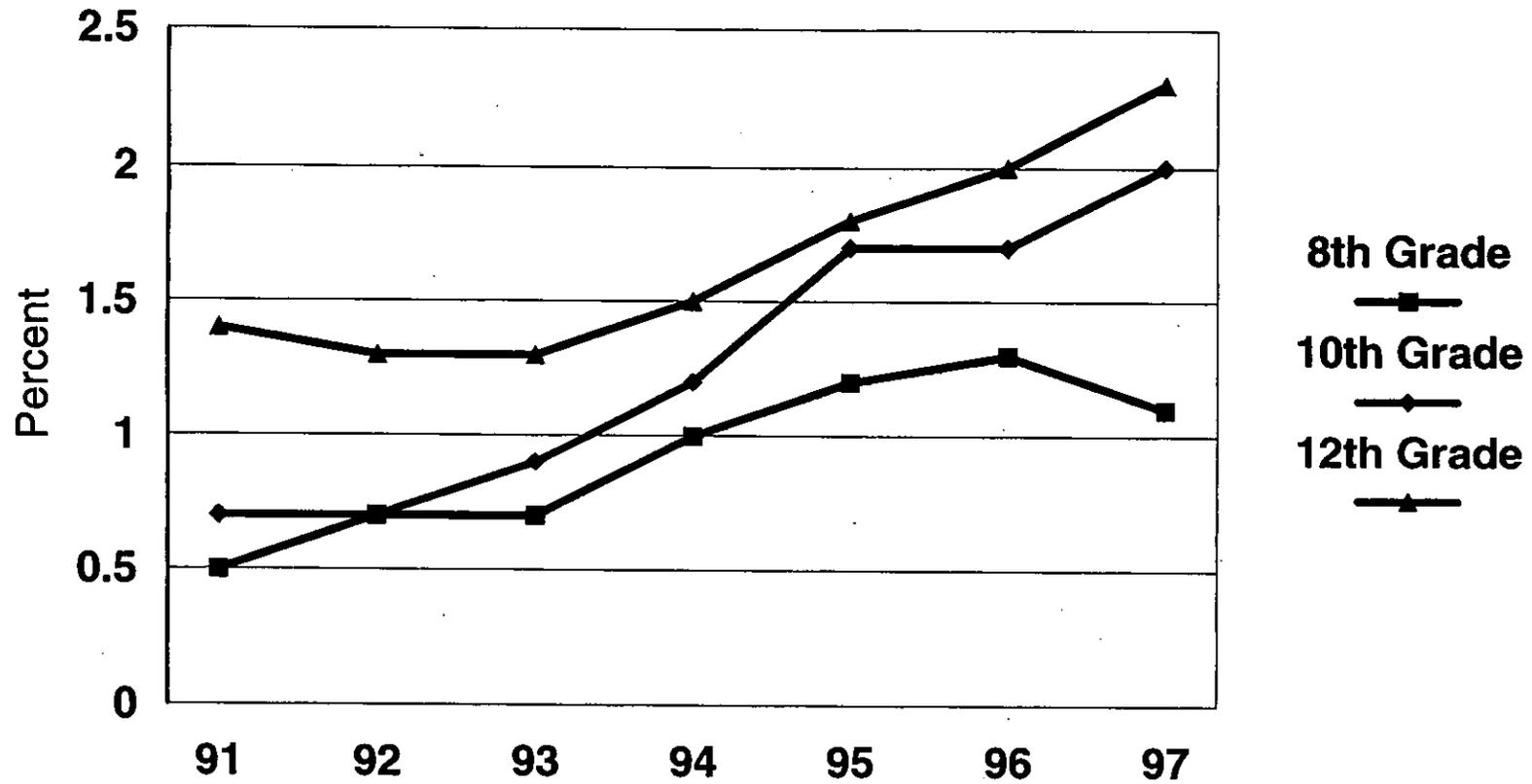
30-Day Use
No Statistically Significant Changes, 96-97



Source: University of Michigan, 1997

Cocaine

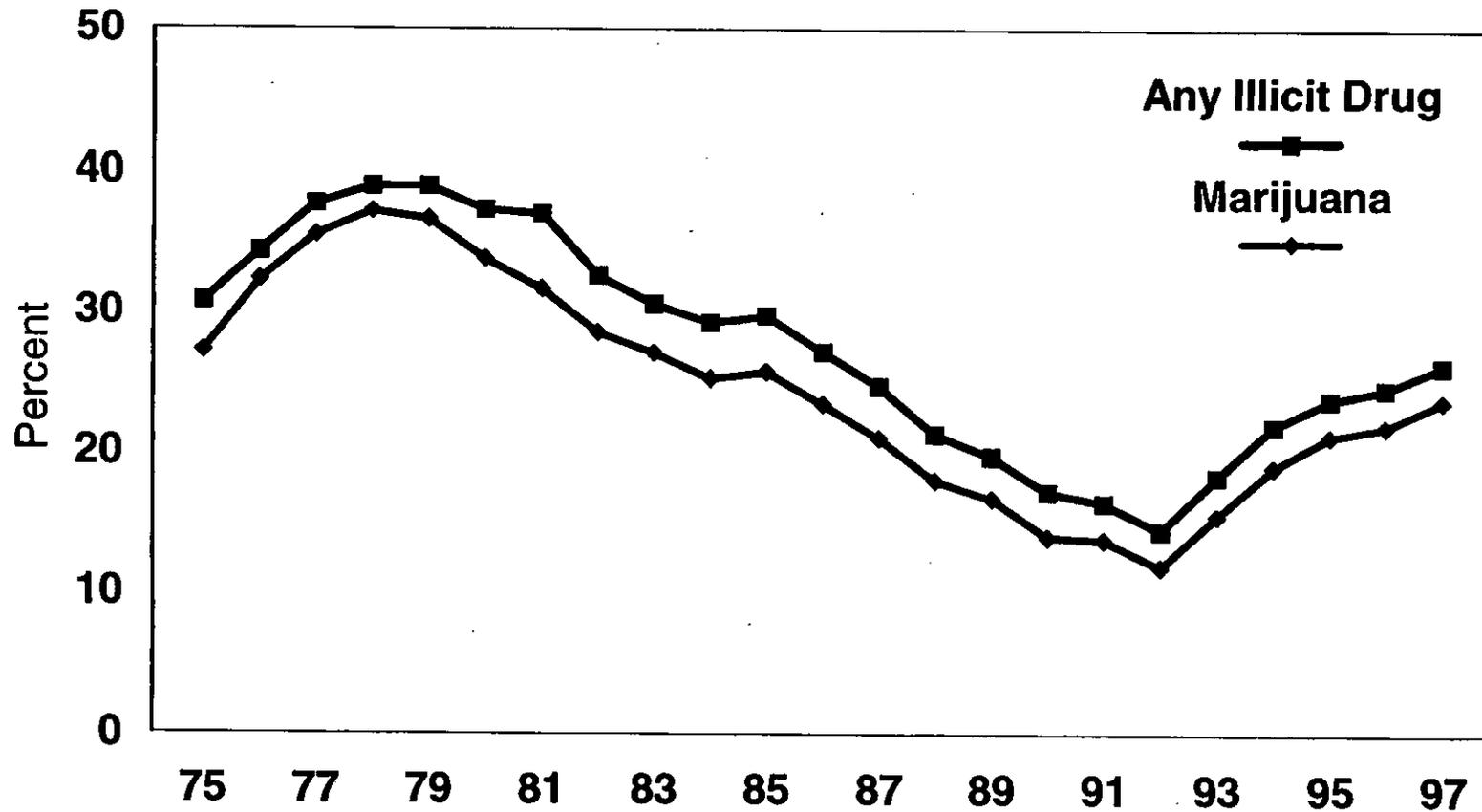
30-Day Use
No Statistically Significant Changes, 96-97



