INTRODUCTION

The President has stated goals of reducing drug use among all Americans by 10 percent in 2 years and 25 percent in 5 years. As part of the strategy to accomplish this, the Office of National Drug Control Policy (ONDCP) has developed this special edition of *Pulse Check* to complement its current 25-Cities Initiative, which engages local officials and concerned citizens in 25 of American's largest cities. Though drug use has harmed all cities, America's largest cities have been particularly hard hit. Local leaders and teams of local citizens and officials in those cities will be aided in identifying problems they can address by referring to this expanded *Pulse Check*, with its new "city snapshot" format.

ONDCP has been publishing *Pulse Check* since 1992, with the goal of providing timely information on drug abuse and drug markets. The report aims to describe chronic drug users, emerging drugs, new routes of administration, varying use patterns, changing demand for treatment, drug-related criminal activity, drug markets, and shifts in supply and distribution patterns. *Pulse Check* regularly addresses four drugs of serious concern: marijuana, heroin, crack cocaine/powder cocaine, and methamphetamine. Additionally, *Pulse Check* continues to monitor the problems of "ecstasy" (methylenedioxymethamphetamine or MDMA), the diversion and abuse of OxyContin® (a controlled-release formulation of the pharmaceutical opiate oxycodone), and other drugs of concern.

The *Pulse Check* is not designed to be used as a law enforcement tool but rather to be a research report presenting findings on drug use patterns and drug markets as reported by ethnographers, epidemiologists, treatment providers, and law enforcement officials. With regards to race and ethnicity, just as the National Survey on Drug Use and Health and other national data sources report findings by race and ethnicity, sources contributing to the *Pulse Check* are asked to describe the age, ethnicity, and gender of illegal drug users and those who sell drugs and any changes in these characteristics. The information provided to *Pulse Check* reflects the observations of the sources, and their descriptions are purely for determining the size, scope, and diversity of the drug problem. The intent of the *Pulse Check* has been and continues to be merely to describe patterns in illicit drug use and illicit drug markets that are emerging in local communities.

The 25 *Pulse Check* Sites

Use and Interpretation of *Pulse Check* Information

By contacting professionals from three different disciplines—ethnography/epidemiology, law enforcement, and treatment—a rich picture of the changing drug abuse situation emerges. Though this approach offers substantial strengths in timeliness and depth, *Pulse Check* is not intended as a quantitative measure of the prevalence of drug abuse or its consequences. Any interpretations or conclusions drawn from *Pulse Check* must be viewed carefully and in conjunction with other more quantifiable direct and indirect measures of the drug abuse problem.

More specifically, several of the limitations of *Pulse Check* are briefly discussed below.

Pulse Check focuses on the drug abuse situation in 25 specific sites throughout the Nation. Though these sites cross a broad range of geographic areas, including Census regions and divisions, racial/ethnic coverage, and High Intensity Drug Trafficking Areas, *Pulse Check* cannot be viewed as a national study, and information cannot be reasonably aggregated up to a national level.

Of the 100 sources across the three disciplines, 97 provided information for this *Pulse Check* issue. The information presented in this report is based solely on the observations and perceptions of those 97 individuals. These individuals may not be knowledgeable about every aspect of the drug abuse situation in their sites, and they may have biases based on their experiences and exposures.

Due to the comprehensive nature of the telephone discussions, sources were asked to discuss only areas in which they were thoroughly knowledgeable. Thus, the total number (*N*) of respondents to any one question might be less than 97.

Due to rounding of percentages, values on pie charts may not add up to 100.

Any contradictory reports within an individual site are not necessarily a *Pulse Check* limitation. Quite the contary, recruiting four sources per site was incorporated into the project design to reflect diversity within each site. For example, a law enforcement source in one site might perceive cocaine to be the community's most serious problem, while an ethnographic source at that same site might consider the most serious problem to be heroin. And they would both be right—because each might come in contact with different populations or each might deal with a specific geographic neighborhood.

Information from treatment sources is particularly susceptible to variance because some facilities target specific populations. Furthermore, treatment providers from methadone and non-methadone programs are likely to have very different perspectives on their communities' drug problems because their respective clientele differ in the nature of their drug problems and in their demographic characteristics. It is for this reason that two treatment sources were selected from each of the 25 sites—one from a methadone program, and one from a non-methadone program. Taken together, all four sources at each site provide a richer picture of the drug problem's nature.

Current Sources and Reporting Periods

The current report includes information gathered in two waves, during December 2002 through January 2003 and March through May 2003, from telephone conversations with 97 sources, representing 25 sites across the various regions of the country. These individuals discussed their perceptions of the drug abuse situation as it was during the fall months of 2002 and in comparison to a period 6 months earlier, during spring of that year.

The law enforcement sources who provided information include 24 narcotics officers from local police departments, field office agents of the Drug Enforcement Administration (DEA), and representatives of High Intensity Drug Trafficking Areas (HIDTAs). One law enforcement source (from Cincinnati) did not respond.

The epidemiologists and ethnographers are 25 researchers associated either with local health departments, university-based research groups, or other community health organizations. Some of those 25 individuals are qualitative researchers who employ ethnographic techniques to obtain observational data directly from the drug user's world; others are epidemiologists who access both qualitative and quantitative data.

The treatment sources are providers from 24 non-methadone programs and 24 methadone programs across the 25 sites. Two treatment sources did not respond (Miami, methadone; and Portland, OR, non-methadone).

These sources offer a wealth of information that, when taken together, provides a comprehensive snapshot of drug abuse patterns in communities across the country. Further, these individuals provide expertise that can alert policymakers to any short-term changes or newly emerging problems concerning specific drugs, drug users, and drug sellers.

The appendices at the end of this report provide a list of these sources, describe the methodology used to select them, and discuss the content of the approximately 1-hour conversations held with them.