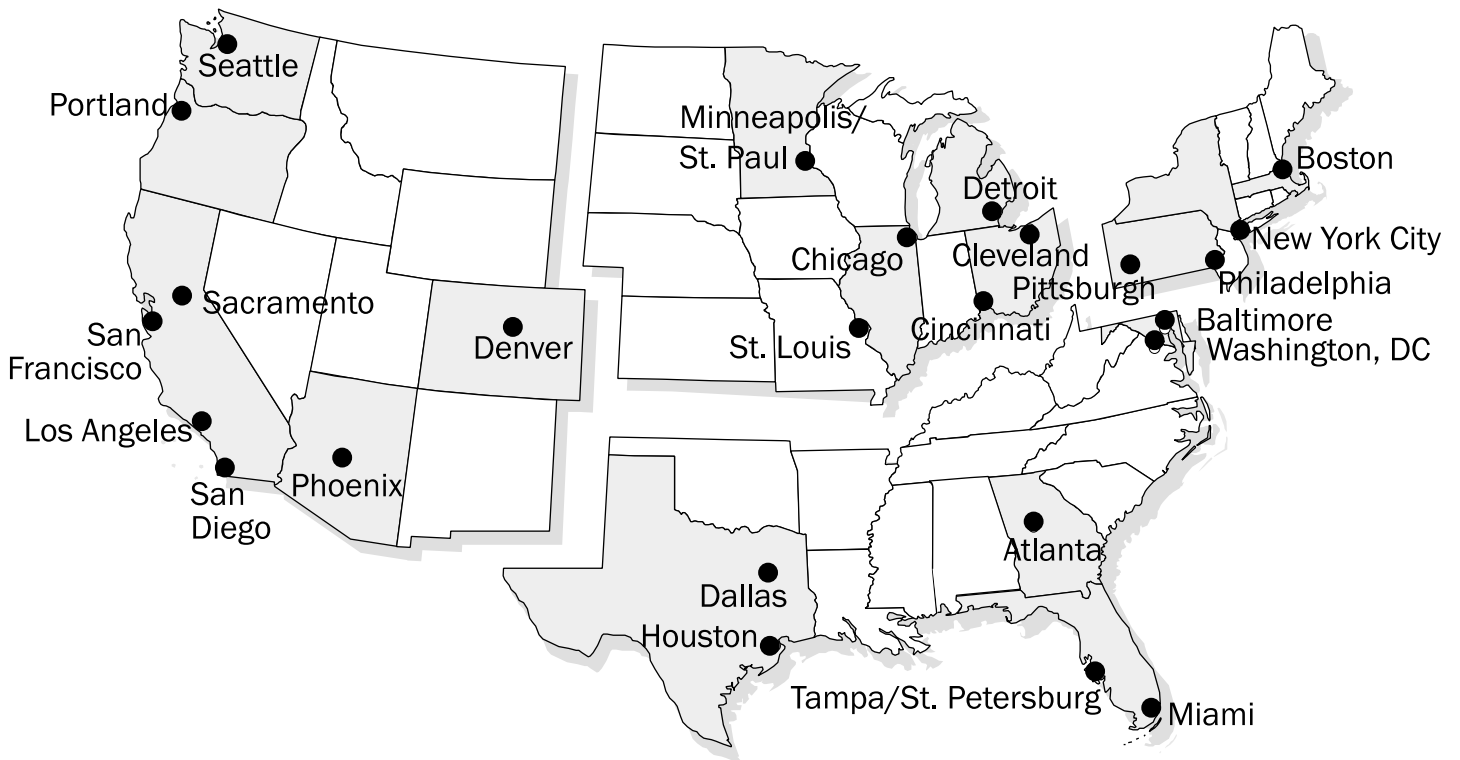




## SPECIAL TOPIC



## LOCAL DRUG MARKETS: A DECADE OF CHANGE



*This page intentionally blank.*



## LOCAL DRUG MARKETS: A DECADE OF CHANGE

The last issue of *Pulse Check* examined local drug markets which, like any economic markets, are subject to a wide variety of influences. The current issue expands upon that topic by exploring other aspects of the current markets and comparing them with the markets of 10 years ago.

As key informants and opinion leaders in their communities, *Pulse Check* sources are well positioned to describe past and present drug markets, pinpoint their vulnerabilities, and comment on tactics that have or have not disrupted them. Therefore, during our two waves of telephone discussions, conducted December 2002 through January 2003 and March through May 2003, we asked these individuals to discuss a series of market-related topics relevant to their specific areas of expertise.

All 97 respondents were asked to discuss the degree to which street-level drug transactions involve cash versus the exchange of specific goods and services. They were also asked to discuss any changes in such transactions over the past 10 years.

The law enforcement and epidemiologic/ethnographic respondents were also asked to discuss and rate the following:

- Various illicit marketing tactics used by dealers, and to what degree they have complicated efforts to detect or disrupt drug activity over the past 10 years
- Community strategies used to address the increased complexities of drug markets, and their success in doing so
- Additional community measures being planned for the future and any recommendations

- The extent to which various items have contributed to the widespread availability and use of marijuana over the past 10 years

Non-methadone and methadone treatment sources, similarly, were asked to discuss and rate the following:

- Changes in local drug markets and in the nature of drug users over the past 10 years, and the impact of those changes on the drug abuse problem
- Problems that have complicated the treatment of marijuana-using clients, particularly youth

Finally, as a followup to the last two *Pulse Check* issues, all 97 respondents discussed any continuing effects of the September 11 attacks and their aftermath on their communities' drug abuse problem.

Highlights from these discussions include the following:

In exchange for drugs...

- Cash, by far, is the most common currency exchanged for drugs, followed by sex and shoplifted merchandise.
- The exchange of drugs for food stamps has declined in several cities over the past decade because of the use of innovative technologies—such as debit cards, vouchers, or electronic transfers—aimed at preventing abuse and diversion.
- In order to obtain marijuana, youth are increasingly engaging in risky or criminal activities, such as trading sex, guns, or shoplifted merchandise.

Illicit marketing strategies

- Detection and disruption efforts have not been hampered much by dealers using unique packaging or by their increased or decreased use of brand names.
- Sources are divided in their views about relocation of drug markets within communities: many believe it poses a challenge to detection and disruption efforts, many believe it has no effect, and many even view it as a positive outcome of disruption efforts.
- Throwaway cell phones and other developments in digital communications technology, by far, have posed the greatest challenge to market detection and disruption efforts. Some sources believe that phone companies are offering new technologies to the public before offering counter-technologies to law enforcement.

Fighting back: Community tactics

- Task forces of varying composition and focus have been used effectively over the past decade in all 25 *Pulse Check* cities.
- The majority of *Pulse Check* sites have some sort of drug court program, and sources in those areas generally consider them highly effective.
- Precursor laws are rated as moderately successful in cities where they are enacted.
- Efforts to monitor prescription drug diversion have met with great to moderate success in many cities.
- Overall, drug-free zone laws are considered moderately effective, but opinions vary widely.



- About half of the *Pulse Check* sites have provided law enforcement personnel with drug user recognition education (DRE), and those programs have proven generally effective.

The nature of drug users:  
Complicating changes

- Drug abuse problems over the past decade have been particularly complicated by the lack of housing opportunities for recovering treatment clients.
- Other frequently mentioned complications to disrupting illegal drug markets include a lack of jobs and job training opportunities for recovering clients and an increasing availability of new and substitute drugs.

Continued widespread marijuana availability and use: Contributing changes

- The decline in social disapproval of marijuana (by peers, parents,

etc.) has had an impact on its widespread use and availability over the past 10 years.

- The decline in users' perception of marijuana's harmfulness is viewed as exacerbating the marijuana problem.
- Law enforcement sources consider the promotion of marijuana as "medicine" as a more significant problem than do their epidemiologic/ethnographic counterparts.
- Because marijuana prices have remained generally stable over the past 10 years, sources do not attribute increased use to price declines.

Treatment for marijuana users: The past 10 years

- Challenges involved in treating marijuana-using clients over the past 10 years have increased and include earlier initiation of marijuana use, increased marijuana potency, and a decline in users' perception of harm.

- The news media and increased court referrals appear to have had little complicating effect on marijuana users in treatment.

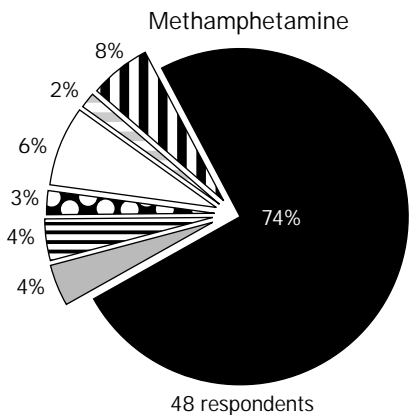
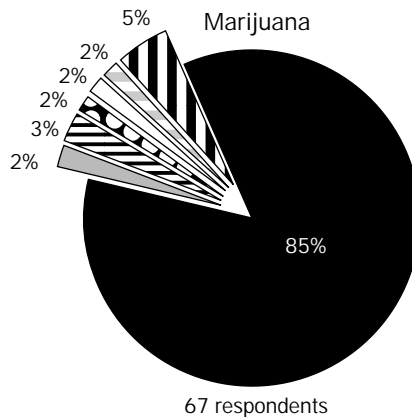
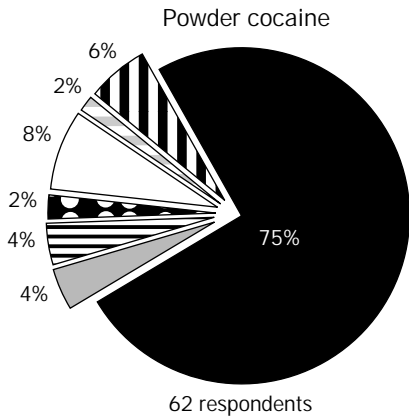
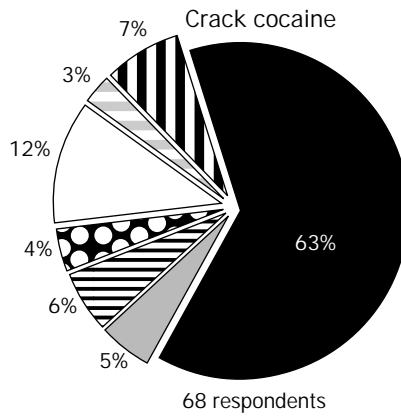
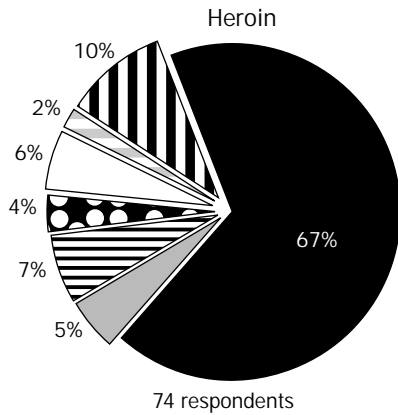
September 11 followup

- More than 60 percent of respondents believe that the September 11 attacks have had no continuing effects on the drug abuse situation.
- The most commonly mentioned post-September 11 effects include the following: supplies of some drugs have declined in some cities; some trafficking routes have shifted away from the East Coast; vehicular and other means of transport have sometimes replaced air shipment; many sources perceive a shift in law enforcement priorities from drugs to homeland security; and some drug users in treatment continue to experience elevated levels of mental health disorders.

The remainder of this chapter elaborates on these highlights.



Beyond cash: What else is accepted in exchange for drugs?



Based on their knowledgeable sense of the street scene, all sources were asked to "guesstimate" what percentage of their communities' street-level transactions involves cash and what percentage involves exchanging other specific goods or services. About three-quarters of the sources (74 of 97) responded to this question.

Their combined estimates yield several overall findings for drugs in general:

- ♦ The majority of drug transactions are "cash only," particularly in the case of marijuana.
- ♦ Sex is commonly exchanged for drugs, particularly crack (an estimated 12 percent of transactions), powder cocaine (nearly 8 percent), and methamphetamine (more than 6 percent).
- ♦ Shoplifted merchandise is the next most commonly exchanged item, particularly for heroin (nearly 7 percent of transactions) and crack (nearly 6 percent).

Source: Mean of estimated percentages given by law enforcement, epidemiologic/ethnographic, non-methadone treatment, and methadone treatment respondents

\* "Other" includes items accounting for 2 percent or less of transactions for all five drugs, such as guns, other drugs, drug transport, drug theft, food stamps, injecting services, and lookout services. It also includes items specifically added by some respondents, such as pawning (Dallas), dealing (Boston, Houston), panhandling (San Francisco), bad checks (San Francisco), trading one's children (Cleveland), shoplifted merchandise converted to cash (Minneapolis/St. Paul), stolen precursor chemicals (Dallas, Minneapolis/St. Paul), methamphetamine manufacture (Dallas; Portland, OR), and mail theft (Seattle).