Source: University of Michigan, 1997

Long-Term Trends in Any Illicit Drug Use and Marijuana Use

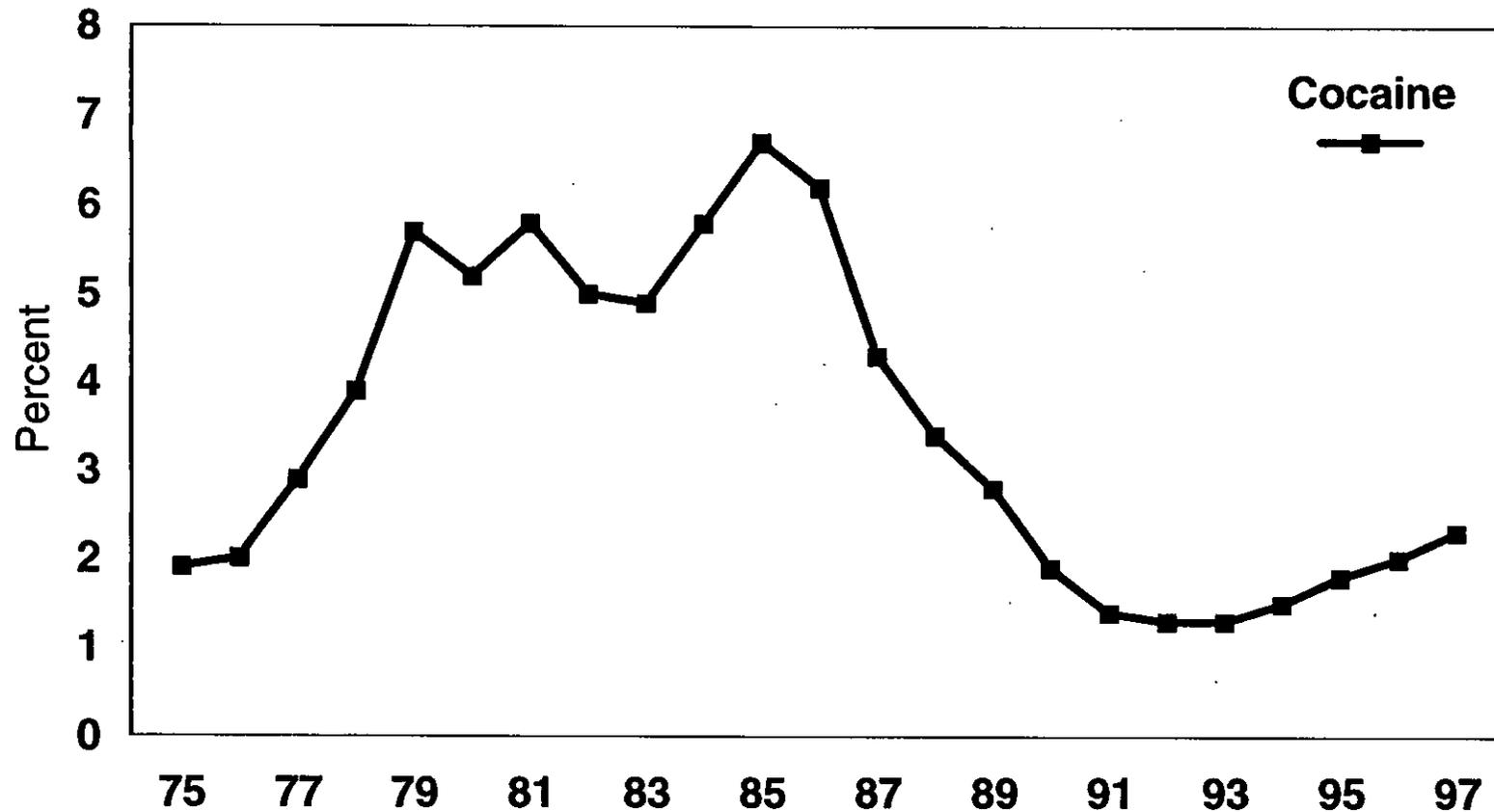
30-Day Prevalence Among 12th Graders



Source: University of Michigan, 1997

Long-Term Trends in Cocaine Use

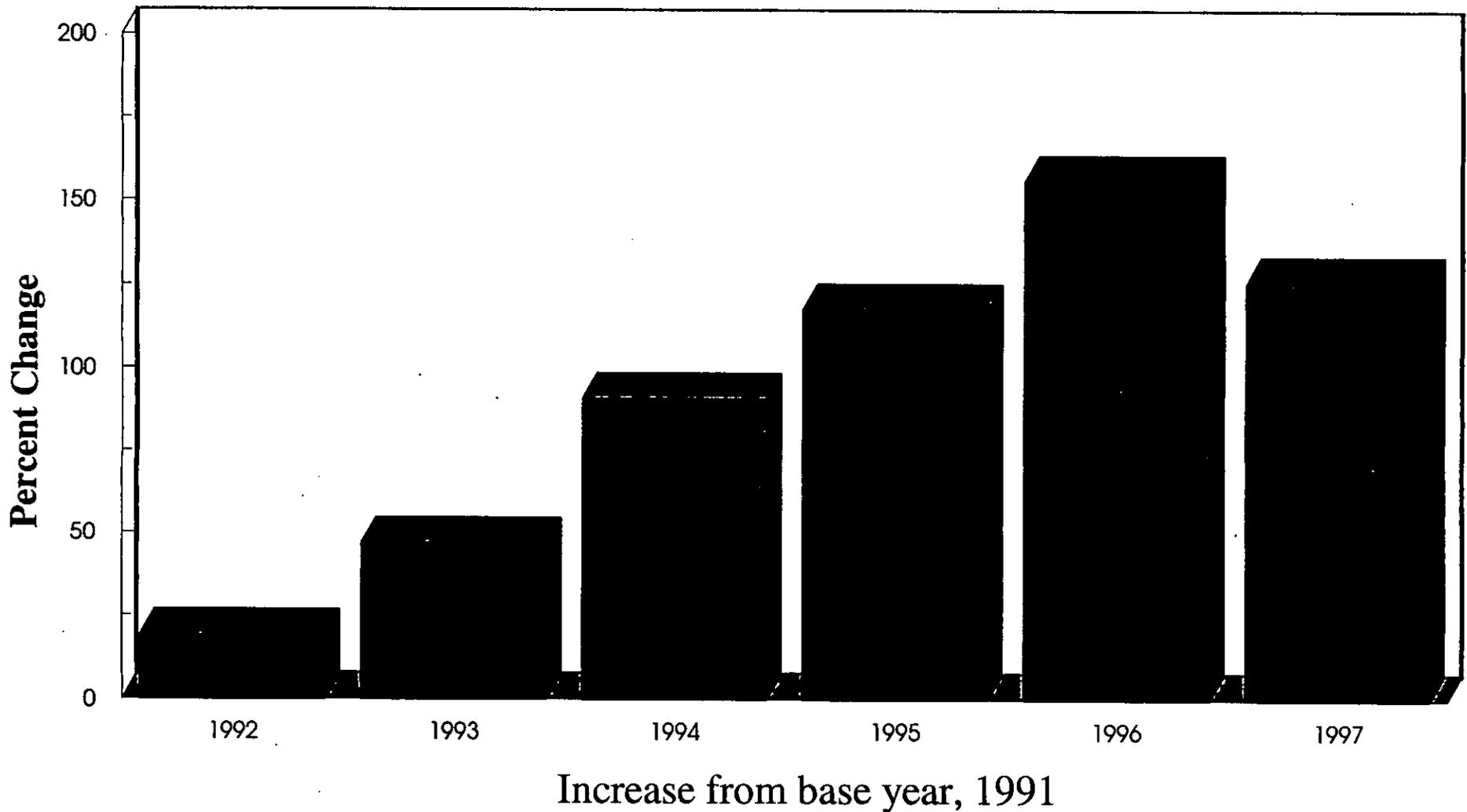
30-Day Prevalence Among 12th Graders



Source: University of Michigan, 1997

DRUG USE AMONG 8TH GRADERS DECLINED

Percentage Increase Compared to 1991 in Rate of Any Illicit Drug Use
in the Past 30 Days Among 8th Graders

