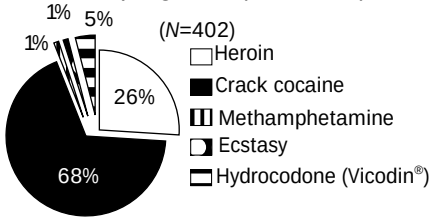
CHICAGO PRIMARY METROPOLITAN STATISTICAL AREA PROFILE:

- Total population: . . . 8,272,768
- Median age: . . . . . 33.7 years
- Race (alone):
  - White 65.8%
  - Black 18.9%
  - American Indian/ Alaska Native 0.3%
  - Asian/Pacific Islander 4.6%
  - Other race 8.2%
  - Two or more races 2.3%
- Hispanic (of any race): 17.1%
- Unemployment rate: 6.2%
- Median household income: $51,680
- Families below poverty level with children <18 years: 11.4%

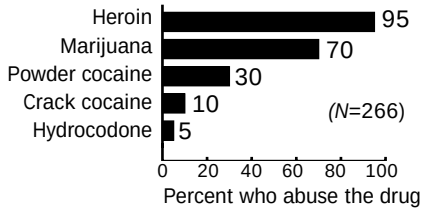
*Source: U.S. Census 2000**

What are the primary drugs of abuse among clients in a non-methadone treatment program? (Fall 2002)



Source: Non-methadone treatment respondent

What drugs do clients in a methadone program use+? (Fall 2002)



+Includes any use, whether as a primary, secondary, or tertiary drug

Source: Methadone treatment respondent

- *The use of methadone as a substitute for heroin, or in addition to heroin, emerged as a new problem among non-methadone treatment clients.*[N]
- *The use of crack cocaine among methadone treatment clients decreased somewhat, but the use of powder cocaine and marijuana increased slightly between spring and fall 2002.*[M]

THE BIG PICTURE: WHAT'S CHANGED? (SPRING 2002 VS FALL 2002)

All four *Pulse Check* respondents agree that Chicago's drug problem is stable. However, they also believe it remains very serious. Despite the overall stability in the drug problem, several developments are reported since spring 2002:

- As reported in eight other *Pulse Check* cities, methadone abuse (both as a substitute for and in addition to heroin) is increasing.[N] It accounts for 5 percent of treatment clients in both the non-methadone and methadone programs.[N,M]
- While the numbers of methamphetamine[L,E,N] and methylendioxymethamphetamine (MDMA or ecstasy)[L,N] users numbers remain low, they are increasing.
- Marijuana use among methadone clients is emerging as a new treatment problem.[M]
- As in many other *Pulse Check* cities, the incidence of hepatitis C among treatment clients has increased to high levels.[N,M]
- Treatment providers observe a dramatic increase in high-risk sexual behaviors and drug use.[N]

The drug market (especially for heroin) has also changed in several ways:

- Overall, drugs have become more available since spring 2002 *(see diagram on the following page)*.[L,E]
- Seizures of brown heroin, presumably Mexican, are up 50 percent from 2001; however, white heroin still accounts for the bulk of heroin available on the street.[L]
- The Drug Enforcement Administration (DEA) recently seized a small sample of base heroin (not hydrochloride), which is common in Europe. When smoked, this base form delivers the drug almost as quickly as injected heroin.[E]
- DEA data indicate an increase in the amount of methamphetamine arriving from Mexico.[E]

Most widely abused drug:
- Crack[L,N]
- Marijuana[E]
- Heroin[M]

No reported changes between spring and fall 2002[L,E,N,M]

Second most widely abused drug:
- Heroin[L,N]
- Crack[E]
- Powder cocaine[M]

Between spring and fall 2002, powder cocaine replaced crack as the second most widely abused drug among methadone clients.[M]

Drug related to the most serious consequences:
- Crack[L,N]
- Heroin[E,M]

No reported changes between spring and fall 2002.[L,E,N,M]

Drug related to the second most serious consequences:
- Heroin[L,N]
- Crack[E]
- Powder cocaine[M]

Between spring and fall 2002, powder cocaine replaced crack as the drug related to the second most serious consequences among methadone clients.[M]

New or emerging problems:
- Methamphetamine[L,E,N]
- Ecstasy[E,M]
- Diverted OxyContin® (oxycodone hydrochloride controlled-release)[N]
- Abused methadone[N]
- Marijuana[M]

Sources: [L]Law enforcement, [E]Epidemiologic/ethnographic, [N]Non-methadone treatment, and [M]Methadone treatment respondents
Note: These symbols appear throughout this city profile to indicate type of respondent.