HEROIN sales involve the exchange of a range of goods and services in addition to cash:

- **Cash:** Nearly all heroin transactions in Washington, DC, are cash only. Other particularly high “cash-only cities” (average estimates of 80 percent and higher) are Atlanta, Cincinnati, Denver, New York, and San Diego.
- **Shoptlifted merchandise:** More than one-fifth of heroin transactions in San Francisco involve shoptlifted merchandise, in the combined opinions of that city’s four *Pulse Check* sources. Such transactions are also common (estimates of 10–22 percent) in Atlanta, Boston, Phoenix, St. Louis, and Seattle.
- **Sex:** Sex-for-heroin appears to be most common (10–13 percent of transactions) in Cincinnati, Houston, Phoenix, and Portland (OR).
- **Injecting services:** Sometimes addicts need help in injecting, so they offer heroin to other addicts in exchange for that service. Such is the case in Houston, where respondents estimate more than 18 percent of heroin is obtained in that manner.
- **Drug buying services:** In Boston and Seattle, users commonly go out to buy heroin for other users, then keep a portion of the drug for themselves (estimates of 14 percent and 10 percent, respectively, of transactions).
- **Other drugs:** In Cincinnati, other drugs are traded for heroin in an estimated 10 percent of transactions.
- **Other:** One source in Dallas<sup>N</sup> believes that 50 percent of heroin transactions involve pawning merchandise to obtain drugs or cash for drugs.

CRACK is more likely than the other drugs to be traded for items other than cash:

- **Cash:** Cities with particularly high estimated percentages of “cash-only” transactions (80 percent and higher) are Denver, Los Angeles, Portland, San Diego, and Washington, DC. By contrast, items other than cash are traded for crack more than half the time in Boston, Dallas, Houston, Phoenix, San Francisco, and Seattle.
- **Sex:** Respondents in 15 of the 25 *Pulse Check* sites estimate particularly high average percentages (10–40 percent) of crack transactions involving sex: Atlanta, Baltimore, Boston, Cincinnati, Dallas, Detroit, Houston, Miami, Minneapolis/St. Paul, New York, Phoenix, Pittsburgh, St. Louis, San Francisco, and Seattle.
- **Shoptlifted merchandise:** Substantial proportions of crack transactions involve shoptlifted merchandise (estimates of 10–17 percent) in Boston, Dallas, Houston, St. Louis, and Seattle.
- **Other stolen merchandise:** More valuable stolen merchandise, such as electronic equipment, is commonly exchanged for crack (estimates of 10–13 percent) in New York, Phoenix, and Seattle.
- **Property or merchandise:** Respondents in Phoenix and St. Louis estimate particularly high percentages (13 percent and 10 percent, respectively) of crack transactions involve these items.
- **Drug buying services:** As in the case of heroin, drug buying services in exchange for crack are fairly common in Boston and Seattle (estimates of 25 percent and 10 percent of transactions, respectively).

- **Other:** In Seattle, fairly large proportions of crack transactions involve food stamps, drug transport services, and theft of the drug from dealers or other users (approximately 10 percent each).

POWDER COCAINE transactions are more diverse than those for other drugs: a wide range of goods and services—such as drug transport, food stamps, and guns, to name just a few—account for small portions of transactions (average estimates of 1–10 percent per item). Only the most frequently traded items are described below:

- **Cash:** Sources in nearly half (12 of 25) of the *Pulse Check* sites believe that the vast majority (80 percent) of powder cocaine transactions are cash only.
- **Sex:** One source in Houston<sup>E</sup> believes that as much as 80 percent of the powder cocaine in the area is traded for sex. The practice is also fairly common in Philadelphia, Phoenix, and Seattle (average estimates of 10–13 percent of transactions).
- **Property or merchandise:** These items are often traded for powder cocaine (10–14 percent of transactions) in Dallas, Phoenix, and Portland (OR). At the wholesale level, vehicles are often traded for drugs in Houston: for example, a used car might be traded for a kilogram of cocaine.
- **Guns:** In Houston,<sup>L</sup> at the wholesale level, a Drug Enforcement Administration (DEA)/Federal Bureau of Investigation (FBI) guns-for-cocaine investigation in fall 2002 yielded \$25 million of military-grade weapons and many arrests of right-wing Colombian paramilitaries.



- Other (estimates of 10 percent of transactions): Other commodities sometimes exchanged for powder cocaine include shoplifted merchandise in Atlanta and Boston, other stolen merchandise in Phoenix, and other drugs in Cincinnati.

MARIJUANA, compared with other drugs, is less likely to be traded for items other than cash:

- Cash: Sources believe that cash is the only commodity accepted for marijuana in Boston, Cincinnati, Denver, and Seattle; and nearly all marijuana transactions (an estimated 95–99 percent of transactions) involve cash in Detroit, Portland, and Washington, DC. Cash transactions for marijuana are least common in Phoenix. Nevertheless, cash still accounts for an estimated 65 percent of marijuana transactions in that city.

- Gifts: One source in Seattle believes that half of the youth who use marijuana pay for it in cash, while the other half get it as a “gift” to get them hooked on it.
- Other: Throughout the 25 *Pulse Check* sites, only three items are reported as traded for marijuana to any substantial degree (10 percent estimates for each): property or merchandise in Cleveland, other drugs in Sacramento, and food stamps in Chicago.

METHAMPHETAMINE transactions sometimes involve more unusual items:

- Cash: All methamphetamine transactions in Chicago involve cash, as do nearly all in Detroit and Washington, DC.
- Sex: One source in Houston believes that 50 percent of that city’s methamphetamine is sold for cash, and the other 50 percent is traded for sex. In Miami, nearly 13 percent of methamphetamine

transactions are believed to involve sex. The drug is fairly new to that area, so it is often introduced into sexual situations, like parties. The epidemiologic source there expects that practice to decline.

- Methamphetamine manufacture: Unlike most other illicit drugs, methamphetamine can be manufactured by the user, which is common in Dallas and Portland (OR).
- Stolen precursor chemicals: These items are frequently traded for methamphetamine in Dallas.
- Gifts: Since methamphetamine is often used in a group setting in San Francisco, it is frequently given away in clubs by friends and acquaintances.
- Other: Property or merchandise is frequently traded for methamphetamine in Phoenix, Sacramento, and Seattle. Shoplifted merchandise is commonly traded in San Francisco and Seattle.

#### BEYOND CASH: WHAT HAS CHANGED OVER THE PAST 10 YEARS?

Sources were also asked whether any of these specific types of transactions have changed over the past 10 years. Their responses yield a few recurring themes:

- Cash: Cash-only transactions have increased in some cities, such as Chicago and New York; conversely, they have declined in Boston.
- Sex: The practice of exchanging sex for drugs has increased in Atlanta, Detroit (heroin), Minneapolis/St. Paul (marijuana, heroin), Phoenix, Portland (OR) (heroin), and St. Louis (crack or methamphetamine). It has declined in Houston (crack), Philadelphia (crack), Sacramento, and San Francisco (crack).
- Food stamps: The use of innovative technologies in lieu of paper, such as debit cards, vouchers, or electronic transfers, has disrupted food stamps-for-drugs trading in several cities, including Atlanta, Denver, Detroit, Houston, Philadelphia, and Pittsburgh.
- Marijuana-youth issues: In order to obtain marijuana, youth are increasingly engaging in risky or criminal activities, such as trading sex or shoplifted merchandise in Minneapolis/St. Paul and trading guns in Dallas.

These changes, as well as others that are more site specific, are described in the narrative surrounding the map on the next page.



BEYOND CASH: WHAT HAS CHANGED

SEATTLE

No changes are reported over the years.<sup>N</sup>

PORTLAND, OR

Female addicts are using less cash, less property, and more sex in exchange for heroin. The number of portable meth labs has greatly increased.<sup>E</sup>

SACRAMENTO

Sex for drugs has declined due to fear of human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) and hepatitis C. The exchange of shoplifted merchandise for drugs has declined because retail store exchange policies have made it harder to “return” shoplifted items for cash.<sup>N</sup>

SAN FRANCISCO

Sex for crack has declined slightly.<sup>E</sup>

LOS ANGELES

Little has changed over the past 10 years. “Cash is still king.”<sup>E</sup>

SAN DIEGO

Methamphetamine manufacturing has declined because task force activities have reduced the size and number of labs, pushing them into neighboring areas.<sup>N</sup>

PHOENIX

Phoenix’s high auto theft rate is probably due to the increase in methamphetamine users who need the money.<sup>E</sup> Sex for drugs is no longer limited to female users only: males are now just as likely to resort to it.<sup>M</sup> Cash exchanges have declined, while increases are noted in transactions involving home robberies, identity theft, fraudulent documents, and chemicals for manufacturing.<sup>N</sup>

MINNEAPOLIS/ST. PAUL

Young people are increasingly shoplifting in order to trade merchandise, such as CDs, for marijuana.<sup>E</sup> Sex for marijuana is a new phenomenon. Drug theft (“ripping off dealers or friends”) has increased.<sup>N</sup> Trading stolen precursors for methamphetamine is a relatively new phenomenon.<sup>E</sup>

Sex for heroin has increased. Opium users in the Hmong community increasingly use welfare checks to support their \$250-per-month habits.<sup>M</sup> At higher levels, suppliers increasingly “front” kilos of drugs to dealers, allowing them to pay after selling the drugs.



DENVER

Trading of food stamps has declined since the use of debit cards has been instituted.<sup>M</sup>

DALLAS

Youth are increasingly trading guns for marijuana. Many purchase these guns at a large annual gun show.<sup>E</sup> Distribution of free drugs has increased—a practice aimed at gaining and maintaining market share.<sup>N</sup> Middleman involvement in transactions also has increased: “You gotta know somebody who knows somebody.”<sup>N</sup> Methamphetamine users have become increasingly involved in the manufacturing process.<sup>N</sup>

HOUSTON

As dealers have become more aware of HIV risks, they have allowed fewer “rock stars” (women or men) to hang out in crack houses in order to trade sex for crack.<sup>N</sup> Texas’ new food stamp system, which uses debit cards instead of paper, has disrupted the ability to trade food stamps for drugs.<sup>N</sup>





OVER THE PAST 10 YEARS? (continued)

DETROIT

Guns and food stamps have declined as commodities exchanged for drugs; the provision of lookout services in exchange for drugs has increased slightly.<sup>E</sup> Michigan's switch to vouchers for food stamps has made it more difficult to trade them for drugs.<sup>N</sup> Sex for heroin has increased, largely due to the increase in female substance abusers. "Prostitution used to be for money; now it's for drugs."<sup>M</sup>



CLEVELAND

Sex for crack remains common: nearly all prostitutes are crack addicts.<sup>E</sup>

CHICAGO

Injecting services for heroin have declined over the past 10 years because needle exchange programs have made shooting galleries irrelevant.<sup>E</sup> Dealers don't want merchandise any more: they just want cash.<sup>N</sup>

CINCINNATI

No changes are reported over the years.

ST. LOUIS

Sex for crack or methamphetamine has increased. Common settings include truck stops, libraries, and book stores.<sup>E</sup> "Crack used to be cash only; now the use of sex and exchange of merchandise have become more common."<sup>L</sup>

BOSTON

"As police activity has disrupted sales and driven markets underground, criminal activity has escalated while straight cash transactions have declined. For example, users are more likely to fence shoplifted merchandise and use the proceeds to buy drugs."<sup>E</sup>

NEW YORK

Drug transactions have become increasingly "cash only." The larger organizations of the past sometimes sold drugs on consignment. But today's smaller, more independent street-level dealers can't recoup any outlay quickly enough to do so.<sup>E</sup>

PITTSBURGH

Food stamps are traded less commonly than in the past.<sup>E</sup> Users are increasingly stealing property and merchandise (shoplifting of meat has become especially common), pawning it, and using the cash proceeds to buy drugs.<sup>L,E,M</sup>

PHILADELPHIA

Sex for crack has declined, while the exchange of property for crack has increased—more electronic equipment, particularly CD players and CDs, are being traded.<sup>E</sup> Food stamps are not as widely traded as in the past because many people are no longer eligible for them.<sup>M</sup> Injecting services have declined because snorting has increased.<sup>M</sup>

BALTIMORE

In some cases, trading guns for drugs has become more widespread. Use of middlemen to buy drugs has also become more common.<sup>L</sup>

ATLANTA

Food stamps have declined as a tradable commodity: electronic transfer has made it more difficult to manipulate the system. Shoplifting also has declined due to increased law enforcement. Sex for drugs, however, has increased.<sup>N</sup>

WASHINGTON, DC

Guns and violence have increased greatly.<sup>E</sup>

TAMPA/ST. PETERSBURG

Diverted prescription drugs (such as alprazolam and OxyContin<sup>®</sup>) have become increasingly traded for other drugs, especially for methamphetamine.<sup>E</sup>

MIAMI

The provision of lookout services in exchange of drugs has declined over the past decade because of the decline in street sales.<sup>E</sup> With the advent of ecstasy, sexual exchange between male sellers and female buyers has increased.<sup>L</sup>