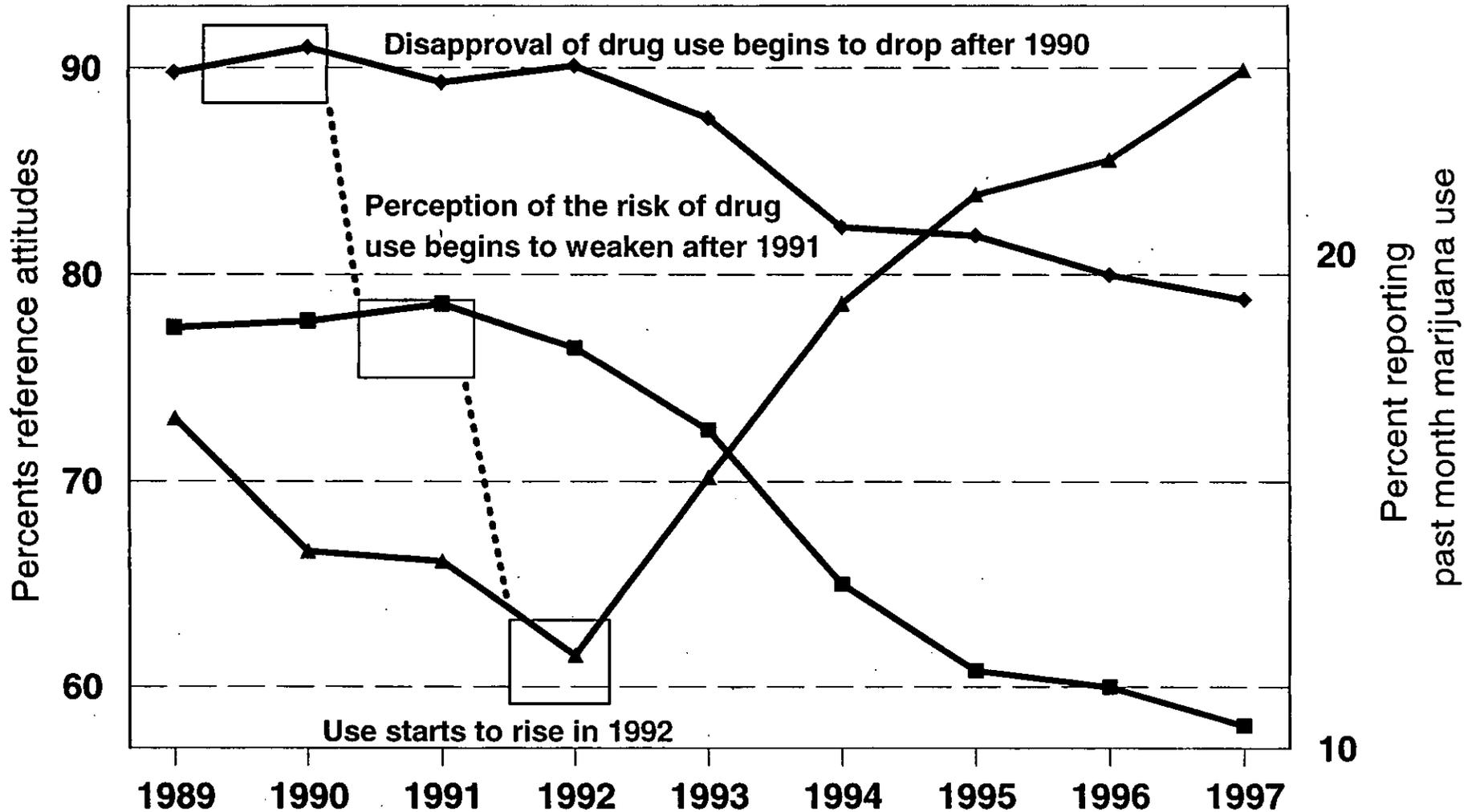


Source: 1997 Monitoring the
Future Study

ONDCP
DEC97

Youth Attitudes and Their Effect on Marijuana Use

Rising youth drug use can be linked to changes in attitudes about risk and social acceptability.



Source: The Monitoring the Future Study

OPBRE/DEC97

Drugs: Trends Report



OFFICE OF NATIONAL DRUG CONTROL POLICY

PULSE CHECK
National Trends in Drug Abuse

**Executive Office of the President
Office of National Drug Control Policy
Barry R. McCaffrey, *Director***

**Office of Programs, Budget, Research, and Evaluation
Released Summer 1997**

Highlights

The *Pulse Check* is a report of national trends in illicit drug abuse and drug markets issued by the Office of National Drug Control Policy. The *Pulse Check* draws on conversations with ethnographers and epidemiologists working in the drug field, law enforcement agents, and drug treatment providers across the country. Below are highlights of this issue of the *Pulse Check*:

Heroin

- ◆ Sources in most areas report that the market for heroin is up or stable, although some report that its rate of growth seems to be slowing. Availability of heroin is high, though purity varies from region to region. Street level purchases are generally in 1/8th to 1/10th gram units that cost between \$10 and \$25.
- ◆ Most heroin users are the traditional group of older, long-term addicts. However, many sources (Bridgeport, New York, Denver, Chicago, Trenton San Antonio, San Diego, and Newark) report an increasing number of young users. These young users are primarily from inner city areas, and they may be using heroin because they feel it is more manageable than crack.
- ◆ "Double-breasted dealing" -- dealing both heroin and cocaine -- continues in many areas. In some, it is conducted by organized "crews" of young distributors who deliver relatively small purchase amounts to both inner city and suburban buyers. These crews of distributors have developed more efficient routes of distribution than heroin dealers of the past, and they often use beepers to communicate.
- ◆ Sources report that more users are injecting, rather than inhaling heroin, even in areas where high purity heroin is available. This could show that users have become habituated through inhalation, and have switched to injection, which is more efficient. Alternatively, it could mean that more users start out injecting when they initiate use. Sources note that users are less scared that injection drug use will lead to HIV infection.

Cocaine

- ◆ The market for cocaine is generally stable, though some sources say that cocaine powder availability is low, while the availability of crack is stable everywhere. Prices range from \$50-\$150/gram for cocaine powder and from \$3-\$40/rock or vial of crack. Purity is described as "good" to "fair" at the street level.
- ◆ The popularity of both forms of the drug is down, particularly among young users who disdain crack as a "ghetto drug" or find it unmanageable.

- ◆ Innovative methods of cocaine use have been reported by several sources. Some users have started to combine cocaine powder or crack with heroin in a “speedball”; some have started to cook their own crack from cocaine powder; and some dissolve crack into a liquid to inject it.
- ◆ Only sources in Birmingham report that cocaine use is rising. While previously it had only been popular in the inner city areas, it is now more popular in the suburbs.
- ◆ Treatment providers in all areas except the West and Southwest continue to report that cocaine is the most commonly cited drug of abuse among their clients. The majority of cocaine treatment clients smoke crack and are likely to be older, poly-drug users.

Marijuana

- ◆ Several varieties of marijuana are available in most areas, and prices are within reach of teens and young adults. Marijuana continues to be highly popular with a wide variety of users, particularly young users.
- ◆ Marijuana is typically used with alcohol, hallucinogens, cocaine, or sometimes methamphetamine. In Miami, marijuana and cocaine are rolled into cigarettes called “lace,” and in Texas and San Diego, it is combined with crack and called a “primo.”
- ◆ The percentage of clients entering treatment with marijuana as the primary drug of abuse rose slightly. Marijuana treatment clients are predominantly white, and a quarter to a third of them is less than 20 years of age. The majority of marijuana treatment clients have problems with alcohol abuse, but have had no prior treatment experience.

Emerging Drugs

- ◆ Methamphetamine continues to be a problem in the West and parts of the South. With lowered prices, methamphetamine may be a substitute for cocaine, but it also has a strong independent following. It is the primary problem of clients entering treatment in many areas of the Southwest and West.
- ◆ “Club drugs” (e.g., MDMA, Ketamine, GHB, LSD, and illegally used prescription drugs) are part of the drug scene in most areas. While the mix of club drugs varies between regions, “cafeteria use” -- the use of a number of hallucinogenic and sedative/hypnotic club drugs -- is reported almost everywhere. Many treatment providers report that teens and young adults enter treatment with a number of these drugs and alcohol, rather than a single drug, as their primary problem.

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Introduction

The *Pulse Check* is a quick turnaround report of national trends in illicit drug abuse and drug markets issued periodically¹ by the Office of National Drug Control Policy. Since its inception in 1992, the goal of each *Pulse Check* has been to capture the most current information about drug abuse and drug markets. The *Pulse Check* draws on conversations with ethnographers and epidemiologists working in the drug field, law enforcement agents, and drug treatment providers across the country. Approximately seventy-five people are called for each report.

Pulse Check is not a population-based survey and should not be considered a substitute for population based, long-term research. Rather, it is designed to provide timely information to policy makers and researchers about changes and trends in the drug scene as they develop. The information in this issue is drawn from a round of calls made in November of 1996. Information from each source is summarized in narrative form by drug, and presented in detailed tables at the end of the report.

This *Pulse Check* also includes a special report on the methamphetamine market. This report was produced in December 1996 and released for limited distribution in January 1997. Unlike the regular *Pulse Check*, this report examines six States in the West and Southwest that have been hit particularly hard by the problems associated with methamphetamine abuse and trafficking. The special methamphetamine report can be found in Appendix A.

The *Pulse Check* is produced by Dr. Dana Hunt and the staff of Abt Associates under contract to the Office of National Drug Control Policy. Information is obtained through lengthy conversations with drug ethnographers and epidemiologists, law enforcement agents, and drug treatment providers across the country. The first two sources are selected to represent various areas of the country and are generally the same reporters for each round of calls. The treatment providers are drawn randomly each time from a national directory of treatment programs to represent both small and large programs across the country. A description of the methodology used to conduct the *Pulse Check* and a list of ethnographic sources can be found in Appendix B.

¹ Between 1992 and 1996, the *Pulse Check* was published quarterly; it is currently conducted twice each year.

Description of Sources

Eleven ethnographers, epidemiologists, and other ethnographic sources were contacted for this issue of the *Pulse Check*. All *Pulse Check* sources speak about their impressions of changes and trends in the use and the markets for heroin, cocaine, marijuana, and emerging drugs. In this issue, ethnographic and epidemiologic sources reported from the following areas: Austin, Texas; Bridgeport, Connecticut; Chicago, Illinois; Denver, Colorado; Miami, Florida; Newark, Delaware; New York, New York (two reporters); San Antonio/El Paso, Texas; San Diego, California; and Trenton/Newark, New Jersey. Appendix B describes topics raised in conversations with *Pulse Check* sources and a complete list of ethnographic sources contacted for this issue.

Law enforcement sources in six cities were contacted for this issue of the *Pulse Check*: Birmingham, Alabama; Boston, Massachusetts; Eugene, Oregon; Miami, Florida; New York, New York; and Seattle, Washington. For safety reasons, the names of law enforcement sources cannot be published. All sources reported from the Police Departments in their respective cities. Appendix B describes the topics raised in conversations with law enforcement sources.