**The census data in this table are provided as a frame of reference for the information given by* Pulse Check *sources. Whenever possible, the data given by the law enforcement and epidemiologic/ethnographic sources reflect the metropolitan area.*

HEROIN

Overall, the heroin problem is fairly stable, but some increases are noted:

- The number of younger heroin users entering treatment has increased. These clients are typically referred by the mental health system.[N]
- Heroin use among the overall drug-using population and among new drug users appears to be increasing.[E]

COCAINE

The cocaine problem is stable in Chicago, although treatment providers note two changes:

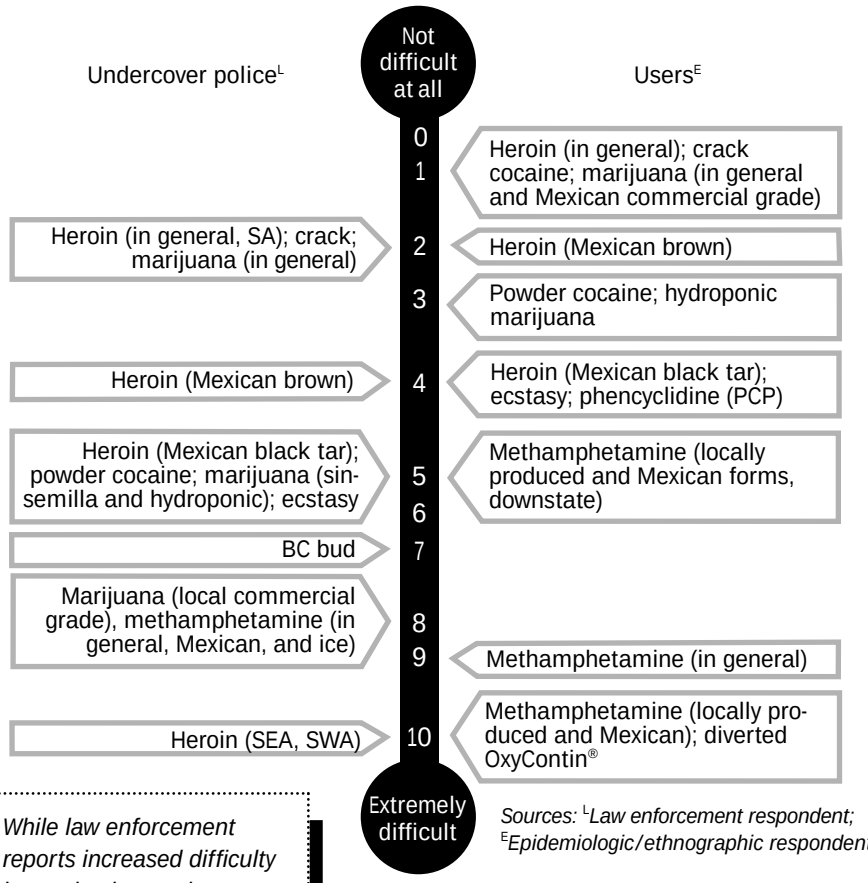
- Among primary heroin users in treatment, those also using crack cocaine have decreased since spring 2002, while those using powder cocaine have increased.[M]
- More sales of crack cocaine take place within the community, as opposed to traditional drug markets.[N]

MARIJUANA

Several increases are noted among marijuana users in treatment:

- Hospital emergency department mentions for marijuana remain stable.[E]
- The number of adolescents and young adults using marijuana is increasing.[N]
- Heroin users in treatment have increased their use of marijuana as a secondary or tertiary drug.[M]
- The rate of depression and generalized anxiety disorder has increased significantly among primary marijuana users in the non-methadone treatment program.[N]

How difficult is it for undercover police and users to buy drugs? (Fall 2002)



Sources: [L]Law enforcement respondent; [E]Epidemiologic/ethnographic respondent

Note: SA=South American (Colombian) heroin; SWA=Southwest Asian heroin; SEA=Southeast Asian heroin; ice=highly pure methamphetamine in smokable form; and BC bud=British Columbian marijuana

- *While law enforcement reports increased difficulty in purchasing methamphetamine, users report that it is becoming easier.*[L,E]
- *It is more difficult for undercover agents to purchase ecstasy.*[L]
- *Undercover law enforcement found it easier to purchase Mexican brown heroin in the fall.*[L] *Even though it is still relatively difficult to find Mexican brown heroin on the street, users know where to find it.*[E]
- *Purchasing sinsemilla and hydroponic marijuana has become less difficult.*[L]
- *It has become easier for users to purchase powder cocaine.*[E]

METHAMPHETAMINE

The methamphetamine problem in Chicago is small, but growing:[L,E,N]

- The number of methamphetamine users in treatment has increased somewhat, although the numbers remain very low *(see pie chart on the first page of this chapter)*.[N]
- Methamphetamine use in Chicago's gay male community is increasing.[E]
- Law enforcement agencies seized 53 kilograms of methamphetamine in Chicago during 2002.[L]

MDMA (ECSTASY)

While overall use of ecstasy remains low,[E,N] the number of ecstasy users in treatment is increasing.[N]