# LOCAL DRUG MARKETS: A DECADE OF CHANGE

## ILLICIT DRUG MARKETING STRATEGIES: CHANGES OVER THE PAST 10 YEARS

In an attempt to market illicit drugs and at the same time stay one step ahead of law enforcement, dealers have introduced a variety of market-

ing innovations, strategies, and tools over the past 10 years. *Pulse Check* law enforcement and epidemiologic/ethnographic sources discussed the

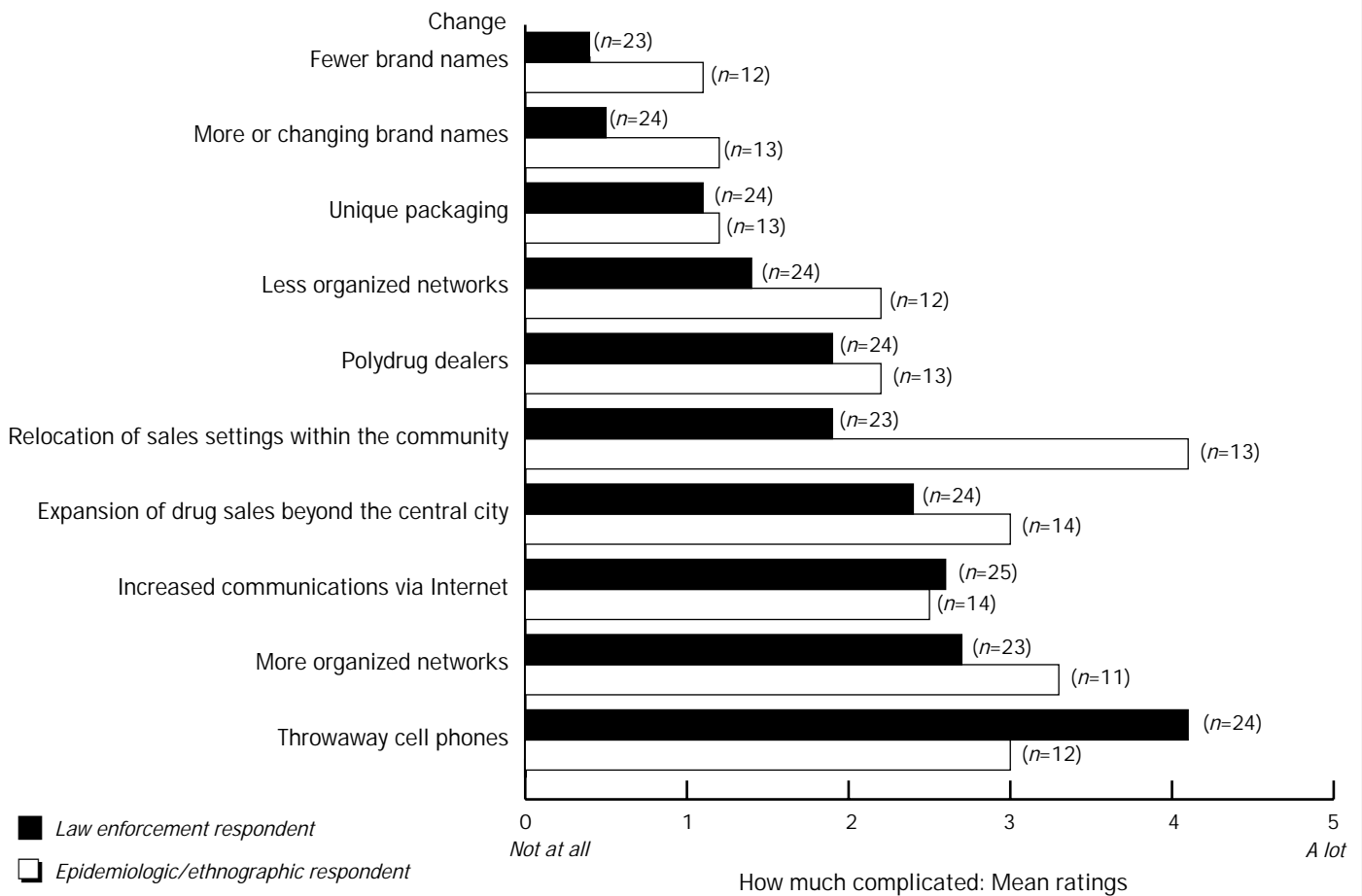
specific strategies listed below and rated the extent to which they have complicated detection and disruption efforts in their communities.

- ♦ Law enforcement and epidemiologic/ethnographic sources generally agree that detection and disruption efforts have not been hampered much by dealers using unique packaging or by their increased or decreased use of brand names.
- ♦ Epidemiologic/ethnographic sources tend to view relocation of drug markets within communities as a challenge to detection and disruption efforts. Law enforcement

sources are more divided in their opinions. Many believe that this type of movement has no effect, and many even view it as a positive outcome of disruption efforts.

- ♦ According to law enforcement sources, throwaway cell phones and other developments in digital communications technology, by far, have posed the greatest challenge to market detection and disruption efforts.

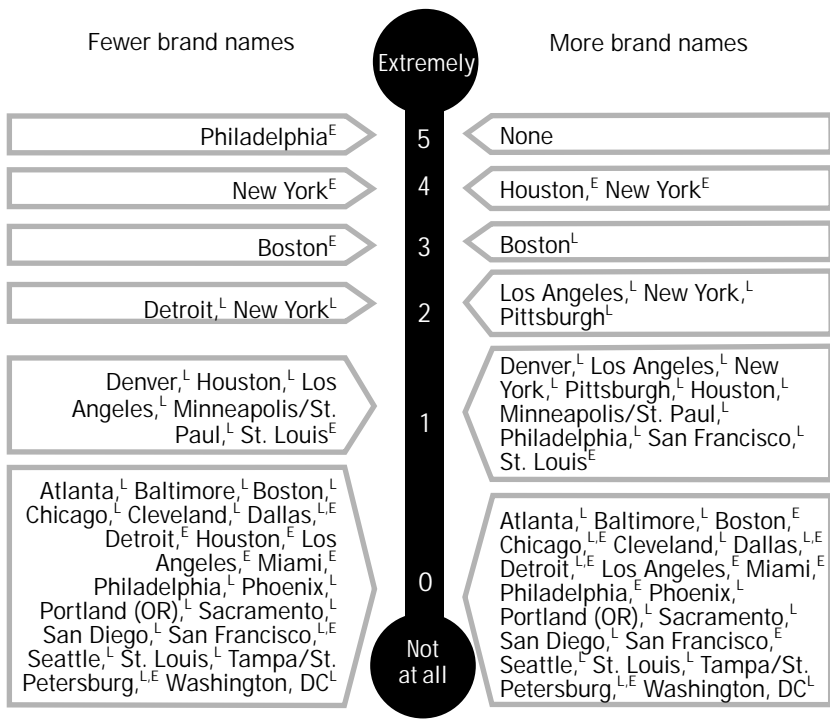
To what degree have the following illicit marketing innovations or tools complicated efforts to detect or disrupt drug activity over the past 10 years? (Mean of 0–5 ratings)



Source: Mean of ratings given by law enforcement and epidemiologic/ethnographic respondents



Dealers using brand names: To what extent has it complicated detection and disruption efforts? (0–5 ratings)



Brand names: What they have to say...

- ◆ *Boston<sup>E</sup>* Over the past 10 years, it has become less easy to attach specific brands to specific people.
- ◆ *Chicago<sup>E</sup>* Brand names have increased over the past 10 years, but they have not affected disruption efforts.
- ◆ *New York<sup>L</sup>* Depending on what an organization is doing, the number of brand names can increase or decline. Either way, disruption efforts are not complicated.

Sources:<sup>L</sup> Law enforcement respondents;<sup>E</sup> Epidemiologic/ethnographic respondents  
 Note: The law enforcement sources from Miami and Pittsburgh did not provide a rating, nor did the epidemiologic/ethnographic sources from Atlanta, Baltimore, Chicago, Cleveland, Denver, Minneapolis/St. Paul, Phoenix, Pittsburgh, Portland, Sacramento, San Diego, Seattle, and Washington, DC.

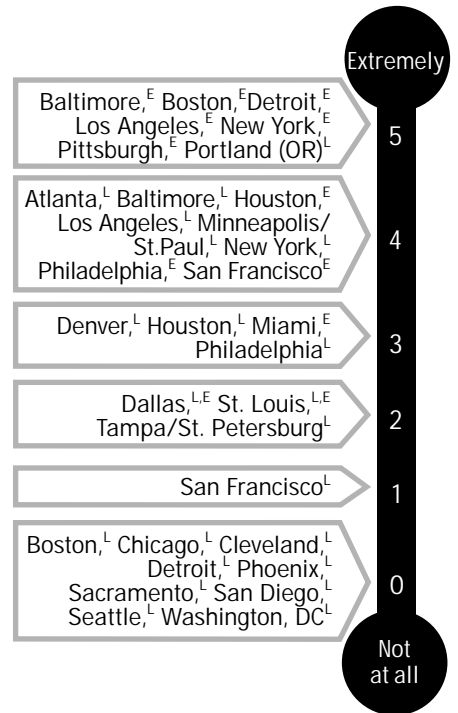
Markets relocating within the community: To what extent has it complicated detection and disruption efforts? (0–5 ratings)

Relocation of sales settings within the community: What they have to say...

Shifting markets can be viewed in several ways: as a positive outcome of disruption efforts (as in Philadelphia), as having little effect (Dallas), or as a challenge to those efforts (Boston).

- ◆ *Philadelphia<sup>E</sup>* Markets have relocated as a result of Operation Safe Streets, ongoing since May 2002. Residents were given a phone number to call if markets moved to new corners. Dealing has moved indoors and into cars, with more home deliveries, cell phone use, and other indoor dealings. This change has had an impact on users: people are more reluctant to go to indoor locations, knock on strangers' doors, or get home deliveries, because of the possibility of getting "ripped off."

- ◆ *Dallas<sup>E</sup>* Sales locations are moving fast, but police are keeping up.
- ◆ *Detroit<sup>L</sup>* Markets do "pop over," but they are easily identified.
- ◆ *Boston<sup>E</sup>* Sales locations keep changing. The more police activity there is, the more they change. And the more they change, the harder they are to find.
- ◆ *Chicago<sup>E</sup>* Some parts of the city are stable; other parts are less so.
- ◆ *Denver<sup>E</sup>* Dealers move from known areas to selling in cars or to new areas.
- ◆ *New York<sup>L</sup>* The effects of relocation depend on where the markets are moving: if they move indoors, disruption becomes harder.



Sources:<sup>L</sup> Law enforcement respondents;<sup>E</sup> Epidemiologic/ethnographic respondents  
 Note: The law enforcement sources from Miami and Pittsburgh did not provide a rating, nor did the epidemiologic/ethnographic sources from Atlanta, Chicago, Cleveland, Denver, Minneapolis/St. Paul, Phoenix, Portland (OR), Sacramento, San Diego, Seattle, Tampa/St. Petersburg, and Washington, DC.



Extremely

Throwaway cell phones: To what extent have they complicated detection and disruption efforts? (0–5 ratings)

5

Boston,<sup>L</sup> Cleveland,<sup>L</sup> Dallas,<sup>L</sup> Detroit,<sup>L,E</sup> Houston,<sup>L</sup> Los Angeles,<sup>L,E</sup> Minneapolis/St. Paul,<sup>L</sup> Portland (OR)<sup>L</sup>, Sacramento,<sup>L</sup> St. Louis,<sup>L</sup> San Diego,<sup>L</sup> Tampa/St. Petersburg,<sup>L</sup> New York,<sup>E</sup> Philadelphia<sup>E</sup>

4

Chicago,<sup>L</sup> Houston,<sup>E</sup> Miami,<sup>E</sup> New York,<sup>L</sup> Philadelphia,<sup>L</sup> St. Louis<sup>E</sup>, Seattle<sup>L</sup>

3

Atlanta,<sup>L</sup> Baltimore,<sup>L</sup> Denver,<sup>L</sup> Phoenix,<sup>L</sup> Pittsburgh<sup>L</sup>

2

San Francisco,<sup>L</sup> Washington, DC<sup>L</sup>

1

None

0

Boston,<sup>E</sup> Dallas,<sup>E</sup> Pittsburgh,<sup>E</sup> San Francisco<sup>E</sup>

Not at all

Sources:<sup>L</sup> Law enforcement respondents; <sup>E</sup> Epidemiologic/ethnographic respondents  
Note: The Miami law enforcement source did not provide a rating, nor did the epidemiologic/ethnographic sources from Atlanta, Baltimore, Chicago, Cincinnati, Cleveland, Denver, Minneapolis/St. Paul, Phoenix, Portland (OR), Sacramento, San Diego, Seattle, Tampa/St. Petersburg, and Washington, DC.

Throwaway cell phones: What they have to say...

♦ Baltimore:<sup>L</sup> Digital communications (cell phones) have caused more complications than anything else over the past 10 years: they have provided sellers a degree of protection, and they have completely changed the nature of law enforcement interception.

