



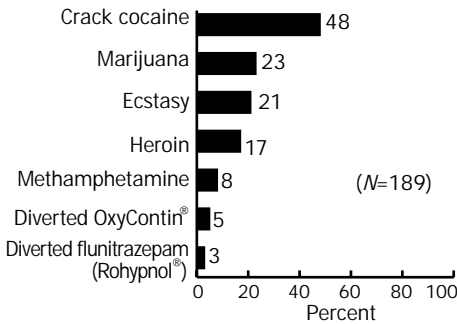
HOUSTON PRIMARY METROPOLITAN

STATISTICAL AREA PROFILE:

- Total population: . . . 4,177,646
- Median Age: 31.6 years
- Race (alone):
 - ◆ White: 61.1%
 - ◆ Black: 17.5%
 - ◆ American Indian/ Alaska Native: 0.4%
 - ◆ Asian/Pacific Islander: 5.3%
 - ◆ Other race: 12.9%
 - ◆ Two or more races: . . . 2.8%
- Hispanic (of any race): 29.9%
- Unemployment rate: 4.1%
- Median household income: \$44,665
- Families below poverty level with children <18 years: 14.8%

Source: U.S. Census 2000*

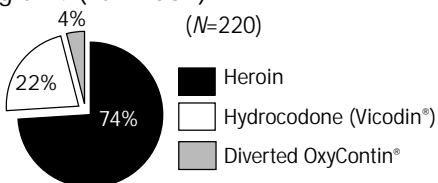
What are the primary drugs of abuse among clients in a non-methadone treatment program? (Fall 2002)



Note: These numbers may include client reports of two primary drugs of abuse.

Source: Non-methadone treatment respondent

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



Source: Methadone treatment respondent

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

Three of the *Pulse Check* respondents consider Houston's drug problem very serious.^{L,E,N} Two sources consider the problem stable,^{L,N} while two observe a worsening situation.^{E,M}

Houston's many multiple-agency task forces continue to successfully address the unique challenges posed by the city's proximity to the Mexican border. These task forces include professionals from local law enforcement, the U.S. Border Patrol, FBI drug squads, U.S. Customs, and the High Intensity Drug Trafficking Area (HIDTA).^L

Several developments are reported in the drug market:

- Operation White Terror, a joint effort by the DEA and FBI, resulted in many arrests in connection with the seizure of \$25 million in military-grade weapons that were being used in guns-for-cocaine transactions.^L
- A large increase is noted in the presence of hashish in Houston, coinciding with the defeat of the Taliban in Afghanistan, which had forbidden hashish production. Some Afghans now grow and export the drug to generate income.^E
- As mentioned in several other *Pulse Check* cities, an increase in diverted methadone on the street is observed.^N

Many changes are also observed in Houston's drug-using population:

- Hotlines and emergency departments have encountered large

numbers of injecting drug users who have mixed diluted bleach with heroin or cocaine. These users present with arms turning black and report adding the bleach to protect themselves against HIV transmission.^E

- Marijuana use increased somewhat, particularly among new drug users.^E
- More marijuana users, particularly new users, report combining the drug with formaldehyde,^{E,N} referred to as "wet,"^{E,N} "water,"^E or "fry."^{E,N} Marijuana and formaldehyde are also increasingly combined with phencyclidine (PCP)^E (similar to reports in Minneapolis/ St. Paul^M).
- "Triple C" is the term for Coricidin HBP[®], an increasingly abused over-the-counter cold medication containing dextromethorphan, as reported in three other *Pulse Check* sites (Denver,^E Portland, [OR],^L and Tampa/St. Petersburg^{N,M}.)
- New street names have appeared for various drugs since the spring:^N "chalk" or "po coke" for methamphetamine; "clarity" for methylenedioxymethamphetamine (MDMA or ecstasy); and "hillbilly high" for abused OxyContin[®] (oxycodone controlled-release).

Overall, respondents identify crack cocaine^{E,N} and heroin^{L,M} as the drugs related to the most serious consequences in Houston. Many drugs are also emerging as new or growing problems in the city.

- ◆ Primary abuse of heroin has increased since the spring 2002 among non-methadone treatment clients.^N
- ◆ The methadone program is unusual in that nearly one-quarter of its clients report hydrocodone, rather than heroin, as a primary drug of abuse.

*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.



Most widely abused drug:

- Crack^{E,N}
- Marijuana^L
- Heroin^M

No reported changes between spring and fall 2002^{L,E,N,M}

Second most widely abused drug:

- Marijuana^N
- Ecstasy (<30 years)^L
- Cocaine (>30 years)^L
- PCP^E
- Hydrocodone^M

Change reported between spring and fall 2002: PCP replaced "wet" or "water" (combination of formaldehyde and marijuana).^E

Drug related to the most serious consequences:

- Crack^{E,N}
- Heroin^{L,M}

No reported changes between spring and fall 2002^{L,E,N,M}

Drug related to the second most serious consequences:

- Methamphetamine^L
- PCP^E
- Heroin^N
- Benzodiazepines^M

Change reported between spring and fall 2002: PCP replaced "wet" or "water" since the spring.^E

New or emerging problems:

- Diverted OxyContin^N
- Diverted methadone^N
- Hashish^E
- "Water" or "wet"^E
- Ice^L