OTHER DRUGS

- Diverted OxyContin®: While the number of clients in treatment remains negligible (less than 1 percent of the treatment population), the number seeking treatment for abuse of OxyContin® has increased slightly since spring 2002.[N]
- Diverted hydrocodone (Vicodin®): A slight increase in clients seeking treatment for hydrocodone use is noted.[N] These clients generally receive the drug for treatment of chronic pain, but become addicted and then seek to purchase it illegally.[N] Five percent of non-methadone and methadone treatment clients use the drug—more than those in treatment for methamphetamine, ecstasy, or diverted OxyContin® combined.[N,M]
- Diverted methadone: Treatment providers report a high level of illegal methadone use among clients[N,M]—representing 5 percent of methadone treatment clients.[M]
- Phencyclidine (PCP): Use of PCP is stable, and remains most common among young adult males living in the central city.[E]
- Diverted alprazolam (Xanax®): Abuse of alprazolam is also stable. The drug is abused equally among males and females and among Whites, Blacks, and Hispanics. These users, who take alprazolam along with alcohol, are typically lower income adults living in the central city.[E]

THE USE PERSPECTIVE

WHAT'S HAPPENING IN TREATMENT?

Treatment capacity and availability

- The *Pulse Check* non-methadone treatment facility can serve 498 clients and has a current enrollment of 402. For these clients, the primary drug of abuse is crack cocaine, with heroin the distant second *(see pie chart on the first page of this chapter)*. Treatment percentages for methamphetamine, ecstasy, diverted OxyContin®, hydrocodone, and methadone have all increased between spring and fall 2002, but they remain extremely low when compared with those for heroin and cocaine.[N]
- The methadone treatment facility has the capacity to serve 253 clients. It is currently operating over capacity, serving 266. Ninety percent of clients in the methadone treatment program are self-referred, similar to the generally high self-referral rates in methadone clinics across other *Pulse Check* sites.[M]
- Funding cuts and the closing of two major Chicago hospitals (which served indigent high-risk patients) have made already limited slot capacity an even greater barrier to treatment in the community.[N] The waiting list at most public clinics is at least a month, while most private programs have adequate slots available.[E]

Barriers to treatment

- Age restrictions became a more significant barrier to drug treatment because of the increase in juveniles needing such treatment.[N]
- The lack of child care remains a common barrier to treatment in the non-methadone program, despite the fact that the facility has an onsite licensed day care program. There are not enough slots in the facility to meet demand.[N]

Post-treatment Issues

- Most clients have no safe place to go following treatment, so they end up living with old friends who are users or dealers, which places them back into their old living patterns.[N,M]
- Currently, there are not enough tailored recovery support services for men, particularly fathers.[N]
- Recovering users who are also ex-offenders find it difficult to secure jobs following treatment, leading to continued instability and stress.[N]

Consequences of drug use

- Hepatitis C is pervasive among clients in treatment, having increased since spring 2002.[N,M] "Just about everyone [in the methadone program] is positive."[M] Fortunately, testing is now more widespread,[M] with the non-methadone program offering onsite testing.[N]
- The number of clients reporting drug-related automobile accidents increased, corresponding to an increase in DUI (driving under the influence) arrests in the State.[N]
- The number of HIV-positive clients has increased since the spring in the non-methadone program, likely due to the start of onsite testing and, therefore, increased diagnoses.[N]
- The incidence of tuberculosis among treatment clients is also up since spring 2002, although it is still not very common.[M]
- The methadone treatment respondent assesses clients as being more physically ill than in the past. This is due partly to clients with undiagnosed hepatitis C and to HIV-positive clients who are living longer but are declining in health. A positive effect, however, is that through drug treatment, these

individuals gain access to primary health care facilities.[M] Poor dental hygiene is becoming more common as well.[N]

Co-occurring disorders

- A lack of staff qualified to treat dually diagnosed clients has increased as a significant barrier to effective treatment. The increase in comorbidity over the past year puts more pressure on existing staff,[N] and it is difficult to find qualified mental health professionals willing to work for the pay available in drug treatment settings.[M]
- The rate of psychiatric diagnoses among treatment clients increased to extremely high levels in the non-methadone program. This increase includes antisocial, conduct, and mood disorders, as well as psychosis, suicidal thoughts/attempts, post-traumatic stress disorder (PTSD), and attention deficit hyperactivity disorder (ADHD). The increase is due to many factors: better screening and identification of mental disorders, decreased slots available within the mental health system, and—with respect to PTSD—trauma related to a drug lifestyle.[N]
- The rate of dual diagnoses among methadone treatment clients remained stable at low levels, with the exception of mood disorders, which remained stable at high levels.[M]

Changes over the past 10 years

- Treatment respondents note that during the past decade, youth began using more dangerous drugs, particularly heroin.[N,M] The methadone respondent estimates that, among drug-using teenagers, 30 percent use heroin regularly, compared with none 10 years ago.[M]
- As in several other *Pulse Check* cities, the declining cost of drugs represents a significant complication to Chicago's drug problem.[N,M] A rock of crack costs just $2,[N] and heroin has become inexpensive enough for more people to use it in greater amounts.[M]
- Chicago's drug problem is further complicated by the increased practice of polydrug use, particularly the combination of heroin and cocaine.[N]
- Increasing caseloads are a major obstacle to treating the community's drug problem, as is the case in several other *Pulse Check* cities.[N,M]

WHO USES ILLICIT DRUGS?