For this *Pulse Check*, 61 drug abuse treatment providers were contacted. These providers work in both small and large treatment programs, and are selected to represent all regions of the country. Unlike ethnographic and law enforcement sources, which are generally the same for each round of calls, treatment providers are drawn randomly from a national database of providers. Appendix B describes how treatment providers are selected and the types of information they provide.

Trends in Drug Use: Spring-Fall 1996

Part I: HEROIN

Most sources contacted for this *Pulse Check* report that the market for heroin is stable or growing. The majority of heroin abusers are within the traditional, older cohort of long-term users, and some former addicts have begun using again since high purity, low price heroin is available. However, some areas report that there are more new, young heroin users. These new users include college students and suburban kids, but the majority are inner city youth. Sources also report that double breasted dealing -- selling both heroin and cocaine -- continues in many areas. While heroin use is rising in many areas, both by long-term users and new users, treatment providers have not noticed a marked increase in heroin abusers seeking treatment.

Ethnographers and Epidemiologic Sources

Heroin use continues to be common in almost all of the areas contacted, and eight of the eleven sources contacted report an increase in young heroin users. These users may be college or suburban kids (as in Denver, Trenton, and Newark), or low-income inner city youth (as in Chicago, New York, Bridgeport, and Newark). In Denver, sources report "cafeteria use" of drugs on local campuses where students try a number of drugs, such as LSD, MDMA, cocaine, marijuana, and Ketamine, as well as heroin. In New York, heroin use is reportedly popular with middle class teens and young adults who are part of a "club scene" and experiment with a variety of drugs.

The bulk of the new, young users they see are "street kids," that is, they are from inner city areas, are sometimes runaways, and are often minority teens (as in Chicago and Denver). Typically, they feel that heroin use can be better "controlled" or that their behavior under its influence is less volatile than it would be if they were using crack. Some are former crack users, while others have never used crack.

While there has been an increase in new, young users, heroin users are primarily adults, many of whom are former long-term users tempted back into use by the lower price, higher purity heroin now available. In Miami, where heroin use is relatively uncommon but increasing gradually, sources report that "more of the old-time shooters are at least trying to get a taste of heroin again" as availability increases.

In sections of Manhattan, large, stable cohorts of users in their 30s and 40s continue to use heroin with little change in their long-established routines. Greater availability of better quality heroin may simply prompt them to "add a bag or two if they hear of good stuff somewhere" to their typical consumption, but it does not significantly escalate their use.

As described in the last several *Pulse Checks*, snorting heroin is most common in areas of the country where high purity heroin (generally white heroin from Colombia or Southeast Asia) is available. These areas include the Northeast, the Mid-Atlantic region, and the Northwest. In contrast, in areas such as the Texas border and the West where lower purity Mexican brown and black tar heroin dominate the market, users are more likely to inject.

Contrary to the myth that snorting alone does not lead to addiction, many users establish addiction this way. After becoming habituated, these users switch to injection, which is a more efficient route of administration. Chicago, Newark and New York sources report a shift toward injection among heroin snorters, even in areas where high purity heroin is available. This could show that more users are becoming habituated, or that more users start out injecting when they initiate heroin use.

In these areas where there has been a shift toward injection, there appears to be less fear of HIV than there was a year or two ago. The Newark source states that most young users snort heroin, but more and more are trying it intravenously, and comments that “the idea of sharing needles and AIDS simply doesn't seem to bother them.” This could indicate that new young users are not responding to public health messages about the risks of needle sharing. Alternatively, it could show that when heroin inhalers switch to injection, or switch back and forth between inhaling and injecting, they choose to ignore the extra risks associated with needle use. This trend has been reported in previous *Pulse Checks* in several areas, including Bridgeport, San Francisco, and Chicago.

Miami sources report that some heroin users, primarily those that experiment with a variety of drugs, are “skin-popping” heroin. Skin-popping -- injecting a drug under the skin or into soft tissue rather than directly into the bloodstream -- has long been associated with the early stages of injection drug use. Miami sources report that skin-popping is common among white, upper middle class, young adults in the Miami beach club scene.

In places as diverse as New York, Denver and the Texas border, sources report that dealers, primarily those who previously dealt only cocaine or crack, are now “double breasting,” that is, selling both heroin and cocaine. As described in the last *Pulse Check*, heroin and cocaine markets have traditionally been distinct, with different dealers selling each drug. For example, the traditional heroin market consists of older users, selling to networks of friends and acquaintances.

In contrast, the new “crews,” who in some cases are double breasting, consist primarily of young, entrepreneurial *non-users* who have developed more efficient distribution networks. One New York ethnographer reports a noticeable increase in the number of organized crews selling both heroin and cocaine on the street. The two drugs are sold in similar packages using similar bag markings, indicating a common supplier. He describes the crews as more efficient and better organized than traditional heroin distributors have ever been. Further, most crew members are *not* users themselves. These crews may be organized and supported as part of the marketing

strategies of mid-level distributors. Notably, these young crews usually distribute Colombian heroin.

With crack use declining in many of the areas that report double-breasted dealing, new drug distribution networks, that may be made up of second generation dealers, have emerged. Sources in New York, Bridgeport, San Diego, and Newark note that heroin dealers are more frequently using beepers or pagers to conduct sales. This practice coincides with a decrease in open air or public street sales of heroin in favor of indoor sales or "home deliveries" reported in New York, Bridgeport and San Diego. While large sales of heroin and cocaine have always been delivered, small amounts of heroin have traditionally been sold on the street and/or through acquaintances. However, current beeper sales can involve fairly small quantities of heroin and cocaine distributed to a wide range of customers, not just wealthier customers who pay much more than the street price. For example, beeper sales are common in areas where heroin is part of the after hours club scene (e.g., Bridgeport and New York). This pattern of distribution -- a network of street sellers, using beepers to communicate and make delivery sales -- is reminiscent of the methods that crews of crack entrepreneurs developed in the 1980s.

Heroin is also available to young users from street dealers in traditional "copping areas" -- public areas where drugs are sold frequently -- and from other young users in the community or in school. The Trenton/Newark source points out that unlike crack suppliers, who typically do not use, these suppliers are most often older students or recent graduates who *are* users. This distinguishes these young dealers from the more organized heroin crews described above. They are familiar faces among the students and can establish themselves unobtrusively as suppliers for a number of other students.

The Trenton/Newark source points out that in his area, the two markets are still fairly separated: heroin users sell heroin and cocaine distributors sell cocaine powder and crack. If joint sales occur, it is more likely to be serendipitous than part of a marketing plan. This is more typical of the old style heroin markets.

Ethnographers in Bridgeport, Chicago, and New York report that the drug trade has become more violent in their areas. For example, while many cities are reporting a decrease in violent crime, Bridgeport reported a higher homicide rate in mid-1996 than was reported for the entire previous year. In one two-week period in September, the city suffered ten drug-related homicides, reportedly related to the heroin trade. Similarly, in Chicago and New York, competition for the lucrative drug market is fierce, as many different groups as well as "independents" vie for customers and territory.

White heroin from both Southeast Asia and Colombia dominates the Northeast markets, while Mexican brown and black tar heroin is more prevalent in the West and South. Chicago, whose market had traditionally been dominated by Mexican brown and black tar heroin, has witnessed more white heroin in some parts of the city. Sources report that white heroin has been moving westwards for about a year. Miami sources also report that there is more white heroin on

the street. Since Miami is an important transshipment point, this heroin is probably the residual from larger shipments that have moved through the city on the way to other places.

In New York, one source notes that there are more “independent” dealers who are not connected to an established heroin selling network, but are typically associated with high purity heroin. These dealers are reportedly double-breasting, and are believed to be using odd adulterants (e.g., Dramamine, acetaminophen, scopolamine) to cut the drugs they sell. The increase in independent dealers, and more new dealers in general has led to more variety in purity at the street level, even within the same area. For example, a \$10 bag that is 2-5 percent pure in one part of the city may be 25 percent pure in another part. These independent dealers could be former cocaine dealers who have developed relationships with mid-level distributors, and are trying their hand in dealing the high purity heroin that has recently emerged.

Prices remain fairly stable, though the purity of heroin sold on the street varies considerably. Street level purchases are generally in 1/8th-1/10th gram units that cost between \$10 and \$20. Units are sold as small bags, balloons, folded paper/foil or in a small capsule.

Law Enforcement Sources

Police sources in most of the areas surveyed report that heroin use is up or stable in their area. Only sources in Birmingham report that heroin is not widely available, and its use is relatively rare. Miami police describe use as stable, though its prevalence is still quite low compared to other drugs; they note, however, that several teenagers in the Orlando area recently overdosed on what appeared to be heroin. Most police sources report that the majority of users are still older, long-term addicts, though the appearance of the younger users described by ethnographic sources is also reported by police sources in New York, Miami and Boston.