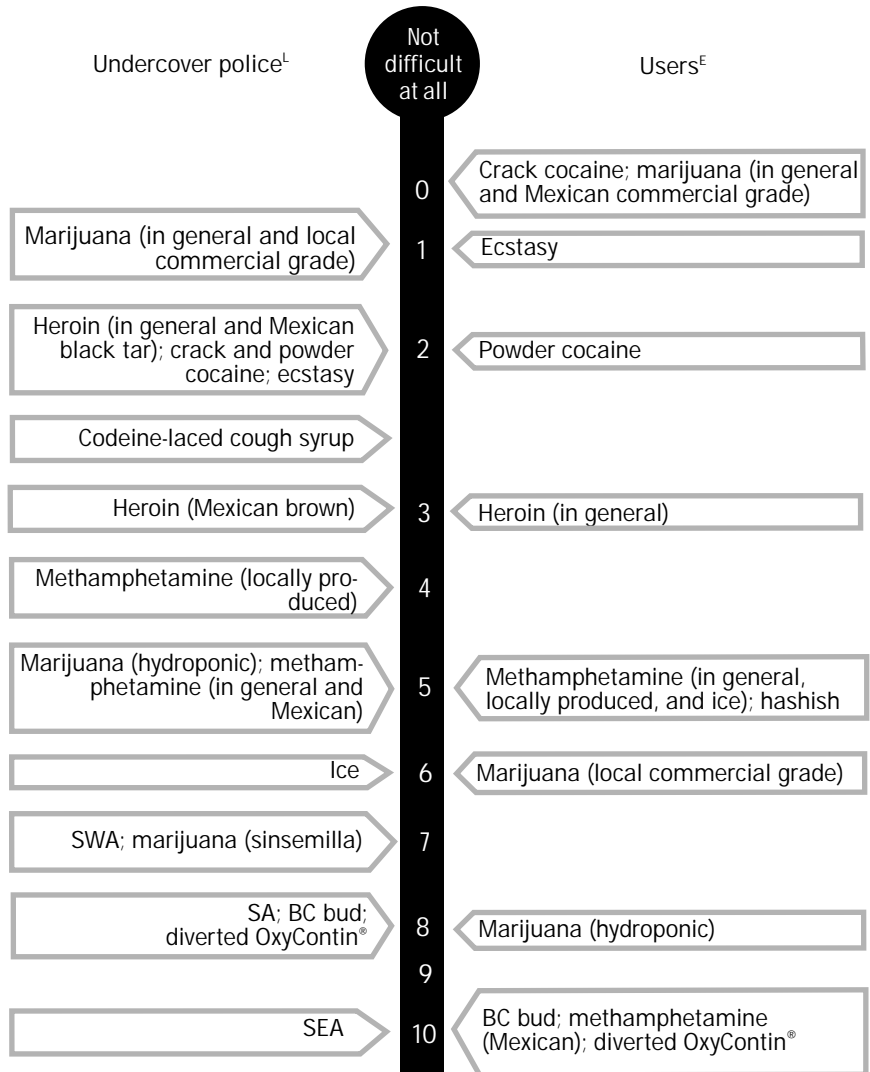
Sources: ^LLaw enforcement, ^EEpidemiologic/ethnographic,

^NNon-methadone treatment, and

^MMethadone treatment respondents

Note: These symbols appear throughout this city profile to indicate type of respondent

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



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

Sources: ^LLaw enforcement respondent; ^EEpidemiologic/ethnographic respondent

- ♦ It has become less difficult for users to purchase hashish since spring 2002, although they typically need to know a dealer personally in order to obtain the drug.^E
- ♦ While Colombian white heroin is reported on the street, law enforcement has not encountered it.^L

- ♦ As with four other cities in the Pulse Check South region, it became less difficult for undercover law enforcement to purchase ice.^L
- ♦ There is anecdotal evidence that users are moving from cocaine to ecstasy because it is less expensive and more readily available.^L



HEROIN

Heroin treatment numbers are mixed, but users' characteristics indicate an overall increase in Houston's heroin problem.^N

- Primary heroin use in the methadone program has continued to decline slowly over the past 2 years, with corresponding increases in primary hydrocodone and OxyContin[®] abuse.^M However, primary heroin abuse among non-methadone treatment clients increased since spring 2002.^N
- Primary heroin users present to treatment at younger ages,^{N,M} and clients report younger ages of first-time use.^N
- Clients in treatment report becoming addicted more quickly to heroin than in the past.^N This effect may be due to increased heroin purity, as reported by other sources.^{L,E}

MARIJUANA

Marijuana is the most common primary drug of abuse among preadolescents and adolescents in Houston.^N

- Marijuana use is stable among drug treatment clients.^{N,M}
- However, negative consequences associated with marijuana use are reported by youth at younger ages: signs and symptoms of marijuana abuse are occurring at a mean age of 13 years.^N
- New users do not perceive marijuana as an illicit drug due to media coverage of its use as "medicine." New users therefore view the drug as safe.^E
- The practice of smoking "wet" or "water" (marijuana with formaldehyde) has increased recently.^{E,N} This practice can cause serious brain damage.^E

OTHER DRUGS

- Diverted OxyContin[®]: The proportion of primary OxyContin[®] abusers in treatment increased since spring 2002.^{N,M} More treatment clients use diverted OxyContin[®] as a substitute for heroin,^N while others use it sequentially with hydrocodone or alprazolam.^M
- Methadone: The amount of diverted methadone on the street has increased since spring 2002.^N
- PCP: Use is up in Houston.^E
- Hashish: Use of hashish increased sharply. It is used often to accentuate the effects of marijuana.^E
- Flunitrazepam (Rohypnol[®]): While treatment numbers remain low when compared with other drugs, a large increase is noted in the proportion of clients in treatment for abuse of flunitrazepam. While most flunitrazepam treatment clients are male (98 percent), these young men also give the drug to females as a date-rape drug, often after alcohol or marijuana use.^N
- Dextromethorphan (in Coricidin HBP Cough & Cold[®]): A large increase is noted in the number of adolescents abusing this over-the-counter medication ("triple C"), particularly in combination with alcohol. It is easily obtainable and relatively inexpensive.^E This particular brand contains the highest concentration of dextromethorphan, making it the most popular among users.
- Codeine (in the form of cough syrups): Codeine is being added to cola drinks, with pockets of epidemics within the city.^E

COCAINE

Crack cocaine is considered the most common primary drug of abuse among both young adults and adults.^N But neither crack nor powder cocaine is a drug of abuse among methadone treatment clients.^M