The *Pulse Check* epidemiologic, non-methadone treatment, and methadone treatment sources were asked to describe the populations most likely to use heroin, cocaine, marijuana, methamphetamine, and ecstasy. They were also asked to describe any emerging user groups and to report on how the drugs are used. As shown in the following pages, user characteristics vary by drug. Further, because of the different perspective each brings, the three sources sometimes describe quite different populations and use patterns for each drug. For example, all methadone clients are primary opiate users who may use drugs other than opiates in a secondary or tertiary manner.

Who's most likely to use heroin?

Characteristic	E	N	M
Age group (years)	18–30, >30	>30	>30
Mean age (years)	35	31	39
Gender	65% male	52% female	Split evenly
Race/ethnicity	Black	Black	Black
Socioeconomic status	Low	Low	Low
Residence	Central city	Central city	Central city
Referral source	N/A	Individual	Individual
Level of education completed	N/A	None	High school
Employment at intake	N/A	Unemployed	Unemployed

Sources: [E]Epidemiologic/ethnographic respondent; [N]Non-methadone treatment respondent; [M]Methadone treatment respondent

- *Younger heroin users have entered treatment since spring 2002.*[N]
- *The number of female heroin users entering treatment increased at the non-methadone program. The respondent attributes this to the availability of programs for females at their facility.*[N]

- *The epidemiologic respondent notes that nearly all new users begin by snorting heroin, particularly new White users, but many soon shift to injecting. Young Blacks, however, tend to continue snorting the drug.*[E]
- *Speedballing may be more prevalent among Black than among White users.*[E]

How do users take heroin?

Characteristic	E	N	M
Primary route of administration	Snorting and injecting	Snorting	Snorting
Other drugs taken	Powder and crack cocaine (speedball)	None	Powder cocaine (speedball)
Publicly or privately?	Privately	Privately	Privately
Alone or in groups?	Alone and in groups	Alone	Alone

Sources: [E]Epidemiologic/ethnographic respondent; [N]Non-methadone treatment respondent; [M]Methadone treatment respondent

Who's most likely to use cocaine?

	Crack			Powder cocaine	
Characteristic	E	N	M	E	M
Age group (years)	>30	>30	>30	>30	>30
Mean age (years)	38	31	39	NR	39
Gender	60% male	52% female	Split evenly	60% male	Split evenly
Race/ethnicity	Black	Black	Black	NR	Black
Socioeconomic status	Low	Low	Low	Low	Low
Residence	Central city	Central city	Central city	Central city	Central city
Referral source	N/A	Individual	Individual	N/A	Individual
Level of education completed	N/A	None	High school	N/A	High school
Employment at intake	N/A	Unemployed	Unemployed	N/A	Unemployed

Note: The non-methadone respondent did not provide information for powder cocaine.

Sources: [E]Epidemiologic/ethnographic respondent; [N]Non-methadone treatment respondent; [M]Methadone treatment respondent

Sources report two shifts in cocaine use between spring and fall 2002:

- *Powder cocaine users report an increase in smoking rather than snorting the drug.*[M]
- *More treatment clients report using marijuana along with crack than in spring 2002. This may be attributable to more crack being distributed in traditional marijuana settings.*[N]

- *As in nearly all* Pulse Check *cities, marijuana use occurs in all segments of society.*
- *The number of clients entering treatment for marijuana has increased since the spring. This increase is predominantly among adolescents—the rate of primary marijuana use among adolescents in treatment is 6 percent, compared with less than 1 percent for the overall treatment population.*[N]
- *While most clients enter treatment on their own initiative, an increasing number come from mental health centers, particularly individuals diagnosed with generalized anxiety disorder.*[N]
- *Marijuana users are smoking more joints laced with PCP.*[E]

Who's most likely to use marijuana?

Characteristic	E	N	M
Age group (years)	18–30	18–30	18–30
Mean age (years)	Twenties	NR	NR
Gender	Split evenly	60% male	Split evenly
Race/ethnicity	Split evenly: White, Black, and Hispanic	Black	Black
Socioeconomic status	All	Low	Low
Residence	All areas (city, suburbs, rural, areas)	Central city	Central city
Referral source	N/A	Individual	Individual
Level of education completed	N/A	None	High school
Employment at intake	N/A	Unemployed	Unemployed

