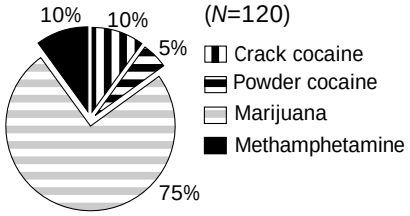
LOS ANGELES PRIMARY METROPOLITAN STATISTICAL AREA PROFILE:

- Total population:. . . 9,519,338
- Median age: . . . . . 32.0 years
- Race (alone):
  - White 48.7%
  - Black 9.8%
  - American Indian/ Alaska Native 0.8%
  - Asian/Pacific Islander 12.2%
  - Other race 23.5%
  - Two or more races 4.9%
- Hispanic (of any race): 44.6%
- Unemployment rate: 5.0%
- Median household income: $42,189
- Families below poverty level with children <18 years: 19.9%

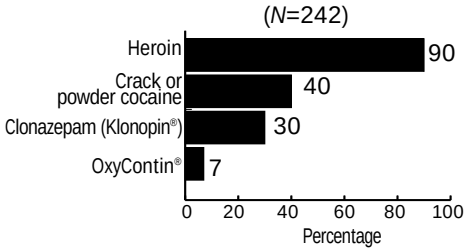
*Source: U.S. Census 2000**

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 abuse+? (Fall 2002)



+Includes any use, whether as a primary, secondary, or tertiary drug; response for methamphetamine was "very small"; response for ecstasy was "0"; this program does not track marijuana use.

Source: Methadone treatment respondent

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

Two *Pulse Check* sources[L,M] believe the city's overall drug problem has remained stable, and two[E,N] believe it has increased somewhat. Similarly, two sources[L,N] believe the overall drug problem is very serious, and two[E,M] believe it is somewhat serious. A few developments are noted:

- With the new Proposition 36, younger users, females, and those never before in treatment are increasingly entering treatment.[E]
- The number of people entering Los Angeles treatment programs for primary crack cocaine use declined slightly.[E]
- The number of admissions to the methadone treatment program increased.[M]
- An increasing number of primary methamphetamine users entered treatment.[E]
- Methylenedioxymethamphetamine (MDMA or ecstasy) use as a secondary or tertiary drug increased somewhat.[N]
- Raves, where ecstasy is the drug of choice, have become more prevalent and mainstream.[L] Ecstasy use is also spreading to private settings, such as residences and parties.

Additionally, the drug market is changing in a few ways:

- Undercover police have had more difficulty purchasing heroin and hydroponic marijuana.[L]
- Crack prices and purity have declined.[L,E]
- Methamphetamine purity increased, and prices declined.[L,E]

Drugs reported as most widely abused include marijuana, crack, and heroin. Ecstasy and gamma hydroxybutyrate (GHB) use is still emerging.[L,E]

- *Treatment percentages in the non-methadone program remained relatively stable between spring and fall 2002, with the exception of an increase in secondary and tertiary ecstasy use.*
- *The number of methadone treatment admissions, in general, increased between spring and fall 2002.*

Most widely abused drug:
Marijuana[E,N]
Crack[L]
Heroin[M]
No changes reported between spring and fall 2002[L,E,N,M]

Second most widely abused drug:
Heroin[L,E]
Crack[E,M]
Methamphetamine[N]
No changes reported between spring and fall 2002[L,E,N,M]

Drug related to the most serious consequences:
Heroin[E,M]
Crack[L]
Methamphetamine[N]
No changes reported between spring and fall 2002[L,E,N,M]

Drug related to the second most serious consequences:
Crack[E,M]
Heroin[L]
Methamphetamine[L,E]
Marijuana[N]
No changes reported between spring and fall 2002[L,E,N,M]

New or emerging problems:
Ecstasy use continues to increase.[L,E]
GHB use continues to increase.[E]

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

Heroin use patterns and market activity appear stable. Two demographic shifts are reported:

- Fewer Blacks (who still predominate) and more Whites and Hispanics are in treatment.[E]
- Young males increased among new heroin treatment clients.[M]

CRACK COCAINE

Two declines are noted:

- Crack cocaine treatment admissions declined slightly between spring and fall 2002.[E]
- Crack prices and purity declined.[L,E]

POWDER COCAINE

No changes are reported in use or market activity between spring and fall 2002.

MARIJUANA

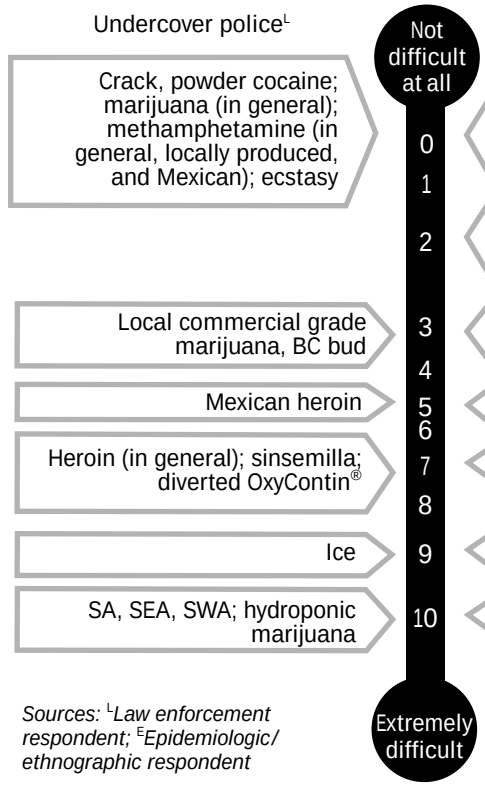
No changes are reported in use or market activity between spring and fall 2002.

