APPENDIX 1: METHODOLOGY

How were the sites selected? *(See map in the Introduction)* A total of 25 sites were studied for this issue of *Pulse Check*, to correspond with ONDCP's current 25-Cities Initiative, which includes the largest cities within America's 25 most populous metropolitan areas. Though drug use has harmed all cities, America's largest cities have been particularly hard hit. These cities include the following 12, which have been reported on in the past four issues of *Pulse Check*:

Baltimore, MD*
Boston, MA
Chicago, IL
Denver, CO
Detroit, MI
Miami, FL
Los Angeles, CA
New York, NY
Philadelphia, PA
St. Louis, MO
Seattle, WA
Washington, DC

They also include the following 13 newly added cities:

Atlanta, GA
Cincinnati, OH
Cleveland, OH
Dallas, TX
Houston, TX
Minneapolis/St. Paul, MN
Phoenix, AZ
San Diego, CA
San Francisco, CA
Pittsburgh, PA
Portland, OR
Sacramento, CA
Tampa/St. Petersburg, FL

How do the 25 sites vary? While these 25 sites were purposely selected, they nevertheless represent a broad cross-section of geographic regions and demographic characteristics, as highlighted in Appendix 2. For example, their unemployment rates range from a 2.5 percent low in San Francisco to a 6.2 percent high in Chicago and Philadelphia. Their poverty levels (for persons younger than 18) range from 6.5 percent in Minneapolis/St. Paul to 23.3 percent in New York. The racial/ethnic breakdowns in the 25 sites further exemplify their diversity: White representation ranges from 48.7 percent in Los Angeles and 48.8 percent in New York to 89.5 percent in Pittsburgh; Black representation ranges from 4.4 percent in Seattle to 29.6 percent in Atlanta; and Hispanic (of any race) representation ranges from less than 1 percent in Pittsburgh to 57.3 percent in Denver.

Who are the *Pulse Check* sources, and how were they selected? Consistent with previous issues, the information sources for *Pulse Check* were telephone discussions with 4 knowledgeable individuals in each of the 25 sites: an ethnographer or epidemiologist, a law enforcement official, a non-methadone treatment provider, and a methadone treatment provider. As in the existing 12 *Pulse Check* sites, ethnographers and epidemiologists in the 13 new sites were recruited based on several possible criteria: past participation in the *Pulse Check* program; membership in the National Institute on Drug Abuse (NIDA) Community Epidemiology Work Group (CEWG); research activities in local universities; or service in local community programs. We recruited law enforcement officials—again as in the past—by contacting local police department narcotic units, Drug Enforcement Administration (DEA) local offices, and High Intensity Drug Trafficking Areas (HIDTA) directors.

To identify knowledgeable treatment sources, we consulted with experts in the field in the 13 newly added sites. This purposeful means of selecting treatment sources has been part of the *Pulse Check* methodology since the January–June 2001 issue. Some of the treatment sources in the 12 existing sites had been selected previously via a random selection methodology (described in the Mid-Year 2000 issue methodology appendix). Those sources were retained in order to preserve continuity.

All sources from the 13 new sites were identified and recruited during March through May 2003, and telephone discussions were conducted with them throughout that period. This wave of identification, recruitment, and discussion followed a first wave of discussions, held December 2002 through January 2002, with sources in the 12 existing sites.

Altogether, we have identified and recruited 99 of the potential 100 sources in the 25 Pulse Check sites: one treatment source could not be identified (Portland, OR, non-methadone). For this *Pulse Check* issue, we successfully obtained information from 97 of those 99 sources: a response rate of 98 percent. Two participants were unavailable for this round of discussions: the Cincinnati law enforcement official, and the Miami methadone provider.

What kind of data were collected, and how? For each of the 97 responding sources, we conducted a single telephone discussion lasting about 1 hour. We asked sources to explore with us their perceptions of any change in the drug abuse situation between spring and fall 2002. We discussed a broad range of topic areas with these individuals, as delineated in Appendix 4. Not surprisingly, ethnographic and epidemiologic sources were very knowledgeable about users and patterns of use; they were somewhat knowledgeable about drug availability; and they were less informed about sellers, distribution, and trafficking patterns. Treatment providers had a similar range of knowledge, but they generally focused on the specific populations targeted by their programs. Many providers, however, were able to provide a broader perspective about the communities extending beyond their individual programs. Among the three *Pulse Check* source types, law enforcement officials appeared to be most knowledgeable about drug availability, trafficking patterns, seller characteristics, and other local market activities; they were not asked to discuss user groups and characteristics.

**Baltimore has been a Pulse Check site in the last three issues*