- Crack cocaine use is stable among treatment clients,^{N,M} although an increase in crack use is noted in Houston overall since spring 2002.^E
- New crack users are increasingly younger.^E
- Crack users in treatment report taking the drug with alprazolam (Xanax[®]) instead of with diazepam, which had been more common. This new combination is called "handlebars."^N

METHAMPHETAMINE

Methamphetamine use is stable at very low levels.^{E,N,M} However, primary methamphetamine users are increasingly female and middle class.^N

MDMA (ECSTASY)

Ecstasy use remains high among treatment clients,^N and appears to be growing among some segments of the Houston population.^E

- Ecstasy users are initiating use of the drug at younger ages.^N
- Ecstasy use is growing among a subculture of gay youth in Houston.^E



THE USE PERSPECTIVE

WHAT'S HAPPENING IN TREATMENT?

Treatment capacity and availability

- The *Pulse Check* non-methadone treatment source is with a facility that has the capacity to serve 196, and a current enrollment of 189. Crack cocaine is the most common primary drug of abuse among its clients (see bar chart on the first page of this chapter). Interestingly, more users are in non-methadone treatment for primary ecstasy abuse than for primary heroin abuse.^N
- The methadone treatment source is with a program whose capacity is 230, with current enrollment at 220. This program is unusual in that only three-quarters of its clients report heroin as their primary drug of abuse (see pie chart at the bottom of this chapter's first page). Most of the remaining clients report hydrocodone as their primary drug. Also unlike in other *Pulse Check* cities, neither crack nor powder cocaine are significant secondary or tertiary drugs among these clients. Rather, half of them also abuse marijuana, and one-quarter abuse alprazolam.
- Whites are overrepresented in the methadone program despite the the area's predominantly Hispanic population. The respondent explains that Hispanic and Black drug users do not seek treatment because of a lack of trust in treatment programs.^M
- Maintenance methadone treatment is available in only select areas of Houston. Three or four private clinics are within close proximity to each other; there are no other methadone clinics and no public clinics in the city at all.^E

Consequences of drug use

- Heroin and cocaine users who inject now present at emergency rooms and hotlines with black patches on their arms as the result of mixing the drug with diluted bleach. They add the bleach to protect themselves from HIV transmission.^E
- Further, heroin users who inject either intravenously or intramuscularly present at treatment with more abscesses, indicating more adulterants (bleach or other substances) in the drug.^M
- Drug-related automobile accidents are stable at very high levels among Houston treatment clients: more people are driving while under the influence of drugs rather than alcohol.^N
- The incidence of tuberculosis in Houston, and among drug treatment clients in particular, is on the rise. Hepatitis C is stable, but remains at high levels,^N as high as 85 percent in the methadone program.^M

Co-occurring disorders

- In general, Houston's drug treatment programs are not equipped to treat dually diagnosed clients effectively.^M

Changes over the past 10 years

- The declining cost of crack cocaine over the past decade (from \$10 to \$2 per "starter rock") has severely complicated the drug abuse problem in Houston.^N
- The abuse of prescription drugs is at peak levels, particularly for OxyContin[®] and hydrocodone. Further, addiction to these licit drugs is more difficult to treat.^N
- Both the declining cost of drugs and the increased availability of new and substitute drugs have severely complicated Houston's

drug problem, particularly among youth.^{N,M} Younger users can now afford more dangerous drugs such as heroin,^M which is also more pure than it was a decade ago, and crack.^N Adolescents as young as 12 are entering treatment for cocaine—something not seen 10 years ago.^N

- Treatment programs have to increase the length of stay for recovering clients because they lack stable housing opportunities in the community. Clients who are released into an unstable environment and then relapse tend to become homeless within 6 months.^N
- The increased purity of heroin in recent years has led to a new practice, particularly among youth, of squirting the drug up their noses ("shebanging").^M
- Polydrug abuse has increased, particularly among heroin users, who use prescription drugs like alprazolam along with, or in place of, heroin.^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 also were asked to describe any emerging user groups and to report on how the drugs are used. As shown on 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)	>30	>30	18–30; >30
Mean age (years)	35	33	27
Gender	Split evenly	Split evenly	55% male
Race/ethnicity	White	Black	White
Socioeconomic status	Low	Low	Middle
Residence	Central city	Central city and rural areas	Central city
Referral source	N/A	Individual	Individual
Level of education completed school	N/A	High school	High school
Employment at intake	N/A	Unemployed	Full time

Sources: ^EEpidemiologic/ethnographic respondent; ^NNon-methadone treatment respondent; ^MMethadone treatment respondent

- ◆ Younger clients are entering treatment for heroin abuse.^M
- ◆ While most primary heroin users are self-referred, an increasing number are now referred by other treatment providers.^N

How do users take heroin?

Characteristic	E	N	M
Primary route of administration	Injecting	Injecting	Injecting
Other drugs taken	Powder cocaine (speedball or "cocoa"); methamphetamine (speedball)	Powder cocaine	Hydrocodone, alprazolam
Publicly or privately?	Privately	Privately	Privately
Alone or in groups?	In groups	Alone	Alone

Sources: ^EEpidemiologic/ethnographic respondent; ^NNon-methadone treatment respondent; ^MMethadone treatment respondent

- ◆ While injecting is the most common route of administration for heroin users,^{N,M} some users report the practice of shebanging.^M
- ◆ Less speedballing (combining heroin with cocaine) is reported since the spring.^N
- ◆ Primary heroin users often take hydrocodone or alprazolam in sequence with heroin. The combination of heroin and alprazolam is called "bars."^M

Who's most likely to use cocaine?