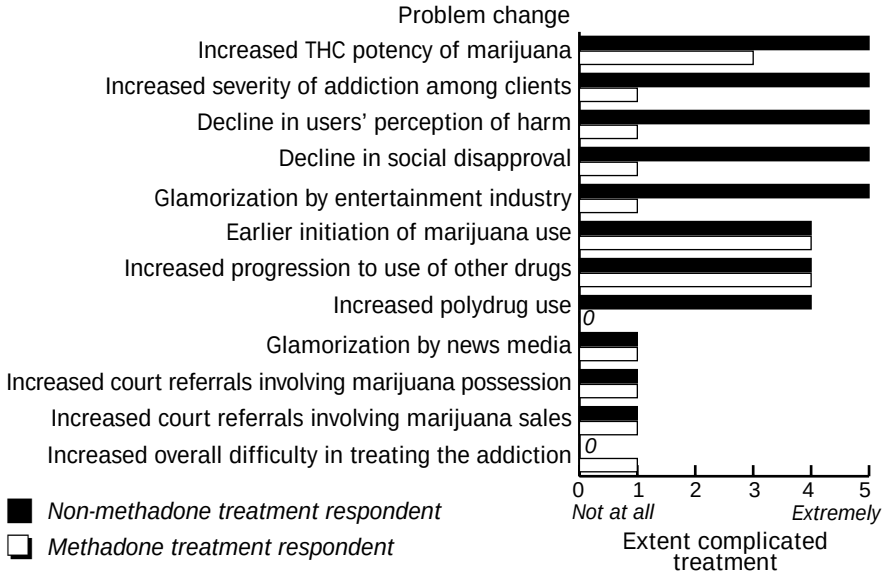
Sources: [E]Epidemiologic/ethnographic respondent; [N]Non-methadone treatment respondent; [M]Methadone treatment respondent

WHAT ARE THE NEGATIVE CONSEQUENCES OF MARIJUANA USE?

Respondents associate marijuana, used either alone or with other drugs, with the following consequences, which remained stable between spring and fall 2002:

- Drug-related emergency department visits[E]
- High-risk pregnancies[N]
- Short-term memory loss[N]
- Dual diagnoses, particularly depression and anxiety[N]
- Deteriorating family and social relationships[M]
- Poor workplace performance[M]
- Workplace absenteeism[M]
- Unemployment rates[M]

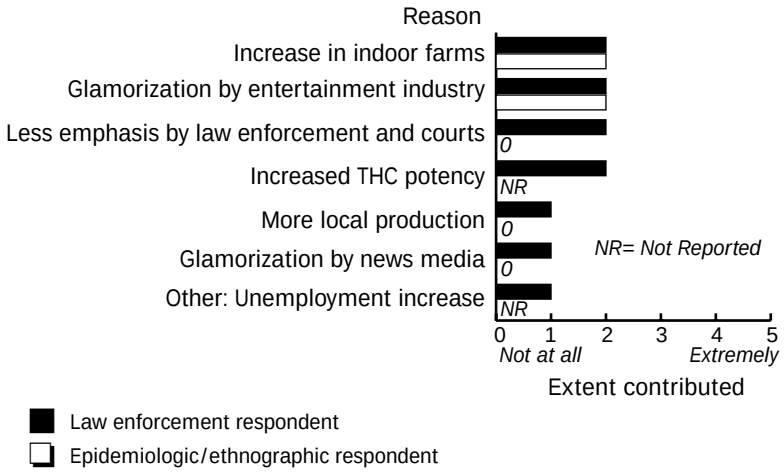
Marijuana-using clients: To what extent have changes in the following problems complicated their treatment over the past 10 years?



What they have to say:

- *Perception of harm: As with many other* Pulse Check *cities, the decline in both users' perception of harm and social disapproval associated with marijuana has significantly complicated the treatment of marijuana-using clients.*[N]
- *Progression from marijuana to other drugs: Rather than alcohol serving as a gateway to marijuana use, marijuana now appears to be a gateway drug to alcohol.*[M]
- *Entertainment industry: The music industry—rap in particular—has glamorized marijuana use, making treatment of marijuana-using clients much more difficult.*[N]
- *Polydrug use: The increased polydrug use by marijuana users over the past 10 years is seen most often in the combination of crack with marijuana.*[N]

Widespread marijuana availability and use over the past 10 years: To what extent have the following contributed?



What they have to say...

- *Emphasis by law enforcement and courts: Chicago is one of four* Pulse Check *cities where sources believe law enforcement emphasis on marijuana has not declined. Rather, law enforcement has played a positive role in the situation by sending more marijuana users to treatment over the past 10 years.*[E]
- *Glamorization: Normalization, more than glamorization, of marijuana use by the entertainment industry contributes to the increased availability and use of the drug.*[E]

Who's most likely to use methamphetamine?

Characteristic	E	N
Age group (years)	18–30	18–30
Gender	Male	95% male
Race/ethnicity	White	White
Socioeconomic status	Low/middle	Middle
Residence	Rural areas	Central city
Referral source	N/A	Mental health system
Level of education completed	N/A	High school
Employment at intake	N/A	Full time

Sources: [E]Epidemiologic/ethnographic respondent; [N]Non-methadone treatment respondent

- *Compared with the overall treatment population at the non-methadone treatment program, methamphetamine users are more likely to be male, White, middle class, better educated, and employed full time.*[N]
- *The proportion of White users in treatment for primary methamphetamine use is higher than their proportion in the overall Chicago population.*

Who's most likely to use ecstasy?