Many police sources report that heroin users in their areas prefer to inject. Two areas (New York and Boston) report that snorting also is popular; this is consistent with the appearance of new, young users in these areas. Police sources report that cocaine and methamphetamine are also popular among heroin users.

In the Northwest, mid-level sales, particularly of larger quantities, are dominated by Mexican nationals. In the East and South, these mid-level dealers vary widely; they may be South American, Middle Eastern, Nigerian, or Russian. In Miami, Seattle, New York and Boston, police also note that more street level dealers are double-breasting (handling both heroin and cocaine).

Prices for heroin remain stable in most places (\$10–\$25/bag), though the purity or quality can vary considerably within an area. In Miami, purity can run from as high as 95 percent for large quantities seized in transport to lows of 2-5 percent on the street.

Treatment Providers Report

In the Northeast, Mid-Atlantic and the South, approximately 19 percent of people who enter treatment cite heroin as their primary drug of abuse. In the Midwest, South, and Southwest, this figure is about 10 percent. Though this proportion of people rose slightly in the West and Midwest, and fell slightly in the Northeast and the South, these changes did not represent a great increase or decrease for most of the 61 programs reporting in this *Pulse Check*.

Most heroin users entering treatment inject the drug, with the exception of the Northeast, where more clients inhale. One treatment provider in the Northeast points out that while the majority of heroin clients usually snort, many of these same clients also inject, especially when they are unable to find high purity heroin, or when they want to speedball with cocaine powder. Cocaine is commonly mentioned as a secondary drug of abuse (by 33-92 percent of clients in all regions) as is alcohol (by 60-92 percent of clients in all regions).

Heroin users seeking treatment in all regions tend to be older (i.e.; over 30), though sources in the Northeast and Mid-Atlantic region report higher percentages of clients under twenty years old. In all areas contacted, the majority of heroin treatment clients are white, except in the Midwest where just over half of the clients are African American. Over 75 percent of the clients have been in treatment before, and there continues to be a 70/30 split between men and women.

Part II: COCAINE

In this *Pulse Check*, sources report that the market for cocaine is generally stable, and in some areas it is declining. In particular, the demand for both cocaine and crack has declined, cocaine availability is down, while the availability of crack is stable. Cocaine users continue to be a diverse group, primarily people in their 30s and 40s who have been using for several years. However, there have been reports of rising cocaine use in specific communities, such as the Birmingham suburbs; the Hispanic community near the Texas border; and young people in the New York/New Jersey area. Treatment providers in most areas report that cocaine and crack are still the most commonly cited drugs of abuse among their clients.

Ethnographers and Epidemiologic Sources

Sources report broad shifts in the population of cocaine powder and crack users in particular areas. For example, young inner city users are starting to disdain crack as a “ghetto drug”; Miami sources describe crack use as “unfashionable” among youth, particularly with African Americans in inner city areas, and often those who continue to use crack try to hide it from their peers. In contrast, crack has recently made inroads into the Hispanic community along the Texas border; formerly, it had only been popular in the African American community in that area. In addition, the New York/New Jersey area has seen an increase in young crack

users for the first time in over a year.

However, the market for both cocaine powder and crack cocaine is generally stable; and cocaine is still a commonly used drug in most. Prices range from \$50-\$150/gram for cocaine powder and from \$3-\$40/rock or vial of crack. Purity is described as "good" to "fair" at the street level, though there is considerable variation in most areas.

Cocaine users are a diverse group of all ages and ethnicities and both sexes. In most areas, crack is marketed to people in their 30s and 40s who have been using the drug for several years. Cocaine powder, though less common than crack, is marketed to a diverse group -- primarily adults, of all ethnicities and socioeconomic groups. It is mentioned as a "club drug" in New York, Miami, and San Diego, but is not as prominent in the club environment as methamphetamine, MDMA, marijuana, and some hallucinogens.

Sources in Chicago report that some users are dissolving crack cocaine in lemon juice or vinegar and injecting it intravenously. This practice may have started as an innovation -- a new method to administer cocaine -- or as an adjustment to the decreased availability of cocaine powder, since it is cheaper to dissolve and inject crack than to purchase enough cocaine powder to create the same effect. While this practice reportedly produces a more intense rush than smoking the same amount of crack, the dilutants can produce serious abscesses and pain if the user misses the vein and injects into muscle tissue.

Cocaine powder, when available, is often used by heroin addicts to "speedball" -- combine cocaine with heroin -- to enhance or extend the effect of heroin. This entails injecting or snorting heroin, then smoking crack immediately. Several ethnographers note that as cocaine powder became harder to purchase during the summer, some heroin users began to speedball with crack. This overlap in heroin/cocaine/crack users may be related to the increase in double-breasted dealing described in the section on heroin. Similarly, heroin may be used by crack addicts to dampen the overly agitated effect produced by extended crack use. In both cases, the second drug is used to supplement rather than substitute the primary drug.

New York and Bridgeport ethnographers describe large pieces of crack called "slabs" being sold at the street level in their areas. The slab is a piece of crack about the size and shape of a stick of chewing gum, sometimes scored to form pieces. The slab is sold in the same containers (e.g., vials, bags) as individual rocks or pieces but, due to its size, costs more. This unit is smaller than what was described last year in the *Pulse Check* as the "cookie," a larger piece or sheet of crack sometimes bought for the purposes of resale.

In New York and San Diego, sources report that many crack users look for powder to make their own crack because processed crack is seen as "a bad buy" (i.e., poor quality or made up primarily of adulterants). This is largely due to the perception that dealers are cheating crack users by using very little powder in the cooking process.

Law Enforcement Sources

Police sources in most areas report that cocaine use remains stable. Boston police report fewer crack users, but maintain that crack is still a serious problem in that area. Three police sources (Seattle, Miami, and New York) report double-breasting dealing in their areas. Prices of cocaine are low (\$30-\$70/gram), and purity varies considerably.

Birmingham police are the only source that reports rising cocaine use in this *Pulse Check*. Crack has become more popular in the inner city; even in the suburbs, which have long been a powder market, police note an increase in the sale and use of crack. Consequently, prices are high: a piece of crack can run from \$40 to \$50. Police report that this increase in price may reflect the increase in the "yuppie" crack market of casual, middle-class users. Dealers have followed their new clientele into suburban areas, resulting in fewer open air cocaine markets in the inner city.

Treatment Providers

Treatment providers in all areas except the West and Southwest continue to report that cocaine is the most common illegal drug problem of clients seeking substance abuse treatment. While there have been slight decreases in the percentage of treatment admissions with cocaine as the primary drug problem, in general, admissions for cocaine treatment changed little in recent months. The majority of cocaine treatment clients smoke crack and use a variety of other substances. In all regions, alcohol is mentioned as a problem drug by a majority of clients (79-93 percent), as is marijuana (53-80 percent). Heroin, amphetamines, and tranquilizers are also commonly cited as secondary drugs of abuse.

The majority of cocaine treatment clients are white, except in the Midwest, where there is a fairly even proportion of whites and African-Americans. About two-thirds of the clients in all areas are male, and just over half have had prior treatment.

As in the last *Pulse Check*, several treatment providers commented on the "aging" of the crack user population; that is, the hardcore crack user is more likely to be an older user, who also consumes marijuana, alcohol and other drugs, than a teen or young adult. Just 3 to 11 percent of cocaine clients in all areas are below 20 years old. While sources report that there appear to be more young cocaine users seeking treatment in the Northwest, unlike the younger heroin clients, these young cocaine users are more likely to be new to treatment.

Part III: MARIJUANA

The market for marijuana appears to be thriving in the areas surveyed in this *Pulse Check*. Marijuana users are a diverse group, and the drug is highly popular in a variety of social settings. Most sources report that many types of marijuana, both foreign and domestic, can be purchased

in their areas, and many users combine marijuana with other drugs such as alcohol, cocaine, or methamphetamine. Sellers are also a diverse group, reflecting the diversity of users. Treatment providers report that clients who cite marijuana as their primary illicit drug of abuse typically also have problems with alcohol.

Ethnographers and Epidemiologic Sources

Marijuana appears to be plentiful in all areas -- eight of the eleven areas contacted report that use is up, and the remaining three report that the market is stable. Marijuana attracts a wide variety of users, of all ages and ethnicities, and its popularity is growing among young (i.e., under 25) users. It is described as a "background drug" by several sources.

Marijuana is usually combined with alcohol, hallucinogens, cocaine, or methamphetamine. In Miami, users roll marijuana and cocaine into a cigarette called "lace" and in Texas and San Diego, it is combined with crack and called a "primo." In Chicago, marijuana is blended with PCP and crack cocaine into cigarettes called "ozones" that are sold for \$15. Sources in San Antonio report that along with marijuana, there has been an increase in white, middle class high school kids using club drugs, including Rohypnol.

Sources of marijuana are both foreign and domestic. Mexico is the most commonly named foreign source, but in areas such as New York, marijuana and hashish from all over the world can be purchased. One New York ethnographer notes that marijuana often has a distinct brand name or place of origin that identifies its type and purported quality. Some marijuana dealers also sell hallucinogens, including LSD, psilocybin, MDMA, and Ketamine, and a variety of pills such as tranquilizers, sedatives, and hypnotics.