Characteristic	Crack cocaine		Powder cocaine	
	E	N	E	N
Age group (years)	18–30, >30	>30	13–17	>30
Mean age (years)	26	37	NR	35
Gender	60% female	Split evenly	65% male	Split evenly
Race/ethnicity	Black	Black	White	Black
Socioeconomic status	Low	Low	High	Low
Residence	Central city	Central city	Rural	Central city
Referral source	N/A	Individual	N/A	Individual
Level of education completed	N/A	Did not complete school	N/A	High school
Employment at intake	N/A	Unemployed	N/A	Unemployed

Sources: ^EEpidemiologic/ethnographic respondent; ^NNon-methadone treatment respondent

- ◆ Crack users in Houston overall are more likely to be female (60 percent), particularly new or emerging crack users (90 percent).^E
- ◆ Powder cocaine users in treatment are typically older, Black, low-income adults,^N while powder cocaine users throughout the city are White, higher income adolescents.^E
- ◆ Crack users sometimes take alprazolam and/or hydrocodone along with crack. Alprazolam has replaced diazepam in this practice. The combination of crack and alprazolam is called "handlebars."^N
- ◆ Users often combine powder cocaine with heroin ("boy,"^N "bellushi,"^N speedball,^N or eightball^E). Speedballing is considered a "party thing," common among groups of friends.^N

- ◆ The epidemiologic/ethnographic respondent has heard reports of users taking crack cocaine in a combination called "cheese," and powder cocaine in a combination called "white girl" or "white pony"; however, the other components of these combinations are unknown.^E
- ◆ Crack users are often involved in prostitution, gang-related activity, and violent criminal acts such as drive-by shootings.^E



Who's most likely to use marijuana?

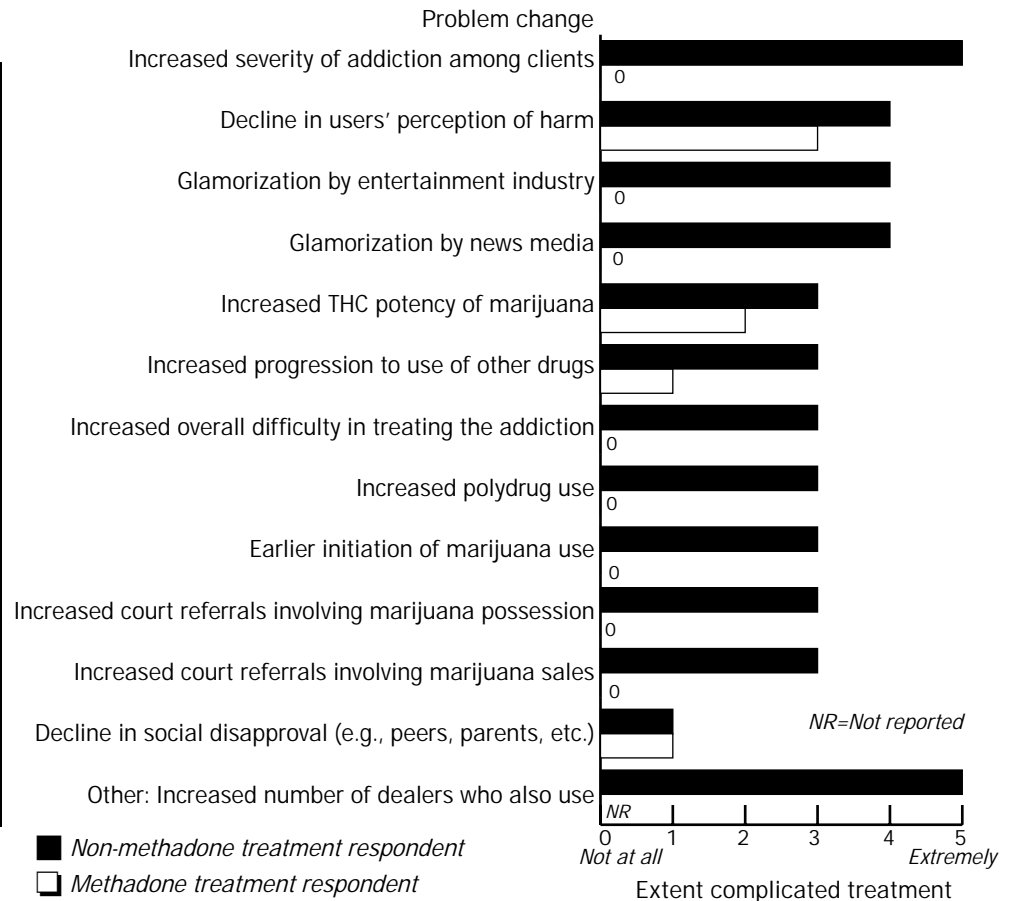
Characteristic	E	N	M
Age group (years)	18–30, >30	13–17	>30
Mean age (years)	NR	15	42
Gender	Split evenly	Split evenly	80% male
Race/ethnicity	White, Black, Hispanic (any race)	NR	White
Socioeconomic status	Middle	Low	Middle
Residence	Central city	Central city, rural areas	Central city
Referral source	N/A	Criminal justice	Individual
Level of education completed	N/A	Junior high or high school	High school
Employment at intake	N/A	Unemployed	Full time

- ♦ While the overall marijuana-using population in Houston includes young adults and older adults (“aging hip-pies”), most new and emerging users are adolescents.^E This trend is similar to that noted in Dallas.^N
- ♦ More marijuana users in treatment are smoking blunts instead of joints since spring 2002.^N
- ♦ In the community overall, marijuana users generally either smoke the drug in blunts or pipes.^E

Sources: ^EEpidemiologic/ethnographic respondent; ^NNon-methadone treatment respondent; ^MMethadone treatment respondent.

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

- ♦ As a result of the decreased perception of harm associated with marijuana, people are using it at younger ages. Further, the marijuana that youth smoke today is more potent it was 10 years ago.^N
- ♦ Rap songs about marijuana use (“tokin” and “smokin”), as well as the publicity given to celebrities who use drugs, have complicated treatment of young marijuana users.^N
- ♦ Over the past decade, marijuana use by dealers has increased, shedding light on a dual addiction: addiction to the drug and addiction to fast money. As a result, there is great difficulty in treating dealers, because this is how they make their living.^N





WHAT ARE THE NEGATIVE CONSEQUENCES OF MARIJUANA USE?