Characteristic	E	N
Age group (years)	18–30	18–30
Mean age (years)	25	NR
Gender	Split evenly	95% male
Race/ethnicity	White	White
Socioeconomic status	Middle	Middle
Residence	Suburbs	Central city
Referral source	N/A	Mental health system
Level of education completed	N/A	High school
Employment at intake	N/A	Full time

Sources: [E]Epidemiologic/ethnographic respondent; [N]Non-methadone treatment respondent

- *In contrast to the overall treatment population at the non-methadone treatment program, ecstasy users are predominantly White, middle class, better educated, and employed full time.*[N]
- *Generally, ecstasy users do not combine ecstasy with other drugs,*[N] *but some occasionally take it with nitrous oxide.*[E]
- *Unlike primary users of most other drugs, ecstasy users most often take the drug in public.*[N]
- *The proportion of White users in treatment for primary ecstasy use is higher than their proportion in the overall Chicago population.*

WHO'S MOST LIKELY TO USE OTHER DRUGS?

- Methadone: Abusers of methadone range from young adults to older adults, are generally Black, and are split nearly evenly between males and females.[N]
- Hydrocodone: Abusers of hydrocodone are typically young adults and adults.[N,M] While abusers in non-methadone treatment are predominantly male, White, and middle class,[N] abusers in the methadone program are split evenly between males and females, and most are Black and of low socioeconomic status.[M]

THE MARKET PERSPECTIVE

WHERE ARE DRUGS USED AND SOLD?

While the overall heroin-using population purchases the drug in the streets, private residences, public housing developments, playgrounds and parks, and around supermarkets, new heroin users purchase the drug either in street markets or private residences.[E] Heroin appears to be the only drug still sold in crack houses or shooting galleries in Chicago.[L]

Cocaine is sold in most of the same settings as heroin, and also in school settings and on college campuses.[L]

The majority of these sales venues also serve as use settings.

Marijuana is generally used and sold in the streets/open-air markets, private residences, and public housing developments; on college campuses; and at private parties.[L,E] It is also sold in nightclubs/bars and at raves and concerts.[L]

The majority of methamphetamine transactions occur in private residences, but new and emerging users are also buying and using in nightclubs and bars.[E]

Ecstasy is typically sold and used in private residences, nightclubs, and bars; at raves and concerts; and on college campuses. The drug is also sold, but not used, in open-air markets, in school settings, and through package deliveries.[L,E]

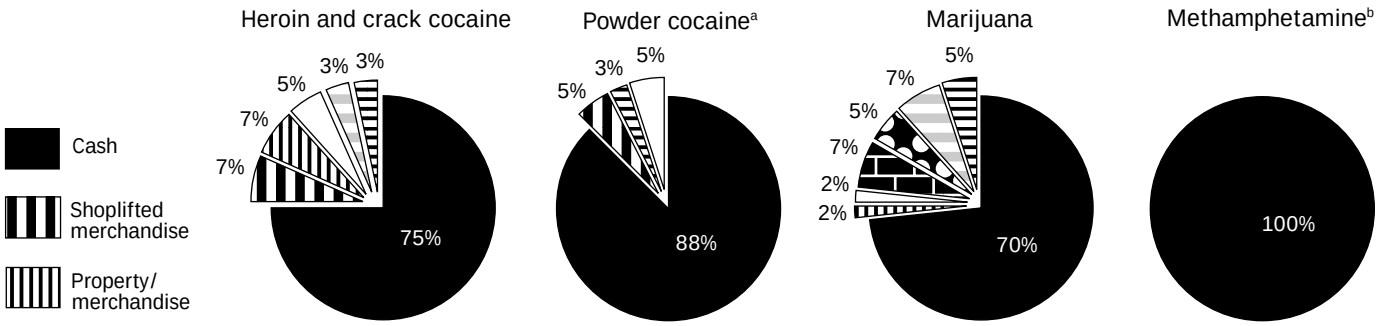
HOW DO DRUGS GET FROM SELLER TO BUYER?

- The same dealers generally sell both heroin and cocaine, but most transactions involving heroin and crack take place in the central city, while powder cocaine is sold in all areas of the city.[E] Most of these transactions occur face-to-face through prearranged meetings. Cell phones, beepers, and pagers are common tools for communications between seller and buyer.[L,E]

Cocaine buyers also know where they can go to purchase the drug on the street without prior arrangements.[E]

- Marijuana sales take place in all areas of Chicago—central city, suburbs, and rural areas. Dealers sometimes conduct business on the same street where heroin and cocaine are sold, but they are generally not involved in the sale of the other drugs.[E]
- For heroin, cocaine, and marijuana, several layers of people tend to be involved in the transactions. For example, a buyer may go to one location to ask for the drug, follow directions to another location to pay, and then meet someone else to take possession of the drug. These transactions take place in either fairly open street settings or in more discreet locations such as stairwells, particularly in public housing areas.[L]
- Methamphetamine sales occur primarily in the central city, either through meetings arranged via telephone or in social settings between seller and buyer.[E] The number of meth labs operating in Chicago is believed to be very small; law enforcement has not seen any new meth production since a number of seizures in spring 2002.[L]
- Dealers sell ecstasy in both the central city and the suburbs through prearranged meetings, friend/acquaintance networks, on the street, or by simply walking around semipublic settings such as nightclubs or raves.[L,E] In the latter case, "hawkers" walk through the setting announcing "caps" or "rolls" to advertise their product.[E] These dealers often sell gamma hydroxybutyrate (GHB) and lysergic acid diethylamide (LSD) along with ecstasy. Ecstasy transactions that do take place on the street are usually in different locations from heroin and crack sales.[L]
- Law enforcement officials occasionally identify OxyContin® being diverted through the postal system, but they have not detected traditional dealing of the drug.[L]
- Most drug seizures by the DEA involve truckloads of multiple drugs—mostly heroin and cocaine, as well as methamphetamine.[E]

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



What they have to say...