♦ St. Louis:<sup>L</sup> People are becoming more cautious about using cell phones, especially since recent movies and the media

have revealed law enforcement techniques (such as cloning phones and cloning pagers) to the public. Therefore, more are using disposable phones, cell phones with two-way radio communication features, and calling cards with prepaid minutes. These new technologies make it hard to write an affidavit on wiretaps. Phone companies are supposed to supply the government with technology to combat each new technology, but they are offering it to the public first.

Other marketing strategy changes over the past 10 years. Sources attribute little to moderate success to dealers in complicating law enforcement efforts by using the strategies listed below.

- Increased communications via Internet: The Internet's impact is hard to measure because it is hard to track, as noted by one source (Portland, OR<sup>L</sup>). Another source (Detroit<sup>L</sup>) believes that law enforcement is way behind dealers and users technologically, especially at the local and State levels, and especially regarding club drugs. Another (New York<sup>L</sup>) agrees that traffickers are "one-up" over law enforcement personnel, who are just starting to get Internet training. That source, however, expects the problem to lessen as the knowledge gap closes.

The Internet is mentioned specifically in conjunction with club

drugs and designer drugs (Boston,<sup>E</sup> Chicago,<sup>L</sup> and Minneapolis/St. Paul<sup>L</sup>), and even more specifically with regard to GHB among younger users (Tampa/St. Petersburg<sup>E</sup>). One source mentions the Internet in relation to paraphernalia (Pittsburgh<sup>L</sup>), and another reports its use among smugglers (Miami<sup>L</sup>).

- Expansion of drug sales beyond the central city: Over the past 10 years, markets have stayed within the city confines of San Francisco.<sup>E</sup> The reverse is true in Dallas,<sup>E</sup> where markets have moved into the city from the outside. The situation is somewhat more complex in Pittsburgh,<sup>L</sup> which is a series of townships that have conglomerated over the years, and where "nice neighborhoods" have turned into "drug neighborhoods" as the economic situation has declined. Sources have little to say about whether such changes have affected detection and disruption efforts.

- Less organized or more organized networks: Tampa/St. Petersburg's "meth squad" has disrupted that city's methamphetamine network.<sup>E</sup> Elsewhere, the degree of network organization has remained stable in many areas, including Dallas<sup>E</sup> (except for methamphetamine in rural areas), New York<sup>L</sup> (where the market remains highly organized), and San Francisco.<sup>E</sup> In Boston,<sup>E</sup> networks have become more fragmented, so fewer people know one another, making it more difficult to find informants. Similarly, in Chicago, the law enforcement source believes it has become more difficult to identify who is doing what. By contrast, Chicago's epidemiologic source believes that drug activity has become more organized over the years, although this change has not necessarily complicated law enforcement efforts.



- Polydrug dealing: Polydrug dealing has increased over the past 10 years in several cities, including Boston,<sup>E</sup> Chicago,<sup>E</sup> and Pittsburgh.<sup>L</sup> Sources, however, do not believe this change has complicated disruption activities.
- Unique packaging: In the many cities where drugs are packaged in a variety of unique ways, law enforcement and epidemiologic/

ethnographic sources generally believe that such packaging does little to hamper disruption efforts. Rather, the reverse is often true. For example, the law enforcement source in New York believes that the many types of unique packaging in that city make it easier to identify sources.

- Additional strategies: In addition to the above strategies, some law

enforcement and epidemiologic/ethnographic sources report the following innovations: use of mobile delivery and prearranged meetings (Detroit<sup>E</sup>); false floors and other compartments in vehicles, such as cavities beneath car windshields (Houston<sup>L</sup>); and use of women and children in cars to transport drugs (Phoenix<sup>E</sup>).

FIGHTING BACK: HOW SUCCESSFUL HAVE DIFFERENT COMMUNITY TACTICS BEEN OVER THE PAST 10 YEARS?

Over the past 10 years, communities have employed a range of tactics to address the increased complexities of drug markets. Law enforcement and epidemiologic/ethnographic sources were asked whether their communities have tried any of the tactics listed below and, if so, to describe them and rate their success.

Onsite lab tests. Onsite lab tests can be administered in many ways, in many settings and contexts, and on both substances and humans. In cities where such tests are administered, law enforcement and epidemiologic/ethnographic sources generally rate them as highly successful:

- Chicago:<sup>L</sup> After an undercover buy, street tests can verify whether a substance is illegal—helping the evidence hold up for convictions.
- Los Angeles:<sup>E</sup> Onsite crime labs are highly successful.
- Minneapolis/St. Paul:<sup>L</sup> Field testing helps in prosecution.
- Tampa/St. Petersburg:<sup>E</sup> When a needle is found, it can be tested immediately for methamphetamine, enabling quick identification and rapid response.
- San Diego<sup>L</sup> and Washington, DC:<sup>L</sup> Field testing has been highly successful for more than 18 and 30 years, respectively.

- Houston:<sup>L</sup> Field kits used for seizures are only moderately successful because they sometimes test positive for the wrong drug.
- Miami:<sup>E</sup> At DUI stops, when a driver's alcohol level is low, the driver is then tested for illegal drugs onsite. Such testing aids in convictions because it combines experts' observations with actual urine testing.
- Pittsburgh:<sup>E</sup> Parents now use store-bought drug tests for their children.
- Sacramento: Within the past year, the children's protective services program, in conjunction with drug courts, have started administering onsite breathalizers and urine screens to parents when their children are removed from their care.<sup>E</sup> Presumptive field tests help identify the drugs present.<sup>L</sup>

Not all cities use onsite drug testing kits. In New York,<sup>L</sup> for example, such kits don't hold up in court, so samples are always sent to outside laboratories. Similarly, drug samples in Pittsburgh are sent to regional labs.

Task forces. Task forces of varying compositions and focuses are reported as a key innovation in all 25 *Pulse Check* sites. Law enforcement and epidemiologic/ethnographic sources generally give them high success ratings. Below are just a few examples:

- Dallas:<sup>L</sup> Because of budgetary restraints, the DEA relies heavily on task forces with State and local counterparts.
- Denver:<sup>L</sup> The formation of larger task forces has increased the ability to investigate large criminal drug operations.
- Los Angeles:<sup>E</sup> The many small departments have small budgets, so getting involved in a task force stretches each dollar.
- Miami:<sup>E</sup> The High Intensity Drug Trafficking Area (HIDTA) has created task forces for heroin and other drugs, and the State has task forces on club drugs and on prescription abuse. All have been highly successful.
- Minneapolis/St. Paul: Multidisciplinary law enforcement task forces enable pooling of resources and funding, so even small towns can go after bigger dealers. Such task forces are essential as drug sales move out of central city areas.<sup>E</sup> The county sheriff's office and the Minneapolis Police Department work together, so they double their human resources for large cases, such as wiretaps.<sup>L</sup>



- New York:<sup>L</sup> The city has an unprecedented level of task force cooperation compared with the rest of the country, with at least 15 task forces between the police and the DEA or HIDTA. Also, Mobile Enforcement Teams (MET) of special agents go to communities for a few months at a time to address specific problems as needed.
- Philadelphia:<sup>L</sup> The DEA task force program has included different groups whose combined expertise has made a difference.
- St. Louis:<sup>E</sup> Several methamphetamine task forces have been established statewide, mostly through law enforcement agencies, to address clandestine labs, precursor chemicals, and policy regarding ephedrine and cough medicine sales.
- San Diego: The Meth Strike Force, ongoing since March 1996, has led to additional efforts, such as the Meth Hotline (for reporting suspected cooks, turning in dealers, and obtaining help for users) and the Drug Endangered Children program (for dealing with children of methamphetamine dealers and manufacturers).<sup>E</sup> The San Diego Narcotics Task Force, one of the first in the Nation, includes representatives from every police agency in the county, under the DEA umbrella, plus occasional participation by various other agencies such as the border patrol. The Violent Gang Task Force draws representatives from Federal, State, and local entities toward a common goal.
- Tampa/St. Petersburg:<sup>E</sup> A Meth Squad has been introduced and has successfully seized many labs in a nearby rural county that serves as the source for Tampa's methamphetamine supply.
- Washington, DC:<sup>L</sup> A newly formed homicide-narcotics task force has already shown signs of success.
- Drug courts. The majority of *Pulse Check* sites have some sort of drug court program, and sources in those areas generally consider them highly effective. Below are several examples.
  - Chicago: Nonviolent offenders are given the alternative of drug school or drug counseling instead of incarceration. Data show a drop in recidivism over a year for program completers.<sup>E</sup> State's attorneys and judges are becoming more attuned to the concept and are beginning to understand it a little better.<sup>L</sup>
  - Miami:<sup>E</sup> The judicial monitoring program's first phase was for nonviolent offenders without a previous record. Now it includes people with prior records as well as a juvenile drug court, so it also captures the chronic, more acute addictive population and the newer users.
  - Boston:<sup>E</sup> Drug courts are effective for middle-class people with low levels of dependency, more solid support systems, education, and chances of employment. But this source believes they don't work for hard-core central city addicts, who have a different relationship with legal authorities.
  - Sacramento:<sup>E</sup> The program includes an adult court, a dependency drug court, and a Proposition 36 drug court. It is also planning a juvenile drug court, with a team in place while awaiting funding.
  - San Diego:<sup>E</sup> Six courts are in operation: one juvenile, one dependency, and four adult courts. Additional funds are sought to further expand.
  - San Francisco:<sup>E</sup> With increased availability of treatment, drug court is now obligatory, rather than voluntary as in the past.
  - St. Louis:<sup>E</sup> Missouri is third in the country in the number of drug courts.
- Seattle:<sup>L</sup> Drug courts are proliferating. They are reducing drug-related incarceration and recidivism.

Crack house (nuisance abatement) laws. Law enforcement and epidemiologic/ethnographic sources range widely in their assessment of such laws' efficacy—from very poor to fairly high ratings, with the majority somewhere in between. Some examples follow:

  - Miami:<sup>E</sup> Since the Miami Coalition Crack House Demolition program began in 1989, more than 600 crack houses have been knocked down. More demolitions occurred during the early phases; later, more landlords began correcting the problem.
  - San Francisco:<sup>L</sup> Large crack sweeps have been conducted with combined local, State, and Federal efforts, including HIDTA funding, the National Guard, and equipment such as radios and pole cameras.
  - Dallas:<sup>E</sup> When crack houses are bought and then bulldozed, people just move to other locations.
  - Detroit:<sup>L</sup> In some cases, these laws have been used on rave sites.
  - Minneapolis/St. Paul:<sup>E</sup> These laws have not been effective because crack houses are mobile and transitory.
  - Philadelphia:<sup>E</sup> The Clean and Seal Operation more than 10 years ago boarded up many crack houses. But many have since been broken into and reverted to places of drug use ("abandominiums").

Precursor laws. These laws are generally rated as moderately successful in cities where they are enacted.

  - Seattle:<sup>E</sup> Declines in meth labs may be due to precursor laws and enforcement.