Respondents associate marijuana, used either alone or with other drugs, with the following consequences:

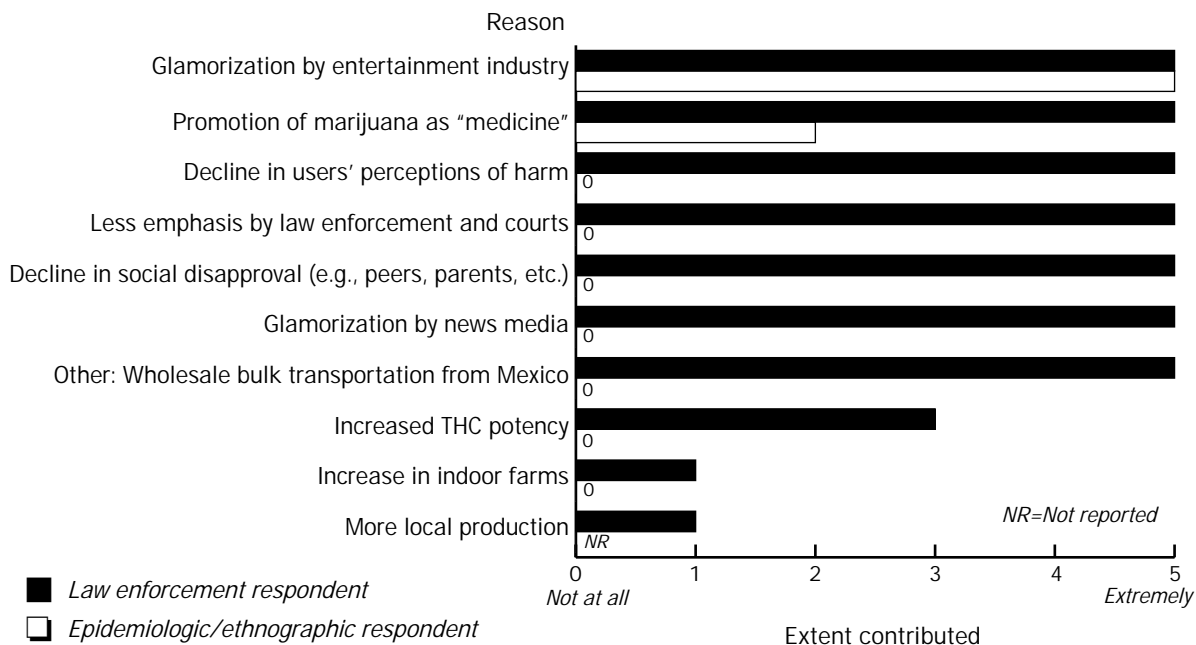
- ▶ Drug-related emergency room visits^N
- ▶ Drug-related arrests^{E,N,M}
- ▶ High-risk pregnancies^N

- ▶ Short-term memory loss^{N,M}
- ▶ Deteriorating family/social relationships^{E,N}
- ▶ Poor academic performance^{E,N}
- ▶ School absenteeism or truancy^{E,N}
- ▶ Dropping out of school^{E,N}

- ▶ Poor workplace performance^E
- ▶ Workplace absenteeism^E
- ▶ Unemployment rates^{E,M}

Since spring 2002, clients are reporting these negative consequences at younger ages.^N

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



What they have to say...

Houston respondents share the concerns of respondents from other sites about the impact of declines in users' perceptions of harm and in social disapproval, and the promotion of marijuana as "medicine." They note other specific issues as well:

- ◆ Because Mexican marijuana is so prevalent in Houston, local production does not impact availability of marijuana in the city.^{L,E}
- ◆ Marijuana use continues to increase among individuals who do not perceive it as a drug. Media attention to the decriminalization of marijuana for "medicinal" purposes is a significant contributor to this phenomenon.^E
- ◆ Users consider marijuana as simply an herb that has no effect on driving and other activities; they consider it safer to use than alcohol.^E
- ◆ The widespread availability of marijuana in Houston is largely due to the fact that multi-ton shipments arrive wholesale from Mexico.^L
- ◆ The glamorization of marijuana use by two facets of the entertainment industry has worsened the marijuana problem among young people in particular.^E
 - Musicians promote marijuana use in their songs.
 - More athletes are found to be using marijuana.



Who's most likely to use ecstasy?

Characteristic	E	N
Age group (years)	13–17	13–17
Mean age (years)	NR	15
Gender	Split evenly	Female
Race/ethnicity	White	White, Black and Hispanic (any race)
Socioeconomic position	Middle/high	Low and middle
Residence	Central city	Central city
Referral source	N/A	Criminal justice, individual, and public schools
Level of education completed	N/A	Junior high or high school
Employment at intake	N/A	Unemployed

- ♦ Ecstasy users in treatment report earlier ages of first use.^N
- ♦ Ecstasy use has grown in a subculture of young gay youth in Houston.^E
- ♦ Ecstasy users are just as likely to use the drug alone as in groups/among friends.^E

Sources: ^EEpidemiologic/ethnographic respondent; ^NNon-methadone treatment respondent

Who's most likely to abuse other drugs?