Marijuana prices vary widely, and this indicates that there are many different types available. In most areas, Mexican marijuana or poor quality domestic marijuana sells for \$10-\$15 a bag, which yields 2-4 cigarettes. Exotic varieties or sinsemilia can sell for as high as \$200-\$1,000/ounce. Similarly, the potency (THC content) and purity (amount of unusable herbage mixed in) varies considerably by type.

Large cigar-like marijuana cigarettes, often called "blunts," remain a staple in most areas. In addition, smoking paraphernalia such as pipes and large water cooled "bongs" continue to appear in many areas, indicating a renewed interest in the drug. While such paraphernalia is illegal in many states, it can be marketed as tobacco supplies or simply sold discretely in small bodegas or convenience stores.

Many sources report that there are a wide variety of sellers, while others report that particular groups dominate the market. In Bridgeport, Jamaicans sell larger quantities of the drug, while in San Antonio, Mexicans and African Americans dominate the trade. In New York, dealers are frequently young people who sell in public parks, near schools and in or around clubs

frequented by teens and young adults. One New York ethnographer notes an increase in marijuana sales around schools or school activities such as sports events, where students or former students who are currently dealing blend into the atmosphere easily.

Law Enforcement Sources

All police sources contacted report that marijuana use is stable or rising in their areas. As with the ethnographers' reports, police describe the user population as diverse, reflecting all ages and ethnicities, though marijuana is particularly popular with the young. Sellers match the demographics of their customers; thus, they too are a diverse group. Miami police report more hydroponically grown domestic marijuana in their area, though the bulk of the marijuana in the area is grown in Mexico or South America.

Street level sales are primarily in one gram bags costing \$5 to \$10 for ordinary varieties of marijuana, but more exotic varieties (e.g., sinsemilia, Thai, Middle Eastern, Jamaican) can cost up to \$500/ounce. The purity of the marijuana is generally related to the price it commands. A police source in New York, however, commented that by labeling it with a foreign name, dealers in the area are able to obtain higher prices for fairly low-quality, domestic marijuana.

Treatment Providers

The percentage of clients entering treatment with marijuana as their primary drug of abuse rose slightly in this round of calls, though most programs report that this represents no visible change in the overall client mix of reported drug problems. About one-quarter to one-third of marijuana treatment clients are under 20 years old, and they are predominantly white. The majority also has problems with alcohol abuse, but has no prior treatment experience.

Part IV: EMERGING DRUGS

Sources contacted for this *Pulse Check* report that methamphetamine is increasingly popular in many areas. In addition, they cite that cafeteria use, that is, simultaneous use of a variety of sedatives, tranquilizers, and traditional and non-traditional drugs of abuse, is prevalent in their areas, particularly among young people.

Methamphetamine is a continuing presence in the West, the Southwest border, and parts of the Midwest, while little or no methamphetamine is reported in the Northeast. It has a large following among young white blue collar workers and laborers as well as among college students. In areas of the West, it is also becoming more popular among the Hispanic population. In Denver, where availability is high, methamphetamine is popular with a wide variety of users, particularly young runaways in Denver and Boulder. The Denver source also notes that there is less "bathtub crank" or poor quality methamphetamine made by individual entrepreneurs in the local market, while there is more high quality crystalline methamphetamine.

The special report on methamphetamine in this issue of the *Pulse Check* describes the problems associated with methamphetamine use in greater detail.

Club drugs. "Cafeteria use" -- the use of a number of hallucinogenic and sedative/hypnotic "club drugs" -- is reported by sources all over the country (i.e., Bridgeport, San Diego, Miami, New York, Austin, and Newark) The club drug mix varies slightly from area to area, but generally includes such drugs as marijuana, Ketamine, LSD, MDMA, Nexus and GHB. In some areas it includes steroids or herbal mixtures such as "power drinks" found in health food stores. In the West and South it typically also includes methamphetamine and prescription drugs (e.g., Clonapin, Ritalin, Lexotan, Rohypnol, Prozac) that come across the Mexican border illegally. Three sources (San Antonio, Miami and Austin) report that Rohypnol is an emerging drug in their areas. Rohypnol has only been reported in areas that are close to the Southwest border.

As the name implies, club drugs are popular with young adults and teenagers who are part of a club scene, and want to take the drugs to gain increased stamina for late night dancing or partying. Many of these young users experiment with a variety of club drugs in different combinations. Club drugs are increasingly mentioned as problematic for treatment programs. Many treatment providers report that teens and young adults enter treatment with a number of these drugs and alcohol, rather than a single drug, as their primary problem.

Previous *Pulse Checks* have reported that middle class high school kids are searching for naturally occurring hallucinogens that are supposed to produce a dream-like state, and this finding is supported by the increased use of some specific club drugs. In Delaware, sources report a wide range of hallucinogens as part of the array of drugs used by young adults, with mushrooms (psilocybin) as particularly popular. In addition, sources in Bridgeport cite mescaline as an emerging drug in that area.

CONCLUSIONS

This issue of the *Pulse Check* finds that the markets for heroin and marijuana are growing, while the market for cocaine is stable. These findings are generally corroborated by all sources in different regions of the country.

According to *Pulse Check* sources, youth drug use is rising. Not only are more young people using heroin and marijuana, cafeteria use of a variety of sedatives and hypnotics is increasingly popular. While the majority of heroin and crack users are a stable, older cohort of long-term users, the continued increase in youth drug use paints a troublesome picture. These findings are consistent with the results of population-based survey research, such as NIDA's *National Household Survey of Drug Abuse*, and University of Michigan's *Monitoring the Future Study*.

This *Pulse Check* also reveals an increase in poly-drug use, and innovative methods of drug use. For example, combining heroin and cocaine powder or crack (speedballing) was reported in several areas, as was cafeteria use. Innovations, such as cooking crack from cocaine powder, or dissolving crack to inject it intravenously, also indicate that users are searching for more creative ways to use drugs.

Treatment providers reported that the majority of their clients enter treatment with cocaine as the primary drug of abuse, while in the West and Southwest, methamphetamine is the most widely cited primary drug of abuse. In the Northeast, Mid-Atlantic and the South, approximately 19 percent of people who enter treatment cite heroin as their primary drug of abuse. In the Midwest, South, and Southwest, this figure is about 10 percent. This indicates that while heroin use is rising, there has not yet been a wide scale entry of heroin abusers into treatment facilities. However, treatment providers do report an increase in the number of young clients who enter treatment with a number of club drugs and alcohol as their problem drug problem.

Sources also reported that methods used to deal heroin and cocaine are becoming more sophisticated. First, there has been an increase in double-breasted dealing. Second, there are more organized, entrepreneurial crews of young dealers who use more efficient distribution methods. Like the well-organized crack dealers of the 1980s, these crews often use beepers to communicate with their clients and they are willing to deliver relatively small purchase amounts to suburban areas. These new crews may in fact be "second generation" crews, that is, they are somehow acquainted with members of the crack crews of the 1980s, and have picked up their methods to deal heroin and cocaine in the 1990s. Since the cocaine market has stabilized, dealers may be looking for innovative ways to reach potential heroin users.

Tables
Fall 1996

**Table 1
Ethnographers and Epidemiologists Report on Heroin**

	City			
	Bridgeport, CN	San Antonio/ El Paso, TX	San Diego, CA	New York, NY
Use	up	up	stable	stable
Who's Using/ Change in Users	traditional older users and teens/ young adults; more teen users, more female users	Hispanics, gang members, older users; more women, more young users	males, 25-50 years old; more Hispanic users, more young users	traditional older users; more young users, more middle class users
Method of Use	snorting injecting	snorting injecting	injecting snorting	snorting injecting
Drugs in Combination	alcohol; cocaine; crack	cocaine		cocaine
Who's Selling	Young dealers, some selling through beepers.	Both young dealers and older, established dealers	Hispanic males	Crews selling both heroin and cocaine, beeper sales
Purchase Amount/Purity	\$10/bag; high purity	\$10/bag, \$70-1/16 oz.; variable purity	\$140 - \$200/gram; 40% - 60% purity	\$10/bag
Other/Comments	Some sales are through beepers, and deliveries are made to clubs, houses, and suburban areas. Many young users and sellers.		Methamphetamine is the number one problem.	Young users seem to think heroin is controllable compared to crack, and it is part of a battery of drugs used to "party." Better organized street sales.