- Sacramento:<sup>L</sup> Supplies of iodine, red phosphorous, and hydriotic acid are now controlled. Also, an HIDTA officer is assigned to go to supply houses, feed stores, and home improvement stores to educate workers, provide threshold limits on volume sales, and give them a phone number for calling in tips on who is buying and what is bought.
  - Los Angeles:<sup>E</sup> New legislation includes a civil fine for companies who break laws (as opposed to criminal fines), increased penalties for small clandestine labs, and laws addressing child abuse and neglect by methamphetamine manufacturers.
  - San Diego: City and county ordinances have led to training for retail workers in limiting ephedrine sales to six retail-sized packages.<sup>E</sup> The precursor laws of the early 1990s made it difficult to acquire ephedrine, red phosphorous, and hydriotic acid, with several results: local “cookers” who used to buy chemicals from chemical companies started extracting themselves, thus labs became smaller; many labs spread out into rural areas across the country; and Mexican manufacturers started coming into the area.<sup>L</sup>
  - St. Louis:<sup>E</sup> Ephedrine sales and availability of ephedrine-based products have declined because retail workers are learning to flag people who buy excessive amounts.
  - Minneapolis/St. Paul:<sup>E</sup> Minnesota was one of the first States with laws concerning anhydrous ammonia.
  - Dallas:<sup>L</sup> Texas recently enacted some laws making it harder to obtain some of the chemicals essential to making methamphetamine. Traffickers, however, are finding other types of chemicals. For example, they steal anhydrous ammonia from rural farms.
  - Detroit:<sup>L,E</sup> Michigan changed its laws a few years ago to control ephedrine and pseudoephedrine above certain quantities. However, enforcement has been difficult. Pseudoephedrine flows from Canada by the truckload, making Detroit a transshipment point for the superlabs in the West.
- Prescription drug monitoring. Efforts to monitor prescription drug diversion have met with moderate to great success in many cities, according to law enforcement and epidemiologic/ethnographic sources:
- Boston:<sup>E</sup> Following a barrage of pharmacy robberies a few years ago, mostly involving OxyContin<sup>®</sup>, pharmacists have become more vigilant. It is harder to fill prescriptions for Schedule II and III drugs than it was 2 or 3 years ago.
  - Chicago:<sup>E</sup> Illinois has been a triplicate prescription State for more than 10 years.
  - Detroit: Michigan’s switch to triplicate prescription pads a few years ago has increased accountability. Diversion occurs less frequently than in many other States.<sup>L</sup> The triplicate program is about to be replaced with a high-tech electronic system that will expand to all drug schedules. Resources will be needed to implement the system.<sup>E</sup>
  - Houston:<sup>L</sup> Diversion investigators inspect pharmacies, check forged prescriptions, and perform many other monitoring activities. An example is a recent cutting-edge investigation involving an Internet pharmacy case in San Antonio.
  - Los Angeles:<sup>E</sup> While there is no triplicate prescription program, pharmacists can call a hotline monitored by a DEA tactical diversion team.
  - New York:<sup>L</sup> A diversion unit targets diversion of prescription drugs from hospitals.
  - Pittsburgh:<sup>E</sup> The Department of Welfare is monitoring diverted OxyContin<sup>E</sup> for medical plans and has made doctors reexamine their prescribing practices.
  - St. Louis:<sup>E</sup> The “Scam of the Month” newsletter, no longer in publication, was highly effective.
  - Seattle:<sup>E</sup> OxyContin<sup>®</sup> diversion has leveled off since its sales have been monitored by the State.
- Sentencing changes. Sources in Philadelphia<sup>E</sup> and Chicago<sup>L</sup> believe sentencing reductions involving diversion to treatment have been particularly effective in their communities. Sources vary more in assessing the impact of increased sentences.
- Philadelphia:<sup>E</sup> The Forensic Intensive Recovery (FIR) program, started 8 or 9 years ago in an effort to reduce prison overcrowding, has led the way for forced treatment programs across the country. Low-level criminals are evaluated after serving half of their sentence, and then they are conditionally released to treatment (sometimes under electronic monitoring).
  - Seattle:<sup>L,E</sup> A new State initiative will reduce sentences for some minor drug offenses (except those involving methamphetamine) to allow diversion into treatment courts.
  - Chicago: Penalties have become more severe: thresholds for possession are lower, and sentences are longer. One source believes this measure has been highly successful<sup>L</sup>, while the other believes it has not.<sup>E</sup>
  - St. Louis:<sup>E</sup> Stiffer penalties for possession of precursors and for methamphetamine manufacture and distribution have been moderately successful.



Drug-free zone laws. The majority of the *Pulse Check* sites have protected zones, often around schools and recreational facilities, where anyone arrested for drug possession or sales is sentenced more severely. Overall, law enforcement and epidemiologic/ethnographic sources consider this type of measure to be moderately effective, but their opinions range widely, as in the following examples:

- Sacramento:<sup>L</sup> The Safe Schools program, together with the School Resources Officers program, hires off-duty uniformed police to post signs, educate in schools, and help enforce the drug-free zone laws.
- Chicago:<sup>E</sup> Dealers do observe the drug-free zone laws.
- Houston: Neighborhoods are taking back their areas through vigils, neighborhood watch groups, evening marches, media attention, and exposing crack houses to media. But they are just pushing drug activity back and forth between neighboring areas. When they ease their efforts, the problem returns.<sup>E</sup> Drug-free zone laws are more useful as a tool for prosecutors than as a deterrent.<sup>L</sup>
- Dallas:<sup>E</sup> Youth are still getting caught selling drugs in schools.
- Washington, DC:<sup>L</sup> It is not unusual to see someone selling drugs while standing beneath a drug-free-zone sign.

Drug user recognition education (DRE) for law enforcement. About half of the *Pulse Check* sites, including the following, train some law enforcement personnel to recognize drug users, with effective outcomes.

- Denver:<sup>L</sup> State DRE traffic enforcement has allowed law enforcement to identify and prosecute those driving under the influence of illegal drugs.

- Sacramento:<sup>L</sup> The Safe Schools program and the School Resources Officers program (described above) include a DRE component. All in-house narcotic teams are DRE certified. All patrol officers are offered voluntary training, but it is not mandated.
- Detroit:<sup>E</sup> DRE training is particularly effective for State police patrol officers who work at road stops.
- San Diego:<sup>E</sup> DRE training for law enforcement has become an outgrowth of the Meth Strike Force and its partners. Training is also available for educators, parents, and other interested parties.

Additional tactics. In addition to the above measures, some law enforcement and epidemiologic/ethnographic sources describe some unique tactics tried by their communities over the past 10 years, as in the following examples:

- Criminal drug conspiracy operations for street corner cases (Chicago<sup>L</sup>): This 3-month tactic uses covert investigative tools, such as wiretapping and videotaping, to identify every person involved in a street corner operation. Each person is subsequently charged with the total weight of all the drugs recovered, so each person gets the same charge.
- Crack house tours (Minneapolis/St. Paul<sup>E</sup>): These walking tours of neighborhoods are intended to humiliate people seen at crack houses.
- Local summit activities (San Diego<sup>E</sup>): Annual substance abuse summits, involving schools, the sports community, the media, and adolescents, have evolved from 1-or 2-day conferences to year-round outreach and prevention activities, including monthly meetings. This year's focus has been on

substance abuse and sports, with local sports figures talking to the adolescents. Involving youth in planning activities has been a particularly effective strategy.

Suggested innovations. Several sources recommend a variety of tactics that would enhance their specific communities' efforts in meeting unique challenges.

- Atlanta:<sup>L</sup> Enhance communication between local, Federal, and regional task forces.
- Detroit:<sup>E</sup> Develop a monitoring program to address the proliferation of diverted or misprescribed methadone from pain clinics.
- Houston:<sup>E</sup> Develop a system for tracking and monitoring gang activity, and implement a graffiti abatement program. These suggestions are in response to recent gang activity, presumably drug related, which has included a rash of car break-ins, car thefts, and graffiti incidents.
- Miami:<sup>E</sup> Expand and enhance the drug testing program at DUI (driving under the influence) stops, both for research purposes and to get convictions, to test for other drugs even when alcohol levels are high.
- Miami:<sup>E</sup> Rather than tear down crack houses, confiscate them from owners and then rent them cheaply to treatment programs that would rebuild them.
- Miami:<sup>E</sup> Schedule sildenafil citrate (Viagra<sup>®</sup>).
- Miami:<sup>L</sup> Expand scheduling of checkpoints and roadblocks to meet the challenge posed by clubs that are open 24 hours a day.
- Miami<sup>L</sup> and Minneapolis/St. Paul<sup>L</sup>: Send only users—not dealers—to drug court.



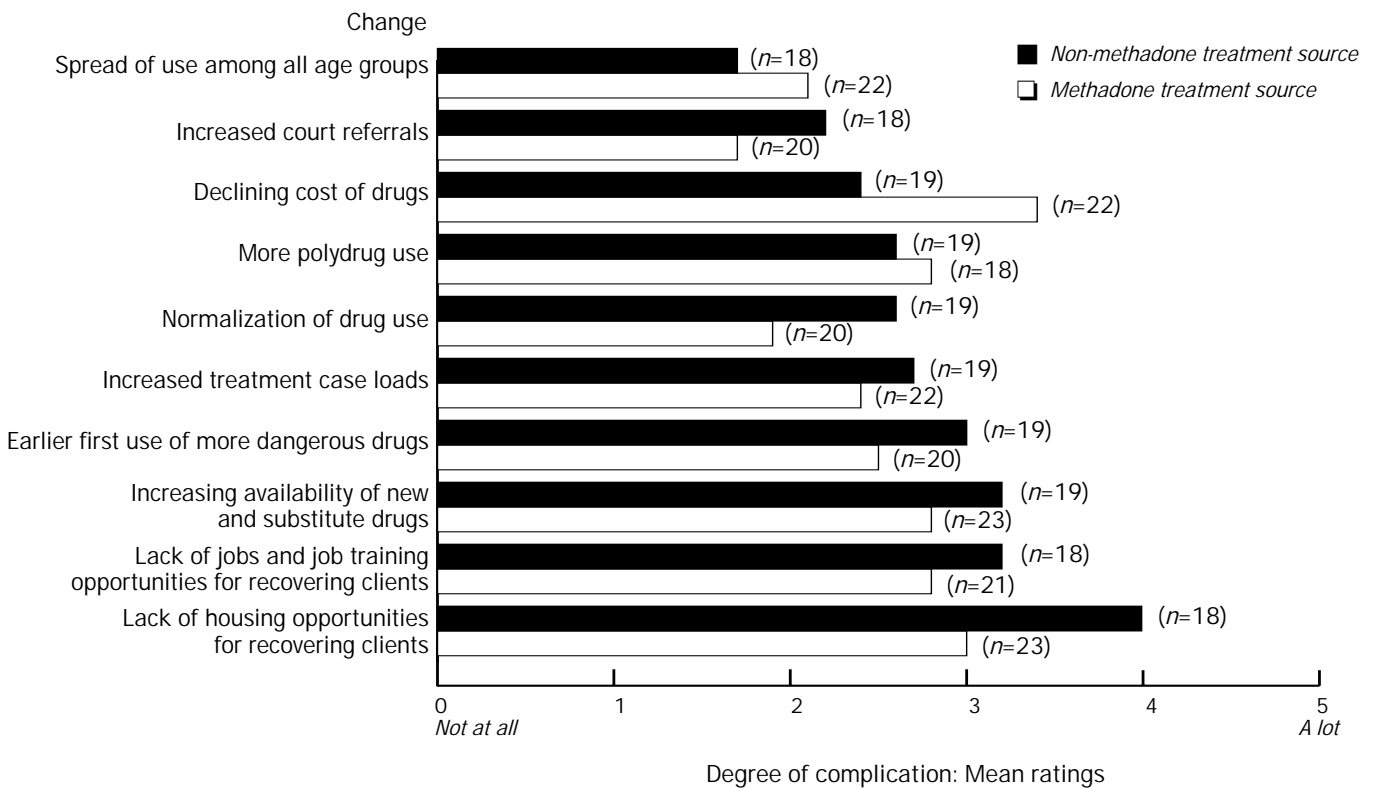


- Minneapolis/St. Paul:<sup>E</sup> Develop enhanced cross-pharmacy, cross-State tracking systems.
- Minneapolis/St. Paul:<sup>E</sup> Encourage retail sellers to voluntarily limit sales of pseudoephedrine and other ephedrine products.
- Minneapolis/St. Paul:<sup>L</sup> Add resources to follow up after the forgery unit forwards cases of prescription fraud.
- Los Angeles:<sup>E</sup> Get out the message about the neurotoxicity of ecstasy.
- St. Louis:<sup>E</sup> Add training to pharmacy school curricula on subjects such as prescription abuse, scams, and different diversion techniques.
- Sacramento:<sup>L</sup> Develop more community outreach programs.
- San Diego:<sup>E</sup> Expand the Meth Strike Force to address other drugs.
- Tampa/St. Petersburg:<sup>E</sup> Form an epidemiologic network, similar to those in other areas, to collect specific data, disseminate it, alert the community to emerging problems, and allow for rapid response.

THE NATURE OF DRUG USERS: CHANGES OVER THE PAST 10 YEARS

- ◆ Overall, non-methadone and methadone treatment sources agree that their communities' drug abuse problems over the past 10 years have been particularly complicated by the lack of housing opportunities for recovering clients.
- ◆ Other complications frequently mentioned by both types of treatment sources include a lack of jobs and job training opportunities for recovering clients and an increasing availability of new and substitute drugs.
- ◆ Methadone treatment sources also believe that the declining cost of drugs has contributed to the drug problems in their communities.

Changes in the nature of users and the market: To what degree have they made the drug abuse problem more complex over the past 10 years? (Mean of 0–5 ratings)



Source: Mean of ratings given by non-methadone and methadone treatment respondents



The comments below describe some of the specific changes that have complicated—or, in some cases, simplified—the problem over the past 10 years.

Increased court referrals. Many treatment sources agree that court referrals have increased, but most of them also agree that this increase has not complicated the treatment situation. Several believe this change has helped in their efforts to treat people, as in the following examples.

- Houston:<sup>N</sup> Many adolescents, pregnant women, and other special needs populations are court referred.
- Minneapolis/St. Paul:<sup>M</sup> Clients in a focus group convened for *Pulse Check* stated that court referral to treatment helped get them on track and gave them a push to “get cleaned up.”

Declining cost of drugs. Drug prices in St. Louis have not declined over the past 10 years, and in Atlanta, heroin price and purity have actually increased. Declines, however, are reported by treatment sources in several cities. Methadone treatment sources, in particular, believe that the declining cost of drugs has played a major role in their communities’ drug abuse problem.

- Baltimore:<sup>N,M</sup> Crack and heroin have become cheaper than ever.
- Boston:<sup>M</sup> Heroin cost has declined from \$20 per bag 10 years ago to \$1 per bag now—less expensive than opiate pills.
- Chicago: Cocaine prices have dropped to \$2 per rock.<sup>N</sup> Heroin prices have declined, so more people are using it, and they are using more of it.<sup>M</sup>
- Cincinnati:<sup>M</sup> Heroin has become cheaper and more available.