Characteristic	Methamphetamine ^N	OxyContin [®]	Alprazolam ^M	Hashish ^E	Coricidin HBP ^{®E}	Flunitrazepam ^N
Age group (years)	13–17, 18–30	18–30 ^M , >30 ^N	>30	>30	13–17	13–17, 18–30
Mean age (years)	NR	34 ^N	NR	45	NR	18
Gender	60% female	Split evenly ^{N,M}	55% male	75% male	Split evenly	98% male
Race/ethnicity	White	White and Black ^N , White ^M	NR	White	White, Black, and Hispanic (any race)	White
Socioeconomic position	Low/middle	Low, ^N middle ^M	NR	Middle	Low	Middle

Sources: ^EEpidemiologic/ethnographic respondent; ^NNon-methadone treatment respondent; ^MMethadone treatment respondent

- ♦ Methamphetamine: More females are in treatment for primary methamphetamine abuse than in spring 2002. Also, more primary methamphetamine users in treatment are middle class and reside in rural areas, although the majority still reside in the suburbs.^N
- ♦ Diverted OxyContin[®]: Abusers of OxyContin[®] take the drug either alternately with diazepam^N or in combination with alprazolam^{N,M} or hydrocodone.^M Some also use the drug as an alternative to heroin when heroin is not available.^N
- ♦ Alprazolam: While adults older than 30 are the most common abusers of alprazolam, new clients in treatment for the drug are young adults. Alprazolam abusers typically abuse hydrocodone as well.^M
- ♦ Hashish: Hash users either mix the drug with marijuana or smoke it in a pipe by itself. Marijuana users often take hash as "dessert" to increase their high.^E
- ♦ Dextromethorphan cold medications: A large increase is noted in the number of youth abusing Coricidin HBP Cough & Cold[®] ("triple C"). Youth often take the cough syrup with alcohol.^E



THE MARKET PERSPECTIVE

WHERE ARE DRUGS USED AND SOLD?

Heroin transactions take place in street markets^{L,E} and private residences^L located primarily in the central city.^L Use is fairly limited to shooting galleries; new heroin users, however, also use the drug in abandoned warehouses in the city.^E

Crack and powder cocaine sales are equally distributed throughout all areas of Houston (central city, suburbs, and rural areas),^E although sales identified by law enforcement are primarily located in the central city.^L The two drugs are sold in many of the same settings, including street markets, crack houses, public housing developments, private parties,

hotels/motels, and inside cars.^{L,E} Crack is also sold in nightclubs/bars and playgrounds/parks,^E while powder cocaine transactions take place on college campuses and at raves.^{L,E} Transactions involving both forms of cocaine occur most often in the central city.^L

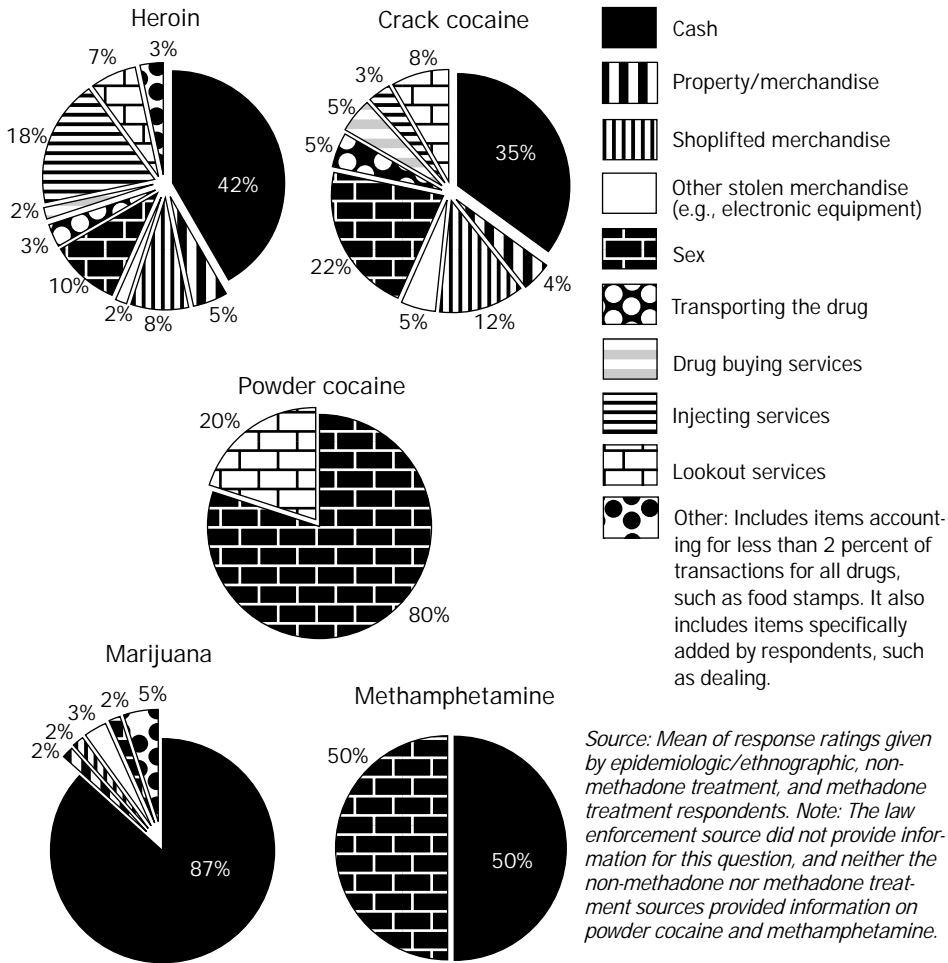
Crack users typically take the drug in crack houses, playgrounds/parks, private parties, and inside cars. Powder cocaine use takes place in fewer settings: private residences, public housing developments, and hotels/motels.^E

Marijuana is sold throughout Houston's central city, suburbs, and rural areas,^E in settings such as street

markets, private residences, public housing developments, college campuses, nightclubs/bars, raves, concerts, and hotels/motels.^{L,E} However, it is generally used only in private residences, public housing developments, and around supermarkets.^E New marijuana users also commonly buy and use the drug in and around schools and at private parties.^E

Dealers sell methamphetamine in street markets, private residences, nightclubs/bars, and at concerts.^L Ecstasy transactions take place in private residences, nightclubs/bars, private parties, raves, and concerts.^{L,E} Nearly all of these venues serve as use settings for ecstasy as well.^E

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



Source: Mean of response ratings given by epidemiologic/ethnographic, non-methadone treatment, and methadone treatment respondents. Note: The law enforcement source did not provide information for this question, and neither the non-methadone nor methadone treatment sources provided information on powder cocaine and methamphetamine.