**Table 1 (cont'd.)
Ethnographers and Epidemiologists Report on Heroin**

	City			
	Denver, CO	Miami, FL	Chicago, IL	Trenton/Newark, NJ
Use	up	up	up	up
Who's Using/ Change in Users	young, some homeless, some college users; more use among people under 25	older users returning to use, middle class club goers	traditional older users plus young users (teens and 20s); more young users	25-40 years old, some increase in young users; more non-urban users
Method of Use	injecting	skin popping injecting	snorting injecting	snorting injecting
Drugs in Combination	cocaine crack			alcohol
Who's Selling	Mexican nationals and Hondurans at street level		Hispanic dealers for brown heroin; Nigerians for white heroin.	Older teens/young adults
Purchase Amount/Purity	\$20/balloon; \$30-\$35 for 1/4 gram; 3% -15% purity	\$10/bag \$20/bag; 5% - 20% purity	high purity	\$15/bag; good purity
Other/Comments	As compared to the past, more street dealers have both heroin and cocaine, though heroin is still easier to get. Methamphetamine available through white street level dealers.	More old-time shooters are getting a taste for heroin again. It is also being skin-popped in after hours clubs by white upper middle-class adult users.	Users are reporting difficulty getting into treatment and are fearful of medical cuts further limiting their options.	

**Table 1 (cont'd.)
Ethnographers and Epidemiologists Report on Heroin**

	City		
	New York	Austin, TX	Newark, DE
Use	up	up (slightly)	up
Who's Using/ Change in Users	more young users	older users (30+), primarily Hispanic;	traditional older users and many teen users; more young users
Method of Use	injecting snorting smoking	injection	snorting injecting
Drugs in Combination	crack cocaine		cocaine
Who's Selling	more independent sellers evident		
Purchase Amount/Purity	\$10/bag \$100/bundle; declining purity	Black Tar: \$2,300 - \$6,000/oz.	Purity is good
Other/Comments	There are many more independent sellers who are cutting heroin with odd adulterants i.e., Dramamine, aspirin.	Increasing problems with illicit prescription drugs from Mexico. Also, increase in ER mentions for GHB, including one overdose death.	Heroin use was down a little over the summer, but is gradually rising again, particularly among young (teen) users. It is easily accessible to teens.

**Table 2
Law Enforcement Report on Heroin**

	City		
	Birmingham, AL P.D.	Seattle, WA P.D.	New York, NY P.D.
Use	low	up	up
Who's Using/ Change in Users	very few users in area		old users and new young users; more young users
Method of Use		injection	snorting injecting
Drugs in Combination			cocaine
Who's Selling		Mexican traffickers handling all drugs	
Purchase Amount/Purity		\$10 - \$15/bag (Black Tar); 10% - 70% purity	\$10/bag; variable purity
Other/Comments		This area is being "inundated by meth." from Mexico.	

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

	City		
	Miami, FL P.D.	Eugene, OR P.D.	Boston, MA P.D.
Use	stable	stable	up
Who's Using/ Change in Users	primarily older users, but young users increasing; more younger users	older users, white males	wide variety of users. young users
Method of Use	injecting	injecting	snorting injecting
Drugs in Combination	cocaine	methamphetamines	cocaine
Who's Selling	More sales of heroin by crack dealers	Mexican Nationals, local street dealers	Middle Eastern and South American source sellers
Purchase Amount/Purity	\$125K/kilo for Colombian; high purity in large quantities	\$15/bag \$60 - 1/2 gram; variable purity	\$10/bag; high purity
Other/Comments			Sellers of both heroin and cocaine evident on the street.

Table 3
Treatment Providers Report on Heroin Use Patterns

	Region			
	I: Northeast N = 13	II: Mid-Atlantic & South N = 15	III: Mid-West N = 13	IV: West/ Southwest N = 12
% clients with drug listed as primary drug of abuse	19	19	10	10
Change over last year				
increase	42%	40%	23%	17%
no change	50%	53%	69%	83%
decrease	8%	7%	8%	0%
% clients injecting	44	78	57	87
% clients inhaling/smoking	56	22	43	13
Other Drugs Abused (% clients who mention)				
cocaine	92%	53%	38%	33%
marijuana	15%	33%	38%	42%
alcohol	92%	60%	77%	67%
tranquilizers	15%	40%	15%	8%
amphetamines	8%	7%	0%	42%
other	8%	40%	23%	42%
Region I: Connecticut, Maine, Massachusetts, New York, New Jersey, Rhode Island, New Hampshire, Vermont, Pennsylvania				
Region II: Alabama, Florida, Georgia, Kentucky, Mississippi, Texas, North and South Carolina, Tennessee, Arkansas, Louisiana, Oklahoma, Maryland, Delaware, Virginia, West Virginia, Washington, D.C.				
Region III: Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin, Iowa, Kansas, Missouri, Nebraska, North and South Dakota				
Region IV: Colorado, Montana, Utah, Wyoming, Nevada, Arizona, California, Idaho, New Mexico, Washington, Oregon				

**Table 3 (cont'd.)
Treatment Providers Report on Heroin Use Patterns**

	Region			
	I: Northeast N = 13	II: Mid-Atlantic & South N = 15	III: Mid-West N = 13	IV: West/ Southwest N = 13
Average by Age				
under 20	7%	7%	5%	2%
21-30	32%	22%	24%	25%
31+	61%	71 %	71%	73%
Average by Race/Ethnicity				
African-American	38%	38%	52%	12%
White	41%	57%	41%	60%
Hispanic & Other	21%	5%	7%	28%
Average by Sex				
Male	69%	69%	75%	73%
Female	31%	31%	25%	27%
Prior Treatment				
Yes	73%	69%	76%	81%
No	27%	31%	24%	19%
<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, Washington, 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>				

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

	City			
	Bridgeport, CN	San Antonio/ El Paso, TX	San Diego, CA	New York, NY
Use	stable	stable	stable	stable
Who's Using/ Change in Users	wide range of users	primarily African Americans, some Hispanics; more Hispanic users	African Americans (crack) 18-35 yrs. old, all groups (HCI)	
Method of Use	smoking snorting	smoking injecting	smoking snorting	smoking
Drugs In Combination	heroin	marijuana heroin	PCP heroin	heroin
Who's Selling	HCI sold with beepers, crack sold on street	More dealers of both heroin and cocaine.	African Americans & Hispanics; beeper sales	Young crews selling heroin also
Purchase Amount/Purity	\$5, \$10 bag; good purity	\$20, \$30/bag (HCI) \$10, \$20, \$30/unit (crack)	\$80-\$100/gram \$10 - 1/10 gr. (crack); 20% - 50% purity	\$10, \$20, \$50/bag; \$5/vial; purity fair
Other/Comments	There has been a noticeable trend among crack users to add heroin (snorted) to their use. Crack is also now sold as "slabs" or strips of crack in a plastic bag.	There are two major distributors: one uses young dealers to distribute, the other prefers older, experienced dealers.	A lot of users know how to make their own crack, so they buy powder. Vials have given way to tiny ziplock bags, so the product is more visible.	

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

	City			
	Denver, CO	Miami, FL	Chicago, IL	Trenton/Newark, NJ
Use	stable	stable	stable	stable
Who's Using/ Change in Users	wide range of ages; African Americans (crack)	Hispanics; decline in young adult use	wide range of users	20-30 yrs. old, all ethnicities; some more young users
Method of Use	injecting smoking	smoking	injecting smoking	
Drugs in Combination	heroin	marijuana alcohol	heroin marijuana	alcohol
Who's Selling	More sellers of heroin & cocaine together	Sellers match the communities they work	Gangs	Non-users primarily selling only cocaine.
Purchase Amount/Purity	\$5 - \$10/vial	\$10, \$20/bag \$50-\$75/gram	\$50-\$150/gram \$3-\$20/rock; purity "good"	\$10 for 1/10 gram, \$60-70/mg variable purity
Other/Comments	Methamphetamine is at highest level of availability in years. Most users are white, young, and equally likely to be male or female.		Hard to find HCl on the street, but crack is available. An "ozone" is a marijuana cigarette with PCP and crack in it that sells for \$15.	

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

	City		
	New York, NY	Austin, TX	Newark, DE
Use	stable at high level	stable	stable
Who's Using/ Change in Users	wide range of users, including women & teens: more teens	African American & Hispanic, male & female; more Hispanics	more young users
Method of Use		smoking injecting inhaling	
Drugs in Combination			heroin marijuana
Who's Selling	Young sellers who match community.		Sellers often from larger cities & come into area with supply.
Purchase Amount/Purity	\$10-\$20/vial \$40-\$50/gram; purity is "good"	\$600-\$1,200/oz. \$20-\$100/gram \$10-\$40/rock variable purity	Purity is "fair"
Other/Comments	"Slabs" of crack available, increase in number of brand names or bag markings.	Cocaine continues as #1 drug among treatment admissions, though the proportion has dropped slightly. Crack users are older than HCl injectors or snorters.	

Table 5
Law Enforcement Report on Cocaine/Crack

	City		
	Birmingham, AL P.D.	Seattle, WA P.D.	New York, NY P.D.
Use	up		stable
Who's Using/ Change in Users	inner city crack users; suburban HCl users; some casual middle- class crack users	African American and Hispanic users	variety of users
Method	smoking	inhaling smoking	smoking injecting
Drugs in Combination	marijuana alcohol		heroin
Who's Selling	Fewer open markets; some move to suburban areas.	Crack dealers also selling heroin.	More sales of both heroin and crack by same dealer.
Purchase Amount/Purity	\$40 - \$50/rock	\$30 - \$50/gram \$10 - \$20/rock; 15% - 92% purity (HCl) 30% - 75% purity (crack)	\$3 - \$10/vial \$50 - \$70/gram; variable purity
Other/Comments	Increase in crack prices. "Yuppie" crack users in suburbs also reported.	Some Mexican dealers sell heroin cocaine, marijuana and methamphetamine.	