- Detroit:<sup>M</sup> The more a dealer can buy and cut, the lower the cost, and the more he or she can sell—and the more a user can buy.
- Houston: A “starter rock” of crack has declined from \$10 a few years ago to \$2.<sup>N</sup> With cheaper and purer heroin coming from South America, the cost of supporting a habit has declined from \$100 per day to \$20 per day.<sup>M</sup>
- Minneapolis/St. Paul:<sup>M</sup> Heroin prices have declined from \$5 to \$1 per milligram.
- New York:<sup>M</sup> It has become more cost effective to snort, rather than inject, heroin because of the increased purity per unit.
- Philadelphia:<sup>N,M</sup> Heroin prices have declined steadily over the past 10 years, while purity has increased.
- Pittsburgh:<sup>N</sup> Heroin costs have declined.
- Sacramento:<sup>M</sup> Heroin, crack, and methamphetamine prices have dropped dramatically.
- San Francisco: Heroin has declined both in cost and purity.<sup>M</sup> Designer drug prices have become low.<sup>N</sup>

More polydrug use. Treatment sources generally believe that polydrug use has only moderately complicated the drug abuse problem. In several cities, such as Boston,<sup>M</sup> Pittsburgh,<sup>N</sup> and San Francisco,<sup>N</sup> such use is a significant problem and has been stable over the past decade. It has, however, increased in some cities.

- Atlanta: Heroin users are increasingly mixing their heroin with marijuana, cocaine, and benzodiazepines.<sup>M</sup> Cocaine, marijuana, and crack are more commonly used in combination (by about one-third of clients) than in the past.<sup>N</sup>

- Chicago:<sup>N</sup> Heroin and cocaine combinations have increased.
- Cleveland:<sup>M</sup> Heroin is increasingly combined with crack or powder cocaine.
- Houston:<sup>M</sup> Alprazolam (Xanax<sup>®</sup>) is increasingly used by methadone clients.
- Minneapolis/St. Paul: Polydrug use has increased, but it hasn’t changed anything. According to focus group members, “you can’t ‘blow’ (inject heroin) without a ‘mo’ (powder cocaine),” and a high dose of methadone is frequently taken with crack “on the side.”<sup>M</sup> Polydrug use makes it hard to determine what clients are using.<sup>N</sup>
- San Francisco:<sup>M</sup> Older clients (in their fifties) are more likely to be heroin-only users, but younger clients are more likely to use “speed,” opiates, and benzodiazepines.

Earlier first use of more dangerous drugs. Age of first use has gone up in San Diego<sup>N</sup> (from 11 to 13). The reverse seems to be occurring, however, in several other sites:

- Baltimore,<sup>N</sup> Philadelphia:<sup>M</sup> These treatment programs are seeing increasing numbers of younger users.
- Boston:<sup>M</sup> A growing number of people under 18 are seeking methadone services and being turned away from programs, which are not supposed to serve them.
- Chicago:<sup>M</sup> None of the clients in an adolescent treatment program were heroin users 10 years ago. Now 30 percent of the adolescent clients are heroin users.
- Cincinnati:<sup>M</sup> The program has been seeing younger heroin abusers over the past 5 years.



- Dallas:<sup>N</sup> Age of onset is dropping annually. Marijuana use is now starting at age 10–12.
- Houston: Because purity has increased, youth snort heroin or squirt it up their noses (“shebang-ing”).<sup>M</sup> One program is getting 12-year-old referrals who have started with cocaine—something not seen 10 years ago.<sup>N</sup>
- New York:<sup>M</sup> Younger people are using heroin and inhalants.
- Pittsburgh:<sup>N</sup> Heroin use is beginning at younger ages.

Increasing availability of new and substitute drugs. The drugs listed below have become newly or increasingly available in the various cities over the past 10 years, sometimes replacing other drugs. Treatment providers generally believe these new drugs have moderately complicated the drug abuse situation.

- Atlanta:<sup>M</sup> Diverted OxyContin<sup>®</sup>
- Baltimore:<sup>N</sup> Crack and diverted OxyContin<sup>®</sup>
- Boston:<sup>M</sup> Diverted OxyContin<sup>®</sup>
- Chicago:<sup>N</sup> Methamphetamine and ecstasy
- Cincinnati<sup>M</sup> and Tampa/St. Petersburg:<sup>M</sup> Diverted OxyContin<sup>®</sup> and, several years ago, MS Contin<sup>®</sup> (morphine sulfate)
- Cleveland: Heroin, crack, ice, and crystal methamphetamine
- Dallas:<sup>N</sup> Designer drugs
- Denver:<sup>M</sup> Club drugs and methamphetamine<sup>N</sup>; some fentanyl
- Houston: Prescription drugs, especially oxycodone and hydrocodone (Vicodin<sup>®</sup>)
- Los Angeles: Diverted OxyContin<sup>®</sup> and clonazepam (Klonopin<sup>®</sup>)

- Minneapolis/St. Paul: Smokable heroin among young adults;<sup>N,M</sup> methamphetamine, ecstasy and gamma hydroxybutyrate (GHB)<sup>N</sup>
- New York:<sup>M</sup> Designer drugs—but localized in neighborhoods and subcultures, not citywide
- Philadelphia: Diverted OxyContin<sup>®</sup>,<sup>N,M</sup> alprazolam, ecstasy<sup>M</sup>
- Phoenix:<sup>M</sup> Diverted OxyContin<sup>®</sup>
- Pittsburgh:<sup>N</sup> Ecstasy and diverted OxyContin<sup>®</sup>
- St. Louis:<sup>N</sup> Rise in crack, heroin, and more recently, the rise in methamphetamine
- Sacramento:<sup>N</sup> Ecstasy and GHB
- San Francisco: Ecstasy and GHB;<sup>N</sup> diverted OxyContin<sup>®</sup> and other prescription drugs<sup>M</sup>

Lack of jobs and job training opportunities for recovering clients. Job opportunities have actually increased in New York<sup>M</sup>, particularly since 1996 legislation increased the focus on work as part of recovery. In some other cities, however, treatment sources paint a different picture.

- Cleveland:<sup>M</sup> Potential employers can’t legally discriminate because of past drug abuse, but they still do not hire recovering clients.
- Philadelphia:<sup>M</sup> Methadone patients are not allowed in job training programs.
- St. Louis:<sup>N</sup> It is easy to find low-skill, low-paying jobs, but it is difficult for clients to pull themselves up after years of drug addiction and find high-skill sustainable jobs.
- Sacramento: Prospective employers are increasingly using drug testing. One-third of recovering clients are unemployed.<sup>N</sup> Training programs are in place, but the job market in general is crumbling.<sup>M</sup>

Lack of housing opportunities for recovering clients. Recovery houses in Philadelphia provide sufficient housing opportunities. Elsewhere, treatment sources view this growing need as one of the more serious complications in the drug abuse situation over the past 10 years.

- Chicago: Most clients are unable to find housing, so they often move in with dealers or users.<sup>N</sup> They have no safe place to live after treatment, so they go back to the same neighborhoods, with the same family members, and the same friends—all of whom use drugs.<sup>M</sup>
- Cleveland:<sup>M</sup> Opiate addicts have few to no housing opportunities because people don’t trust them.
- Dallas:<sup>N</sup> Homelessness “has created terrible problems.”
- Houston:<sup>N</sup> Users are becoming homeless more quickly than in the past—often within 6 months of the onset of their cocaine or heroin use. Increasing their length of stay in treatment would help because they have no stable environment to return to.
- New York:<sup>M</sup> Lack of housing has been an ongoing “rock-bottom” problem, so it has not worsened over the past 10 years.
- St. Louis: Treatment staff say it is increasingly difficult to find places for clients to go because more people are in need of housing but fewer places are available.
- Sacramento:<sup>M</sup> The problem of homeless clients is severe and worsening.
- San Diego:<sup>N</sup> Most clients don’t qualify for HUD funds, so they lack sober living environments.



## LOCAL DRUG MARKETS: A DECADE OF CHANGE

- San Francisco: Clients tend to live in single residency hotel rooms in the worst parts of town where drug use is high.<sup>N</sup> The number of recovery home slots is limited, especially for those on methadone.<sup>M</sup>

Additional changes. In discussing 10-year changes in the drug market and the nature of drug users, some treatment sources mentioned additional changes unique to their cities.

- Multigenerational users: In Baltimore,<sup>M</sup> clients frequently come from families with long his-

stories of drug use. The *Pulse Check* source is personally treating children of former patients.

- Drug use during pregnancy: In Cleveland,<sup>M</sup> women have increasingly used heroin, crack, and powder cocaine during pregnancy.
- Co-occurring disorders: Increases in psychiatric disorders have complicated treatment in many cities, such as Atlanta,<sup>M</sup> Dallas,<sup>N,M</sup> and St. Louis.<sup>N</sup> Similarly, the increase in hepatitis C among clients has complicated treatment, as mentioned

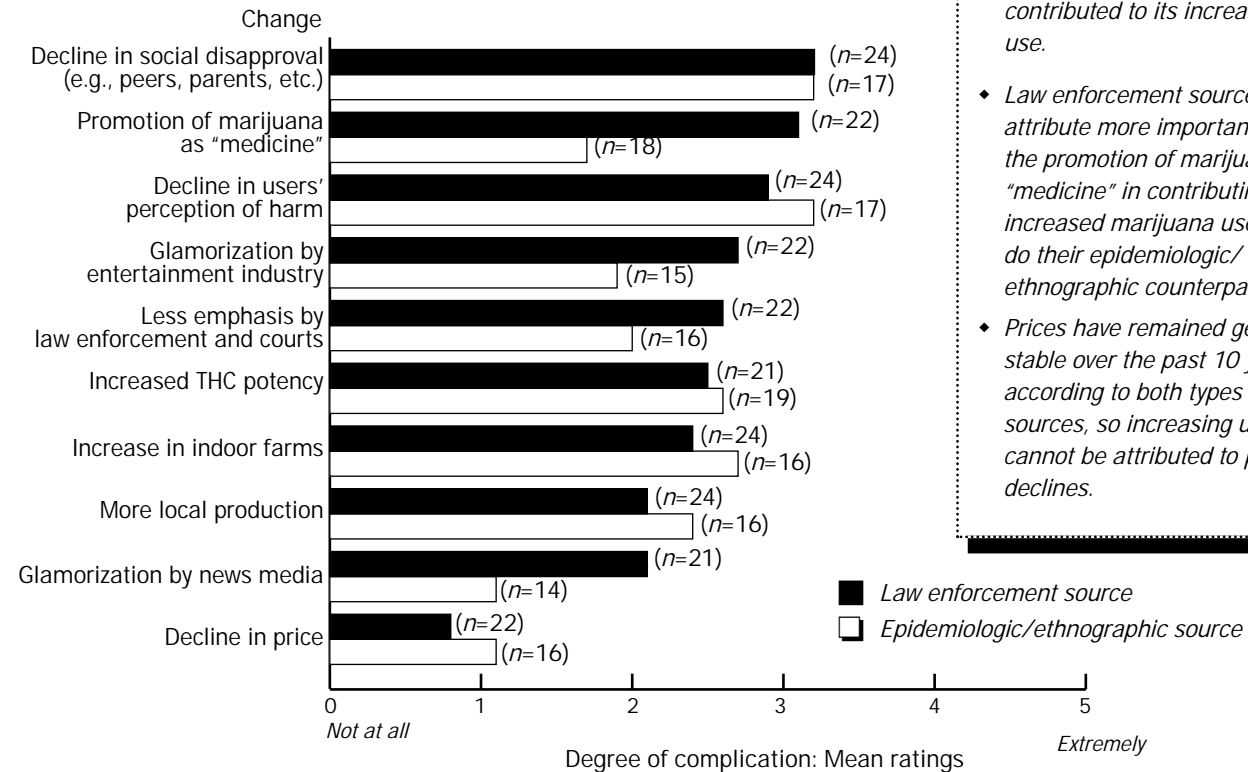
in Denver and New York.<sup>M</sup> Increasing medical and dental problems, sometimes associated with an aging addicted population, are mentioned in several cities, including Baltimore,<sup>N</sup> San Diego,<sup>N</sup> and San Francisco.<sup>N</sup>

- Funding declines: Public funds in Pittsburgh<sup>N</sup> have declined for treating those with no insurance, reducing treatment opportunities for many. In Dallas,<sup>N</sup> treatment resources have declined following a 10-percent cut in public funding.