What they have to say...

- ◆ The practice of exchanging sex for drugs has declined significantly over the past decade due to increased awareness of HIV. In past years, men and women known as "rock stars" frequented crack houses to trade sex for crack; this practice is very rare now.^N
- ◆ As reported in several Pulse Check sites, recent changes in Texas's food stamp program have significantly cut down on the practice of trading food stamps for drugs. The State has gone from a paper system to one similar to a debit card. Some users do, however, exchange food for drugs.^N
- ◆ Dealers sometimes exchange large items, such as automobiles, for a kilogram of cocaine at the wholesale level; they also may "front a shipment in exchange for jewelry."^L
- ◆ Operation White Terror, conducted by the DEA and the FBI, addressed the problem of large guns-for-cocaine transactions. Many arrests in the fall involved seizing of approximately \$25 million in military-grade weapons.^L
- ◆ While cash is the most common form of payment for powder cocaine in most cities, one Houston respondent estimates that 80 percent of transactions involve the exchange of sex for the drug.^E



HOW DO DRUGS GET FROM SELLER TO BUYER?

Heroin buyers typically approach dealers on known corners for hand-to-hand transactions. Sometimes they negotiate over price. When communicating with suppliers, heroin dealers use cell or pay phones and pagers.^L

Transactions involving crack cocaine and marijuana are equally distributed throughout all areas of Houston,^E although most transactions identified by law enforcement take place in the central city.^L As with heroin, crack users often approach dealers on a known corner and negotiate a sale.^L Dealers of crack and marijuana also arrange deliveries or pick-ups of the drug with buyers.^E To purchase powder cocaine, buyers generally have to know someone; these transactions generally occur in the central city.^L

Dealers primarily selling methamphetamine also sell drugs such as ecstasy and marijuana. The methamphetamine found in Houston is typically produced locally in small mobile ("box") labs or in labs hidden in warehouses and moved often.^E

Ecstasy dealers also distribute powder cocaine, marijuana, gamma hydroxybutyrate (GHB), and ketamine.^L

WHO'S SELLING HEROIN?

- Heroin dealers in Houston are typically part of either Black or Hispanic gangs or organizations.^L
- Heroin dealers often give away free samples of marijuana as a marketing device to attract business.^L

How pure is heroin, and how much does it cost?

Unit	Purity	Price
1 g (Black tar-most common)	28% average (range: 13–58%)	\$150
1 oz (Black tar-most common)	28% average (range: 13–58%)	\$1,000–\$2,500
1 kg (Black tar-most common)	28% average (range: 13–58%)	\$39,000–\$60,000
1 oz (Mexican brown)	NR	\$1,000–\$1,200
1 kg (Colombian)	NR	\$62,000

Source: Law enforcement respondent

- ◆ All reported prices are stable since spring 2002.^L
- ◆ Heroin purity is up statewide between 2001 and 2002, which has led to a large increase in overdoses.^L

How much does cocaine cost?

Form	Unit	Price
Crack	1 g	\$100
	1 oz	\$325–\$600
	1 kg	\$1,300–\$1,800
Powder	1 g	\$60–\$100
	1 oz	\$400–\$650
	1 kg	\$14,000–\$18,500

Source: Law enforcement respondent

- ◆ All reported prices are stable since spring 2002.^L
- ◆ The price of cocaine depends on the quantity purchased, the relationship between buyer and seller, and how far the sale takes place from border checkpoints.^L

WHO'S SELLING COCAINE?

- Crack cocaine dealers are typically young adults working independently.^E
- Powder cocaine dealers often sell ecstasy as well, while crack dealers are more likely to distribute marijuana and cough syrup.^L

How much does marijuana cost?

Unit	Price
1 g (Mexican-most common)	\$5
1 oz (Mexican-most common)	\$100
1 lb (Mexican-most common)	\$300–\$500
0.25 lb (hydroponic)	\$120
1 lb (sinsemilla)	\$600

Source: Law enforcement respondent

- ◆ All reported prices are stable since spring 2002.

WHO'S SELLING MARIJUANA?

- Marijuana dealers are typically older adults working either independently or as part of a larger organization. They are somewhat likely to be marijuana users as well.^E
- These dealers are generally not involved in any criminal activity other than dealing.



How much does methamphetamine cost?

Unit	Price
1 oz	\$500–\$800
1 lb	\$6,000–\$11,000
1 kg	\$18,000–\$20,000

Source: Law enforcement respondent

All reported prices are stable since spring 2002.

How much does ecstasy cost?