- *The practice of exchanging heroin for injecting services has declined significantly over the past 10 years because needle exchange programs have made shooting galleries "irrelevant."*[E]
- *While the practice of sex-for-drugs is nonexistent among male crack cocaine users, this practice accounts for up to 20 percent of crack cocaine purchases by females, similar to reports in other* Pulse Check *cities.*[N]
- *Female marijuana users use sex as payment for the drug up to 5 percent of the time, as opposed to males, who do not use this practice at all.*[N]
- *An estimated 60 percent of female marijuana users exchange food stamps for marijuana, while only 20 percent of males do so.*[N]
- *Rather than exchanging stolen merchandise for drugs, many users sell stolen merchandise and use the cash to purchase drugs.*[E] *Most dealers no longer want merchandise for drugs; they prefer cash payment.*[N]
- *As in most* Pulse Check *cities, cash, by far, remains the most common means of paying for illegal drugs.*

[a]*The non-methadone treatment respondent did not provide data for powder cocaine.*
[b]*The methamphetamine data are provided by the non-methadone treatment respondent only.*

Source: Mean of response ratings given by law enforcement, non-methadone treatment, and methadone treatment respondents; the epidemiologic/ethnographic respondent did not provide quantitative data.

Which drug sellers are associated with which crimes?

Crime	Heroin	Crack cocaine	Powder cocaine	Marijuana	Methamphetamine	Ecstasy	GHB
Gang-related activity	✓	✓	✓	✓			
Violent criminal acts	✓	✓	✓				
Nonviolent criminal acts		✓	✓	✓			
Prostitution	✓	✓					
Domestic violence	✓						
No crimes associated					✓	✓	✓

Sources: Law enforcement respondent; epidemiologic/ethnographic respondent

How much does heroin cost?

Unit	Price
Dime bag	$10[E]
One hit	$20[L]
1 g	$150[L]
	$50–$300[E]

Sources: [L]Law enforcement respondent; [E]Epidemiologic/ethnographic respondent

- *According to the DEA, the purity of white powder heroin (the most common form) has decreased between spring and fall 2002.*[E]

How much does cocaine cost?

Form	Unit	Price
Crack	One rock	$2[N]
		$5–$20[E]
	0.2 g	$20–$25[L]
	1 g	$123[L]
	1 g	$50–$150[E]
Powder	One bag	$5–$20[E]
	0.2 g	$20[L]
	1 g	$125[L]
		$50–$150[E]

Sources: [L]Law enforcement respondent; [E]Epidemiologic/ethnographic respondent; [N]Non-methadone treatment respondent

- *In most cases, powder cocaine is available in large quantities rather than small doses.*[L]
- *All reported prices are stable between spring and fall 2002.*

How much does marijuana cost?

Form	Unit	Price
Commercial grade	1 oz	$6[L]
In general	Loose bag	$5–$10[E]
	1 oz	$80–$200
Hydroponic	1 oz	$30[L]

Sources: [L]Law enforcement respondent; [E]Epidemiologic/ethnographic respondent

- *The lower end of the price range for an ounce of marijuana has declined since the spring.*[E]

WHO'S SELLING HEROIN?

Heroin dealers are generally adolescents and young adults working as part of a structured organization.[L,E]

WHO'S SELLING COCAINE?

- Dealers of both powder and crack cocaine range from adolescents to older adults; they usually work as part of an organized structure.[L,E]
- On the whole, cocaine dealers are not typically users of the drug,[E] although dealers identified through law enforcement typically are.[L]

WHO'S SELLING MARIJUANA?

- As with heroin and cocaine, marijuana dealers are most often adolescents and young adults working both independently and within structured organizations.[L,E]
- Marijuana dealers are almost always users of the drug.[L,E]

WHO'S SELLING METHAMPHETAMINE, AND HOW MUCH DOES IT COST?

- Individuals selling methamphetamine typically work independently,[L,E] although some work as part of an organized structure.[L] They are usually adolescents and young adults who use the drug themselves.[E]
- The majority of methamphetamine dealers identified by law enforcement are not local residents; rather, they come from out of town and set up shop in hotels to sell the drug.[L]
- The price of methamphetamine is stable at $330 per gram.[L]

WHO'S SELLING ECSTASY, AND HOW MUCH DOES IT COST?