### WIDESPREAD MARIJUANA AVAILABILITY AND USE: CONTRIBUTING CHANGES OVER THE PAST 10 YEARS

◆ *Law enforcement and epidemiologic/ethnographic sources tend to agree that the decline in social disapproval of marijuana (by peers, parents, etc.) has had an impact on its widespread use and availability over the past 10 years.*

Marijuana: To what extent have the following changes contributed to its widespread availability and use over the past 10 years? (Mean of 0–5 ratings)



- ◆ *Both types of sources also generally believe that the decline in users' perception of marijuana's harmfulness has contributed to its increased use.*
- ◆ *Law enforcement sources attribute more importance to the promotion of marijuana as "medicine" in contributing to increased marijuana use than do their epidemiologic/ethnographic counterparts.*
- ◆ *Prices have remained generally stable over the past 10 years, according to both types of sources, so increasing use cannot be attributed to price declines.*

Source: Mean of ratings given by law enforcement and epidemiologic/ethnographic respondents



The comments below reflect the beliefs of some *Pulse Check* law enforcement and epidemiologic/ethnographic sources:

Decline in social disapproval. Law enforcement and epidemiologic/ethnographic sources tend to agree that the decline in social disapproval of marijuana (by peers, parents, etc.) has had an impact on its widespread use and availability over the past 10 years:

- Baltimore:<sup>L</sup> Peer pressure among juveniles has played an important role.
- Houston:<sup>E</sup> People who smoke marijuana think of it as an herb that doesn't affect their driving. They use it recreationally and believe it is safer than alcohol.
- New York:<sup>L</sup> We have not been effective in changing people's perceptions.
- Philadelphia:<sup>E</sup> According to a recent youth survey, social approval of marijuana use continues to increase. Many users are children of users from the sixties and seventies generation, who have a more tolerant attitude toward the drug.
- San Francisco:<sup>L</sup> The public is still largely unaware of the negative consequences of marijuana use.

Promotion of marijuana as "medicine." Only a few sources have specific comments regarding this issue:

- New York:<sup>E</sup> The debate about "medical" marijuana has contributed to the notion that it is harmless.
- Sacramento: One source believes Proposition 215 is ambiguous about laying down thresholds for "compassionate use" and that it contains many loopholes.<sup>L</sup> The other source adds that since no prescription is needed, just a recommendation

from a doctor, the proposition creates havoc in some situations. For example, in dependency drug courts, some people are reprimanded severely, and then someone comes in with a doctor recommendation. Similarly, providers have problems using a zero tolerance model when someone in the room is "smelling of pot."<sup>E</sup>

Decline in users' perception of harm. One source in St. Louis<sup>L</sup> believes people are becoming more aware of marijuana's harmfulness. Others, however, do not share that opinion:

- Dallas:<sup>L</sup> People feel marijuana is "no big deal." They do not think of it as a gateway drug.
- Minneapolis/St. Paul:<sup>E</sup> In the past, the perception of harm was declining. But for the past 3 years it has been in a holding pattern.
- New York:<sup>L</sup> People don't realize marijuana's potency. They still view it as the same drug of 10 years ago.
- San Diego:<sup>E</sup> The misperception that marijuana is not harmful is not new—it has always been a problem. Youth need continued pressure to say no to marijuana.
- San Francisco:<sup>E</sup> Harm perception has declined since 20 years ago, but it has remained relatively unchanged over the past 10 years.

Glamorization by entertainment industry. Only low to moderate importance is attached to this phenomenon, with a few exceptions as listed below.

- Houston:<sup>E</sup> Not only are more people in the music business using marijuana, they also are including it in their songs, which sends a bad message to youth. Also, more athletes are using marijuana.

- Pittsburgh:<sup>E</sup> The rap, "hip hop," and MTV cultures have many references to marijuana.
- San Francisco:<sup>L</sup> The entertainment industry in California has become desensitized to marijuana use.

Less emphasis by law enforcement and courts. Sources in some cities, including New York,<sup>L</sup> Seattle,<sup>E</sup> and Tampa/St. Petersburg,<sup>L</sup> believe that emphasis on marijuana has not declined. In Chicago,<sup>E</sup> many offenders are being sent to treatment for marijuana use. Other sources have different opinions:

- Cleveland: One source<sup>E</sup> believes that law enforcement officials feel "marijuana is not really worth the paperwork." The other<sup>L</sup> agrees that penalties are light.
- Dallas:<sup>L</sup> Marijuana is given low priority over other types of drugs.
- Houston:<sup>L</sup> Local prosecutors don't take Federal cases anymore because they were not getting reimbursed.
- Phoenix:<sup>L</sup> Prosecutors don't seem to care about marijuana.
- Sacramento:<sup>L</sup> Because of Proposition 215, the "medical marijuana law," the district attorney opts not to prosecute many marijuana cases. Federal prosecutors sometimes come in instead.
- San Diego:<sup>E</sup> In a recent focus group, users agreed that "everyone turns a blind eye, even though it's everywhere."

Increased potency. In discussing marijuana's increased use and availability over the past 10 years, law enforcement and epidemiologic/ethnographic sources attribute only a moderate amount of importance to the drug's increased potency.



Increase in indoor farms. Several sources report increases in indoor farms. Nevertheless, many find this increase only moderately associated with the widespread marijuana use and availability over the past 10 years.

- Dallas: Marijuana is grown in closets, bedrooms, and bathtubs: “Anywhere you can put a grow light.”<sup>E</sup> Indoor growth yields increased THC content and is easier to conceal. It is becoming easier to obtain growing equipment from catalogues, head shops, and other sources.<sup>L</sup>
- Houston:<sup>L</sup> Indoor grows are rare along the border because of the prevalence of Mexican marijuana. But they increase as one goes northward.
- Los Angeles:<sup>E</sup> Indoor production has made marijuana stronger and more difficult to detect. It allows large quantities to be grown in small spaces.
- Minneapolis/St. Paul:<sup>E</sup> The short growing season does not allow for much outside growth.
- New York:<sup>L</sup> Interdiction is more difficult when marijuana is grown indoors. Over the last 3 years, high-quality hydroponic marijuana—much of it indoor grown—has increased.
- Sacramento:<sup>L</sup> Grow houses are increasing in number, and bigger

businesses are catering to them with retail merchandise that supports inside growth.

- San Diego:<sup>E</sup> Some increase in indoor farming has led to higher grade, less detectable marijuana.
- Tampa/St. Petersburg:<sup>L</sup> Most marijuana is grown inside.

More local production. The amount of locally produced marijuana has remained stable in some cities, such as Minneapolis/St. Paul<sup>L</sup> and Tampa/St. Petersburg.<sup>L,E</sup> In Detroit, greater amounts do not necessarily reflect an increase, but rather more detection.

- Miami:<sup>L</sup> Competition has lowered the price of local hydroponic marijuana.
- Dallas:<sup>E</sup> With the economy down, many people grow marijuana for income.

Glamorization by news media. Only a few sources have comments on this subject, including the following:

- Los Angeles:<sup>L</sup> Some media are quick to report stories about legalization efforts and use of marijuana for “medicinal” purposes, but they are not as quick in reporting “the other side.”
- Minneapolis/St. Paul:<sup>E</sup> The mainstream media perpetuate the public debate regarding the harmfulness of marijuana. For example, articles in teen magazines present

the subject as a matter of debate, rather than fact.

- San Francisco:<sup>L</sup> This source believes the media are slanted in reporting marijuana as “medicine.”

Decline in price. Price declines do not seem to be a factor in the increased use and availability of marijuana over the past 10 years. Price has remained unchanged in several cities, including Minneapolis/St. Paul,<sup>E</sup> New York,<sup>L</sup> Philadelphia,<sup>E</sup> St. Louis,<sup>L</sup> San Diego,<sup>L</sup> San Francisco,<sup>L</sup> and Seattle. In New York,<sup>E</sup> similarly, prices have not declined, but they vary more in range, so prices at the lower levels allow more youth to get involved. Prices have actually increased in some cities, such as St. Louis (because of a recent shortage) and Chicago.

Additional changes. Some sources mention additional changes that have contributed to the widespread use and availability of marijuana over the past 10 years:

- Increased movement of marijuana from Mexico to San Diego<sup>E</sup> and Houston<sup>L</sup>
- Deteriorating family and social relationships (St. Louis<sup>E</sup>)
- Easier access to information on marijuana over the Internet, especially among teens (Baltimore<sup>L</sup>)
- Promotion of hemp products to youth (Minneapolis/St. Paul<sup>E</sup>)



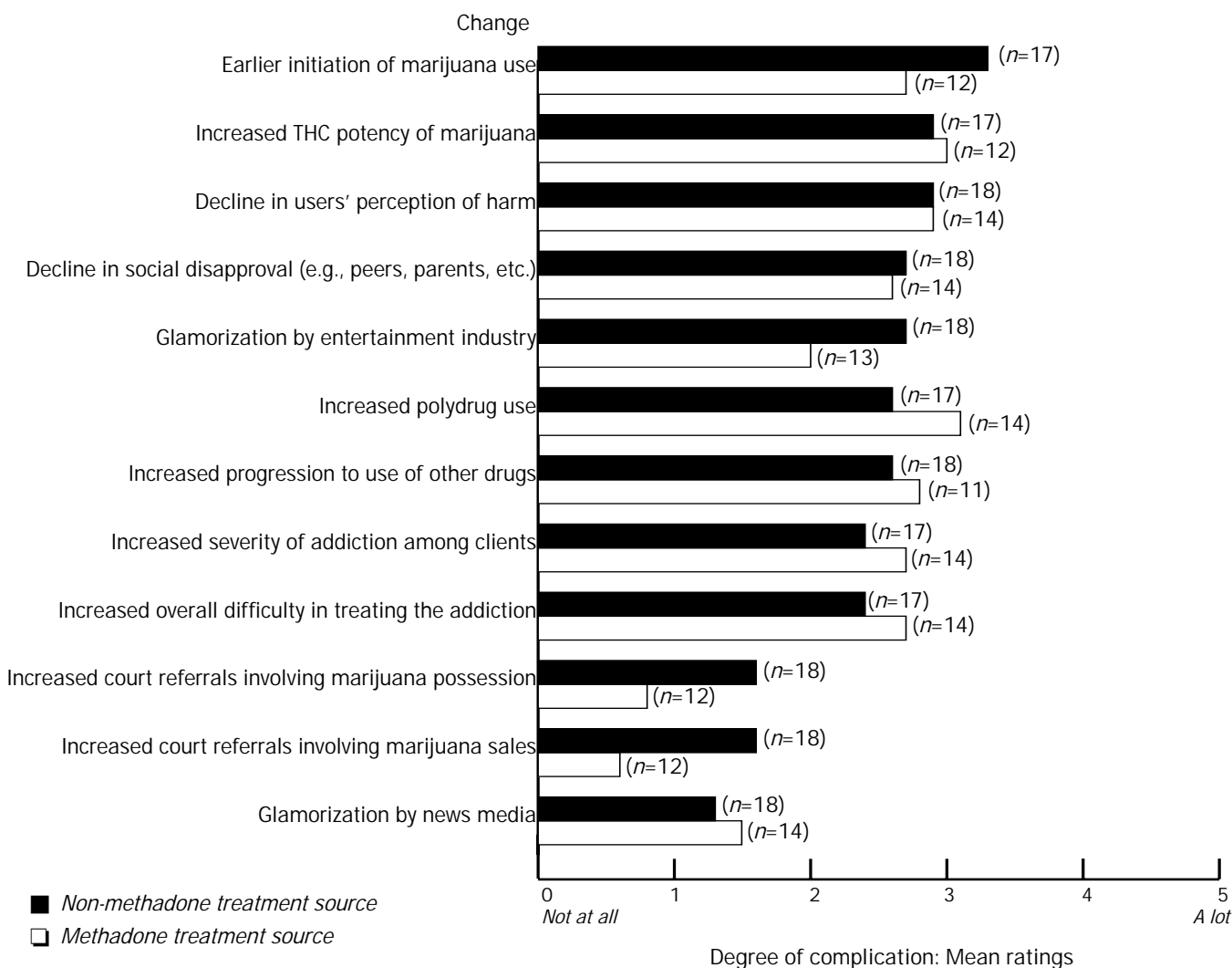
TREATMENT FOR MARIJUANA USERS: THE PAST 10 YEARS

◆ In discussing changes that have complicated the treatment of marijuana-using clients over the past 10 years, non-methadone and methadone treatment providers alike tend to place a fairly high degree of importance on earlier initiation of marijuana use, on increased tetrahydrocannabinol (THC) potency, and—like their law enforcement and epidemiologic/ethnographic counterparts—on a decline in users' perception of harm.

◆ Methadone treatment sources also believe that increased polydrug use has played a fairly important role in making treatment more complex.

◆ The news media and increased court referrals appear to have had little complicating effect. Some sources even believe they have had a positive effect.

To what extent have changes in the following problems complicated the treatment of marijuana-using clients, particularly youth, over the past 10 years? (Mean of 0–5 ratings)



Source: Mean of ratings given by non-methadone and methadone treatment respondents



Earlier initiation of marijuana use. One source, in St. Louis,<sup>M</sup> believes that though many people initiate marijuana use earlier, treatment has not been complicated. Other sources, however, believe earlier initiation to be more problematic. Non-methadone sources, in particular, assign a higher overall rating to this change than to any other change that has complicated treatment over the past decade.

- Boston:<sup>M</sup> Alcohol, cigarettes, and marijuana are among the first substances used by children as young as 9.
- Cleveland:<sup>M</sup> Elementary school children are using marijuana.
- Denver<sup>N</sup> and St. Louis:<sup>N</sup> Clients are getting younger and younger.
- Sacramento:<sup>N</sup> Initiation age ranges from 9 to 13 years.