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

	City		
	Miami, FL P.D.	Eugene, OR P.D.	Boston, MA P.D.
Use	stable	stable	stable
Who's Using/ Change in Users	No change in users		somewhat fewer crack users
Method of Use	snorting smoking	smoking injecting	
Drugs in Combination		marijuana	
Who's Selling	Crack dealers also selling heroin.	Mexican Nationals.	Dominican and Colombians.
Purchase Amount/Purity	\$10 for 1/10 gram \$50/gram; high purity	\$15, \$20 for 1/4 gram; variable purity	\$800/oz.
Other/Comments		Methamphetamine is up and often substitutes for the more expensive, less available cocaine.	Crack is somewhat less popular than before.

Table 6
Treatment Providers Report on Cocaine/Crack Use Patterns

	Region			
	I: Northeast N = 15	II: Mid-Atlantic & South N = 17	III: Mid-West N = 15	IV: West/ Southwest N = 14
% clients with drug listed as primary drug of abuse	45	32	34	21
Change over last year				
increase	8%	29%	7%	29%
no change	77%	71%	73%	71%
decrease	15%	0%	19%	0%
% clients injecting	15	9	23	27
% clients inhaling/smoking	85	91	77	73
Other Drugs Abused (% clients who mention)				
heroin	47%	0%	20%	14%
marijuana	53%	59%	80%	57%
alcohol	93%	82%	80%	79%
tranquilizers	7%	12%	7%	7%
amphetamines	0%	12%	33%	21%
other	0%	6%	7%	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, Washington, 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>				

**Table 6 (cont'd.)
Treatment Providers Report on Cocaine/Crack Use Patterns**

	Region			
	I: Northeast N = 15	II: Mid-Atlantic & South N = 17	III: Mid-West N = 15	IV: West/ Southwest N = 14
Average by Age				
under 20	11 %	10%	7%	3%
21-30	33 %	44%	36%	46%
31+	56 %	46%	57%	51%
Average by Race/Ethnicity				
African-American	39 %	42%	47%	17%
White	48 %	53%	46%	65%
Hispanic & Other	13 %	5%	7%	18%
Average by Sex				
Male	64 %	62%	69%	68%
Female	36 %	38%	31%	32%
Prior Treatment				
Yes	65 %	51%	56%	53%
No	35 %	49%	44%	47%
<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, Washington, 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>				

Table 7
Ethnographers and Epidemiologists Report on Marijuana

	City			
	Bridgeport, CN	San Antonio/ El Paso, TX	San Diego, CA	New York, NY
Use	stable	stable	up	up
Who's Using/ Change in Users	all ages, all ethnicities; more teens	wide variety of users;	all ethnicities; 18-35 yrs. old; more young users	wide variety of users; more young users
Drugs in Combination		cocaine	cocaine	LSD heroin alcohol
Who's Selling	Wide variety of sellers; Jamaicans sell larger amounts.	Mexican Nationals	African Americans and Hispanics	Sellers generally see only marijuana and hallucinogens, and many have brand identities
Purchase Amount/Purity	\$10/bag	\$10, \$15, \$25 per bag	\$50-100/oz. (regular); \$200-\$400/oz. (sinsemilia); 8% -16% THC for sinsemilia	variable purity
Other/Comments		There is some evidence in the last 6 months of more white high school kids using Rohypnol. Also sees combinations with crack in "primos."		Marijuana is sold by persons who may also sell pills or hallucinogens. They have developed brand names related to the origin of the marijuana.

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

	City			
	Denver, CO	Miami, FL	Chicago, IL	Trenton/Newark, NJ
Use	stable	up		up
Who's Using/ Change in Users	wide variety of users	all classes, all ethnicities	diverse group of users	wide variety of users. primarily urban; more young users
Drugs in Combination	alcohol methamphetamine	cocaine		alcohol
Who's Selling				
Purchase Amount/Purity	\$425/oz.	\$40-50 - 1/8 oz. \$250-260/oz.; 8% - 14% THC	\$60-200/oz.; variable purity	\$19/bag
Other/Comments		Marijuana mixed with cocaine is rolled into a cigarette and called "lace."		

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

	City		
	New York, NY	Austin, TX	Newark, DE
Use	up	up	up
Who's Using/ Change in Users	young users under 25; more teens	young, male, all ethnicities; more young users	young users under 25
Drugs in Combination			cocaine
Who's Selling	Young sellers, around schools, public parks		Wide variety of sellers
Purchase Amount/Purity	\$5, \$10/bag \$100-800/oz.	\$40-100/oz.	Purity is very poor
Other/Comments	PCP-laced marijuana sells for \$15/bag. Many teens smoking "woolies" (fat marijuana cigarettes mixed with PCP or crack)		

**Table 8
Law Enforcement Report on Marijuana**

	City		
	Birmingham, AL P.D.	Seattle, WA P.D.	New York P.D.
Use	stable	up	stable
Who's Using Change in Users	white, often rural or suburban users	wide range of users	"everyone"
Drugs in Combination	alcohol	alcohol cocaine	alcohol cocaine
Who's Selling	Sellers operate in suburban/rural areas where customers are.	Mexican traffickers.	Sellers match community they sell to.
Purchase Amount/ Purity	\$100/oz.	\$200 - \$300/oz.; variable purity	\$10/bag \$100 - \$500/oz.; variable purity
Other/Comments			Wide variety in quality and price.

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

	City		
	Miami, FL P.D.	Eugene, OR P.D.	Boston, MA P.D.
Use	stable	stable	stable
Who's Using Change in Users	wide range of users; none	wide variety of users; none	none
Drugs in Combination		methamphetamine	crack MDMA
Who's Selling	More hydroponic growing sites.	Sellers look like their customers.	Wide variety of sellers.
Purchase Amount/ Purity	\$5, \$10/bag \$2,500/lb for "exotics;" highly variable purity	\$15/gram for local \$10/gram for Mexican; purity varies by type	\$10/gram; variable purity
Other/Comments			Smaller sales units continue to be available almost everywhere.

Table 9
Treatment Providers Report on Marijuana Use Patterns

	Region			
	I: Northeast N = 13	II: Mid-Atlantic & South N = 15	III: Mid-West N = 13	IV: West/ Southwest N = 12
% clients with drug listed as primary drug of abuse	17	16	20	28
Change over last year				
increase	27%	36%	0%	15%
no change	46%	64%	92%	77%
decrease	27%	0%	8%	8%
% clients injecting	NA	NA	NA	NA
% clients inhaling/smoking	NA	NA	NA	NA
Other Drugs Abused (% clients who mention)				
cocaine	36%	36%	8%	8%
alcohol	91%	93%	92%	85%
tranquilizers	0%	7%	0%	0%
hallucinogens	0%	21%	15%	15%
amphetamines	0%	0%	0%	38%
other	0%	14%	0%	23%
<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, Washington, 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>				

**Table 9 (cont'd.)
Treatment Providers Report on Marijuana Use Patterns**

	Region			
	I: Northeast N = 13	II: Mid-Atlantic & South N = 15	III: Mid-West N = 13	IV: West/ Southwest N = 12
Average by Age				
under 20	26%	21%	22%	29%
21-30	42%	40%	37%	38%
31+	32%	39%	41%	33%
Average by Race/Ethnicity				
African-American	27%	25%	31%	14%
White	62%	68%	65%	56%
Hispanic & Other	11%	7%	4%	30%
Average by Sex				
Male	69%	71%	74%	68%
Female	31%	29%	26%	32%
Prior Treatment				
Yes	20%	31%	35%	34%
No	80%	69%	65%	66%
<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, Washington, 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>				

Table 10
Ethnographers and Epidemiologists Report on Emerging Drugs

City	Emerging Drugs
Bridgeport, CN	mescaline, LSD
San Antonio/El Paso, TX	Rohypnol
San Diego, CA	MDMA, Nexus, Ketamine
New York, NY	MDMA, Ketamine, Rohypnol, GHB
Denver, CO	Ritalin
Miami, FL	MDMA, Ketamine, Rohypnol
Chicago, IL	Ritalin
Trenton/Newark, NJ	
Austin, TX	ephedrine, pseudoephedrine, illegally used prescription drugs, GHB, Rohypnol
Newark, DE	Ritalin, Prozac, psilocybin, LSD, Ketamine

Table 11
Law Enforcement Report on Emerging Drugs

City	Emerging Drugs
Birmingham, AL	MDMA
Seattle, WA	methamphetamines, Rohypnol
New York, NY	
Miami, FL	Rohypnol
Eugene, OR	
Boston, MA	

Appendix A