- Ecstasy dealers, like methamphetamine dealers, work independently and usually use the drug. However, they are slightly older, with adolescents not commonly involved in selling ecstasy.[L,E]
- The price of ecstasy is stable, estimated at $25 per 30-mg pill,[L] or ranging from $20 to $40.[E]

HOW MUCH DO VARIOUS OTHER DRUGS COST?

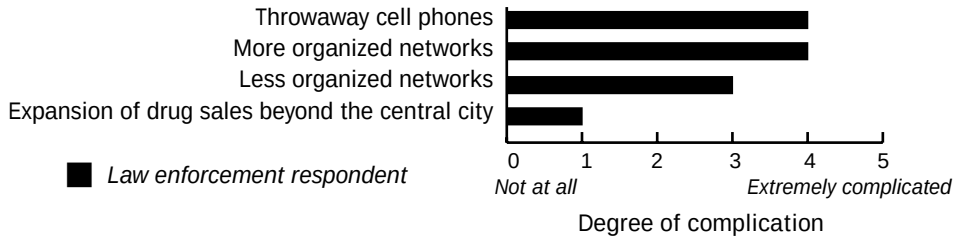
- No pricing information for diverted OxyContin® is available.[L,E]
- A capful of liquid GHB currently sells for $5.[L]

THE MARKET PERSPECTIVE: A 10-YEAR VIEW

What they have to say...

- *Advances in technology over the past decade have impacted community efforts to crack down on drug trafficking in Chicago. The use of cell phones in particular—as in all other* Pulse Check *cities—has presented a significant barrier. Also, while the Internet has not become a barrier in disrupting traditional drug trafficking, it is used for transactions involving newer, designer drugs.*[L]
- *The increased organization of some drug networks has complicated efforts to detect and disrupt drug activity in Chicago. On the other hand, the increase in more loosely organized networks has also made it more difficult to identify who is involved in those structures.*[L]
- *Chicago is one of only a handful of* Pulse Check *cities where changing brand names and an increased number of these names over the past 10 years have created some difficulty in detecting drug transactions.*[E]

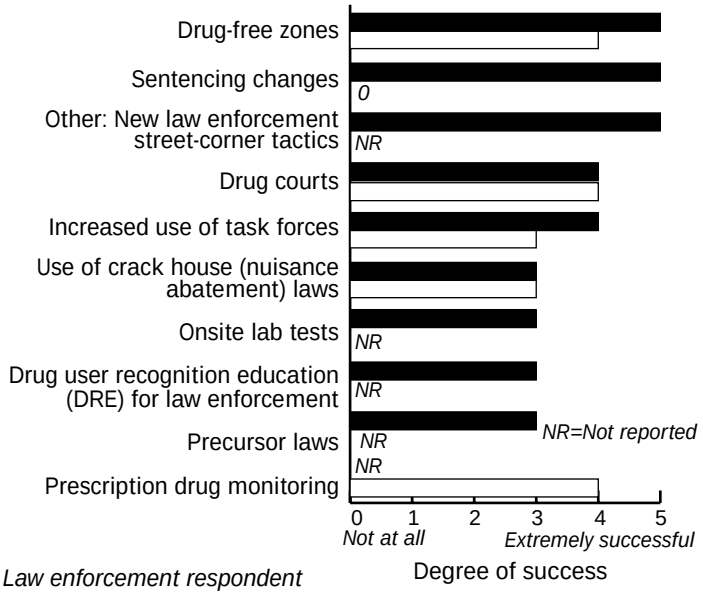
Drug marketing innovations and tools over the past 10 years: To what degree have they complicated efforts to detect or disrupt illicit drug activity in Chicago?



Community innovations and tools over the past 10 years: How successful have they been?

What they have to say...

- *Task forces have proven effective in Chicago, as in all other Pulse Check cities. The increased use of task forces involving Federal and State agencies has resulted in large drug seizures and significant arrests.*[L,E]
- *Increased communication and interaction among various law enforcement agencies have had a positive effect in disrupting drug activity in the city.*[L]
- *As reported in most* Pulse Check *cities where drug courts are available, Chicago respondents consider them successful tools for combating drug use and activity.*[LE] *As an alternative to incarceration, drug courts have sentenced users to drug school or counseling, resulting in reduced recidivism for program completers.*[E]
- *The use of onsite lab tests has provided stronger evidence for undercover operations to convict those involved in drug sales.*[L]
- *Chicago law enforcement began criminal drug conspiracy operations to disrupt street markets. In these 3-month operations, law enforcement works to identify all parts of the drug chain, using covert investigative tools to tie in the numerous people involved in a street-corner operation. Each person identified is subsequently charged with the same crime, based on the total weight of the drugs recovered.*[L]



SEPTEMBER 11 FOLLOWUP

Three of the four *Pulse Check* sources believe that the September 11 attacks and their aftermath have had no continuing effects on the drug problem in Chicago.[L,E,M] The non-methadone respondent, however, notes that after increasing just after the attacks, the incidence of depression and anxiety has remained at that increased level, contributing to an increased rate of suicidal thoughts/attempts among treatment clients.[N]