Increased THC potency. Higher marijuana potency has posed several challenges to treatment.

- Minneapolis/St. Paul:<sup>N</sup> THC content is much higher compared with what it was 20—rather than 10—years ago.
- Philadelphia: Marijuana is two to three times stronger than it was in the 1970s.<sup>N</sup> Clients don't recognize THC withdrawal symptoms, mistakenly believing their methadone is not effective.
- Pittsburgh:<sup>N</sup> Higher THC content has caused an increase in withdrawal symptoms.
- San Francisco:<sup>N</sup> More clients are coming in because it is increasingly difficult to stop using marijuana and because it has more intense side effects.

Decline in users' perception of harm. Many *Pulse Check* treatment sources, like their law enforcement and epidemiologic/ethnicographic counter-

parts, believe this misperception to be a fairly serious problem.

- Chicago:<sup>N</sup> Clients generally believe that marijuana causes no harm and that it may actually have social benefits.
- Cleveland,<sup>M</sup> Minneapolis/St. Paul,<sup>M</sup> and Pittsburgh<sup>N</sup>: Society still isn't convinced about marijuana's harmful effects.
- New York<sup>N</sup> and Philadelphia<sup>M</sup>: The perception of harm has not declined because clients never thought it was harmful.
- San Francisco:<sup>M</sup> Perception of harm is especially low at this clinic.

Decline in social disapproval. Parent and peer attitudes toward marijuana use appear to present a challenge in treating marijuana-using youth.

- Chicago:<sup>N</sup> Peers and parents smoke it, so it's not just a decline in disapproval, but actually an increase in approval.
- Cleveland:<sup>M</sup> Parents of many clients smoke marijuana.
- Pittsburgh:<sup>N</sup> Many parents also used marijuana when they were young, so they don't treat it seriously.
- St. Louis:<sup>N</sup> An inconsistency exists between parental acceptance and institutional disapproval of marijuana use.
- Tampa/St. Petersburg:<sup>N</sup> Parents are not as concerned as they should be.
- Sacramento:<sup>N</sup> In some social scenes, people are looked down upon if they don't use marijuana.

Glamorization by entertainment industry. One particularly recurring theme throughout the treatment sources' comments concerns the harmful effects of rap music.

- Atlanta:<sup>N</sup> The glamorization of marijuana use is more apparent in the music culture and rap subculture than in films and TV.
- Boston:<sup>M</sup> Some TV programs show teenagers in situations where they are obviously (though not explicitly) smoking marijuana.
- Cleveland:<sup>M</sup> The music culture has glamorized marijuana more than the movie industry.
- Chicago:<sup>N</sup> Marijuana has become more fashionable in the community mostly because of the rap culture.
- Houston:<sup>N</sup> Rappers are always rapping about "tokin'" and "smokin.'" Furthermore, stars who use drugs get a lot of publicity.
- Minneapolis/St. Paul:<sup>N</sup> Rap videos, in particular, glamorize marijuana use. For example, one video shows someone smoking a blunt and drinking a Hennessy.
- Philadelphia:<sup>N</sup> Gangster rap videos are a big problem. They glorify a lifestyle involving marijuana. In these videos, "it's in your face," and youth don't have the discernment to evaluate these messages like adults.
- Pittsburgh:<sup>N</sup> Rather than deterring youth from marijuana use, the rap and entertainment industry encourages it.
- St. Louis:<sup>N</sup> The rap and hip-hop genre has contributed to the use, normalization, and glamorization of marijuana.

Increased polydrug use. A few sources name specific combinations:

- Atlanta<sup>N</sup> and Chicago<sup>N</sup>: Marijuana is increasingly used with crack.
- Baltimore:<sup>M</sup> The majority of patients come in cocaine-positive.





- Cleveland:<sup>M</sup> Clients show decreased allegiance to any one drug.
- Pittsburgh:<sup>N</sup> Clients use marijuana simultaneously with heroin, diverted OxyContin®, and ecstasy.

Increased progression to use of other drugs. Treatment sources, overall, attribute a moderate degree of significance to this aspect of the problem.

- Chicago:<sup>M</sup> According to this clinic's biopsychosocial screening, marijuana is now a gateway drug to alcohol, rather than the other way around as in the past.
- New York:<sup>M</sup> and Philadelphia:<sup>M</sup>: By the time methadone programs see marijuana users, they have already progressed to other drugs.
- Pittsburgh:<sup>N</sup> Many clients progress from marijuana to heroin, diverted OxyContin®, or ecstasy use.
- St. Louis:<sup>N</sup> The earlier people start with one drug, the earlier they usually start with others.
- San Francisco:<sup>N</sup> Newer patterns include more dangerous combinations, including methamphetamine or ecstasy.
- Seattle:<sup>N</sup> Marijuana clients are branching off into use of prescription drugs, such as diverted OxyContin®, and use of methamphetamine. All clients who use crack, methamphetamine, and heroin used marijuana before.

Increased severity of addiction among clients. One source (Cleveland<sup>M</sup>) believes that marijuana use seems to be leveling off. Another (St. Louis<sup>M</sup>) believes that increased severity of addiction applies mostly to drugs other than marijuana. Other treatment sources, however, perceive increases in amount consumed, availability, and potency—all of which lead to increased addiction severity.

- Baltimore:<sup>N</sup> Users gradually increase their intake by progressing from joints to blunts.
- Boston:<sup>M</sup> Continued use of marijuana interferes with the success of methadone treatment.
- Chicago:<sup>N</sup> and Pittsburgh:<sup>N</sup>: Addiction severity has increased because of increased marijuana availability.
- Houston,<sup>N</sup> Philadelphia,<sup>N</sup> and Pittsburgh:<sup>N</sup>: Addiction severity has increased because THC potency has increased.
- St. Louis:<sup>N</sup> The increase in adolescents using marijuana on a daily basis and at a younger age contributes to the addiction severity.

Increased court referrals involving marijuana possession. Comments on this subject are mixed:

- Boston:<sup>M</sup> Drug courts don't generally refer to methadone programs.
- Dallas:<sup>N</sup> Court referrals have increased, but that hasn't complicated treatment.
- Denver:<sup>N</sup> and Detroit:<sup>N</sup> Court referrals have remained stable.

- St. Louis:<sup>N</sup> If anything, court referrals may have declined. Laws haven't changed, but more and more youth tell how police stop them, take their marijuana away, and just give them a warning.
- Philadelphia:<sup>M</sup> and San Diego:<sup>N</sup> Increased court referrals have had the positive effect of getting people into treatment earlier.

Increased court referrals involving marijuana sales. Only a few treatment sources have comments on this subject.

- Atlanta:<sup>N</sup> Drug distributors are harder to treat because they don't accept that they have a problem and are therefore more resistant to treatment.
- Cleveland:<sup>M</sup> More "heat" is placed on users than on dealers. More pressure on dealers is needed.

Glamorization by news media. Some sources believe the news media have played a positive role, while others disagree.

- Atlanta:<sup>N</sup> The news media give pretty accurate information.
- Boston:<sup>M</sup> The news media appear to support medicalization and decriminalization of marijuana.
- Cleveland:<sup>M</sup> Overall, the media has been more responsible in exposing the consequences of marijuana.
- Seattle:<sup>N</sup> ONDCP's anti-drug ads are having an impact on youth and adults.



SEPTEMBER 11 FOLLOWUP:

HAVE THE ATTACKS AND THEIR AFTERMATH HAD ON THE

More than 60 percent (46 of 75) of the Pulse Check sources who responded to this question believe that the attacks have had no continuing effects on the drug abuse situation. The remaining responses deal with several recurring themes:

- ◆ Supplies of some drugs have declined in some cities—for example, cocaine in Atlanta and Houston and unadulterated ecstasy in Miami; supplies of other drugs have increased—for example, methamphetamine in Atlanta and “wets” (marijuana plus embalming fluid) and hashish in Houston.
- ◆ Some trafficking routes have shifted, usually to avoid flying directly to the East Coast.
- ◆ Vehicular and other means of transport have replaced air shipment in some cities.
- ◆ Many sources perceive a shift in law enforcement priorities from drugs to homeland security.
- ◆ Many drug users in treatment, especially those with existing mental issues, continue to experience elevated levels of anxiety, depression, and post-traumatic stress disorder (PTSD). Some related prescription drug abuse is reported.

SEATTLE

Border seizures of marijuana from Canada have increased.<sup>E</sup>

PORTLAND, OR

On the West Coast, the outflow of drug proceeds (cash and goods) to Mexico has increased because law enforcement is concentrating more on what is coming into the United States.<sup>L</sup>



SAN FRANCISCO

Self-treatment of anxiety with benzodiazepines has increased.<sup>N</sup>

LOS ANGELES

Law enforcement resources, reallocated to security/terrorist duty, are beginning to come back to narcotics duty. But some still have not returned. And those who are returning are finding more drugs than ever because dealers have been acting without fear of arrest.<sup>L</sup>

SAN DIEGO

Trafficking at airports has been down-scaled because of increased security measures.<sup>L</sup>

MINNEAPOLIS/ST. PAUL

Some of the best narcotics officers have been reassigned to homeland security.<sup>E</sup> Before the war in Iraq, methadone patients hoarded methadone because they were scared, worried about the war, depressed, or felt that “I’m going to die anyway, I might as well have a good time.”<sup>M</sup>

DENVER

Fewer clients are entering treatment.<sup>M</sup>



PHOENIX

Anxiety and depression might have become more severe among drug users.

DALLAS

Some trafficking organizations may be transiting through Dallas to the East Coast because security measures are tighter on the East Coast.<sup>L</sup> Treatment enrollment is slightly elevated.<sup>M</sup>

SACRAMENTO

The law enforcement technical support system has shifted priorities. For example, wiretaps are used more for detecting terrorism activities than for drug activities.<sup>L</sup> When people with a drug problem get frightened, they use more drugs—as was the case before the Iraq war.<sup>M</sup> Referrals through the dual diagnosis program (mental health) have increased.<sup>N</sup>



WHAT CONTINUING EFFECTS, IF ANY, DRUG ABUSE PROBLEM (EITHER FOR BETTER OR WORSE)?

CHICAGO

Depression and anxiety have increased among clients and have stayed at that elevated level.<sup>N</sup>

ST. LOUIS

Traffickers are using motor vehicles rather than carrying drugs on planes via body strapping, body packing, or in luggage.<sup>L</sup>



HOUSTON

Since September 11, crack availability has declined, “wets” availability has increased, and marijuana price has increased. Hashish, whose production and export had been suppressed by the Taliban in Afghanistan, has now increased in the United States. More alcohol and marijuana use among the middle class is attributed to anxiety, an impending feeling of doom, and escapism.<sup>E</sup>

DETROIT

Pseudoephedrine trafficking is linked to terrorist groups who use it to fund their activities. The law enforcement focus on the area has increased because of its large Middle Eastern population.<sup>L</sup> Border security has increased, with more awareness of traffic volume.<sup>E,N</sup> Users know their supplies can get disrupted, so they are more willing to use multiple drugs, switch to whatever drugs are available, or make their own drugs.<sup>E</sup>

CLEVELAND

Increases among clients are noted in opiate addiction, alcohol abuse, and antidepressant use.<sup>M</sup>

CINCINNATI

No continuing effects are reported.

ATLANTA

The powder and crack cocaine supplies have declined; the methamphetamine supply has increased.<sup>L</sup> Mental health symptoms increased somewhat, as they did again after the war in Iraq.<sup>N</sup>

TAMPA/ST. PETERSBURG

Treatment staff perceive a decrease in funding.<sup>N</sup>

MIAMI

Increasing prescription drug abuse, while not entirely linked to September 11, has coincided with trafficking crackdowns. More adulterated products are being sold as ecstasy since the Benelux supply route was cut off.<sup>E</sup>

BOSTON

No continuing effects are reported.

NEW YORK

Southwest Asian heroin prices have been dropping, purity has been rising, and more groups have been getting involved in trafficking the drug. Traffickers afraid to fly directly to New York have been going to other cities and using rail, bus, car, and other transportation means. Some traffickers have broken shipments down, making them smaller, so interdiction doesn't stop all traffic.<sup>L</sup>

PHILADELPHIA

With increasing unemployment, a sense of hopelessness and depression has been increasing. Before the war in Iraq, many adopted a “why bother” attitude, saying “we're going to war anyhow.”<sup>M</sup>

BALTIMORE

Suppliers' ability to use airports has been curtailed substantially, but they use other means of transportation. Switching law enforcement efforts to antiterrorism has limited resources for drug abuse efforts.<sup>L</sup>

WASHINGTON, DC

Traffickers still do not ship by plane, but they find other means of transport. Whenever the terror alert is high, law enforcement officers come across more drugs, but as soon as an alert goes down everything goes back to normal.<sup>L</sup>

PITTSBURGH

Many people with PTSD in the recovering population have been vulnerable and have not had a support system available. Economic strain is an added stressor.<sup>E</sup>



*This page intentionally blank.*