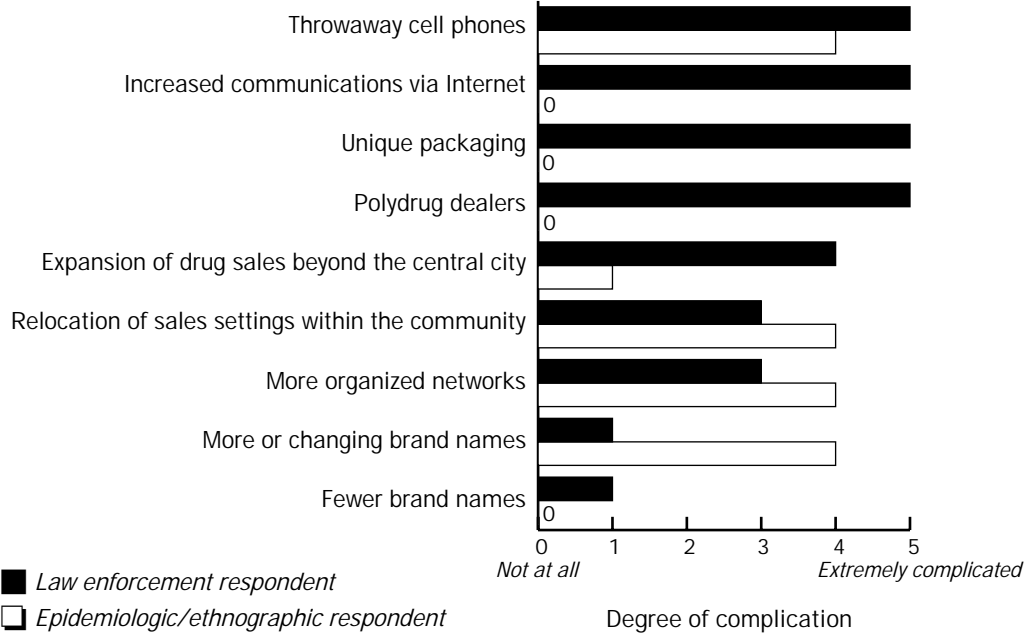
Unit	Price
1 tablet	\$8 (wholesale) \$20–\$30 (at raves)
500 tablets	\$3,500–\$10,000
1,000 tablets	\$8,000

Source: Law enforcement respondent

All reported prices are stable since spring 2002.

THE MARKET PERSPECTIVE: A 10-YEAR VIEW

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 Houston?

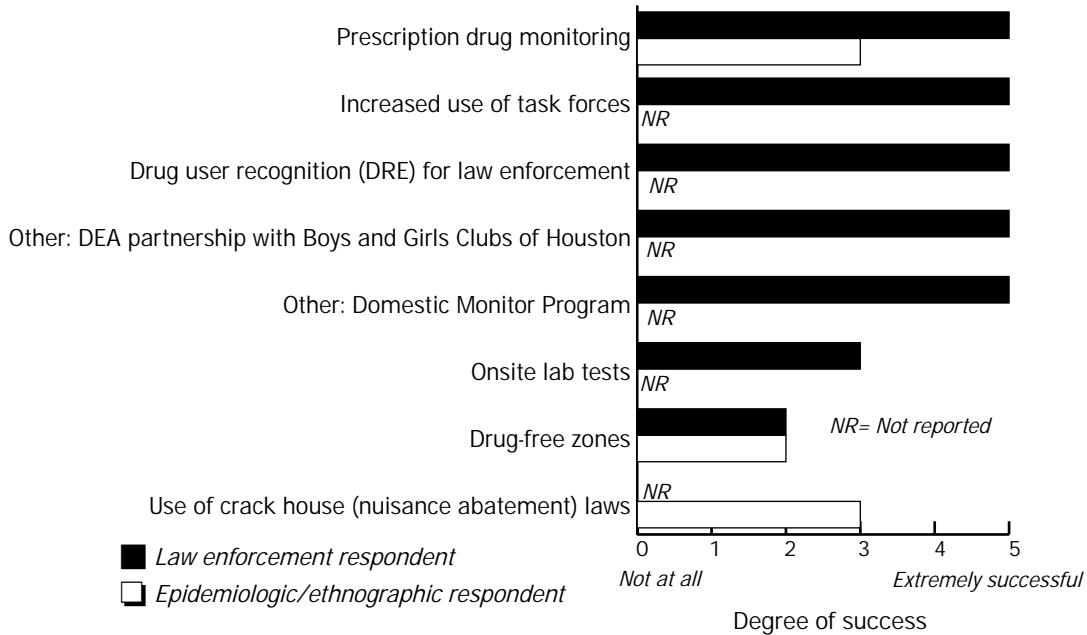


What they have to say...

- Unique packaging by dealers seems to have posed a greater challenge to law enforcement in Houston than in most other Pulse Check cities.
- By contrast, similar to reports in other cities, detection and disruption efforts have not been hampered much by increased or decreased use of brand names.^L
- Wholesale dealers have developed two additional ways to avoid detection:^L
 - Hiding drugs in false floors and other vehicle compartments.
 - Liquifying the drug and storing it in a bottle or saturating clothing with it, and then reconverting it after reaching the destination.



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



- A mentoring program representing a partnership between the DEA and the Boys and Girls Clubs of Houston has been largely successful in steering youth away from drugs and improving academic performance. The program alternates activities between education and recreation, and pairs each student with a mentor.^L
- The Domestic Monitor Program has been very successful as a baseline to measure heroin purity.^L
- One source recommends more controls on the distribution of alprazolam because the detox process is so dangerous, involving seizures and hallucinations.^M
- Tracking and monitoring gang activity more closely would help to cut down on drug activity in Houston, as well as crimes associated with gangs and drug use, such as car thefts and graffiti.^E
- While all Pulse Check cities report successful use of task forces to fight the drug problem, Houston's task forces are unique: they involve numerous agencies that are effective in meeting the challenges associated with the city's geographic location near the Mexican border. These task forces include professionals from local law enforcement, the U.S. Border Patrol, FBI drug squads, U.S. Customs, and the HIDTA.^L

SEPTEMBER 11 FOLLOWUP

While neither of the *Pulse Check* treatment respondents note any continuing effects on their clients as a result of the September 11 attacks, the law enforcement and epidemiologic/ethnographic sources observe a continued impact on Houston's drug problem:

- Emerging drugs: Hashish had not been detected in Houston in a decade, but it is now reemerging as a problem. This reemergence is attributed to removal of the Taliban from power in Afghanistan following the September 11 attacks. The Taliban previously suppressed hashish production; Afghans now sell the drug again to generate income.^E
- Drug use: Abuse of alcohol and marijuana continues at high levels among the middle class since September 11, reflecting increased levels of anxiety and escapism.^E
- Drug trafficking: The Coast Guard's emphasis continues to be on security rather than interdiction.^L