METHAMPHETAMINE

Several indicators show an increase in methamphetamine use and activity between spring and fall 2002:

- The number of primary methamphetamine users presenting to treatment increased.[E]
- Methamphetamine purity increased, as prices declined.[L,E]

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; BC bud=British Columbian marijuana; and OxyContin® =oxycodone hydrochloride controlled-release

- *As in other western* Pulse Check *cities, sources agree that it is extremely difficult to purchase white powder heroin (Colombian and Asian).*[L,E]
- *Undercover police have had more difficulty purchasing heroin (in general) and hydroponic marijuana since spring 2002.*[L]
- *Sources agree that crack, marijuana, and methamphetamine are relatively easy to purchase.*[L,E]

MDMA (ECSTASY)

Several indicators show an increase in ecstasy use between spring and fall 2002:

- Ecstasy use as a secondary or tertiary drug increased somewhat.[N]
- Raves, where ecstasy is the drug of choice, have become more prevalent and mainstream.[L]
- Ecstasy use is also becoming more prevalent in private settings, such as residences and parties.[E]

THE USE PERSPECTIVE

WHAT'S HAPPENING IN TREATMENT?

- The *Pulse Check* non-methadone treatment respondent, whose 120-slot facility of 12–24-year-olds operates at full capacity, reports marijuana as the primary drug of abuse among three-quarters of that program's clients *(see pie chart on the first page of this chapter)*. Treatment percentages appear relatively stable between spring and fall 2002.[N]
- The non-methadone treatment source reports an increase in slot capacity since spring 2002, although waiting lists remain a problem.
- The methadone treatment respondent is with a private facility that is at half capacity (220 of 500 slots filled). The number of admissions increased between spring and fall 2002.[M]
- Methadone maintenance treatment is available throughout the metropolitan area. Public and private methadone treatment availability remained adequate and stable between spring and fall 2002.[E]
- Nearly all females entering adolescent treatment centers are primary methamphetamine users; nearly all males are primary marijuana users.[E]
- The most common barrier (and an increasingly common one) to methadone treatment is a financial one. The treatment program is private, and thus it is difficult for clients to pay.[M]
- The most common impediment to treatment in the non-methadone facility, which treats adolescents and young adults, is a language barrier. Many clients and parents of clients speak only Spanish, while many staff speak only English.[N]

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.

- *Two sources agree that heroin users tend to be adults older than 30 and male.*[E,M]
- *More Whites and Hispanics and fewer Blacks have presented to treatment for heroin use over the past few* Pulse Check *reporting periods.*[E]
- *All heroin-using clients in the non-methadone treatment program are secondary or tertiary users of the drug.*
- *New heroin treatment clients are likely to be male and much younger than the overall treatment population.*[M]

Who's most likely to use heroin?

Characteristic	E	N	M
Age group (years)	>30	18–30	>30
Mean age (years)	35–46	NR	38
Gender	65% male	Split evenly	60% male
Race/ethnicity	40% Black 30% White 30% Hispanic (any race)	Hispanic (any race)	50% White 40% Hispanic (any race)
Socioeconomic status	Low	Low	Low
Residence	Central city	Central city	Suburbs
Referral source	NA	Criminal justice and other health care provider	Individual
Level of education completed	NA	High school	None
Employment at intake	NA	Unemployed	Unemployed

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

How do users take heroin?

Characteristic	E	N	M
Primary route of administration	90% inject	Injecting followed by smoking	Injecting
Other drugs taken	Crack, benzodiazepines	Marijuana (sequentially)	Crack, powder cocaine (speedball), clonazepam (Klonopin®)
Publicly or privately?	Privately	Privately	Privately
Alone or in groups?	Alone	Alone and in groups	Alone

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

- *Injecting is, by far, the most common route of heroin administration.*[E,N,M] *Smoking is also common.*[N]
- *Heroin users often combine crack, marijuana, or benzodiazepines with heroin.*[E,N,M]
- *Use patterns appear stable between spring and fall 2002.*

Who's most likely to use cocaine?

Characteristic	Crack			Powder cocaine		
	E	N	M	E	N	M
Age group (years)	>30	13–30	>30	>30	13–30	>30
Mean age (years)	35–38	NR	NR	NR	NR	NR
Gender	60% male	Split evenly	Split evenly	Male	Split evenly	Split evenly
Race/ethnicity	Black	Hispanic (any race)	White and Black	White	Hispanic (any race)	White and Hispanic (any race)
Socioeconomic status	Middle	Low	Middle	Middle	Low	Middle
Residence	Central city	Central city	Suburbs	Suburbs	Central city	Suburbs
Referral source	N/A	Criminal justice, other health care provider, and parental	Individual	N/A	Criminal justice and school	Individual
Level of education completed	N/A	Junior high	None	N/A	Junior high	None
Employment at intake	N/A	Unemployed and full-time student	Unemployed	N/A	Unemployed and full-time student	Unemployed

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

- *The epidemiologic source notes a slight decrease in the number of people coming into Los Angeles treatment programs for primary crack cocaine use.*
- *Two sources*[E,M] *agree that most cocaine users are adults older than 30, but the cocaine-using population in the non-methadone treatment program includes mostly adolescents and young adults.*
- *Cocaine users often take marijuana in combination with crack.*[E,N] *Powder cocaine may be rolled in a marijuana joint, which is then referred to as a "premo."*[N]
- *Sources report no changes in cocaine user demographics between spring and fall 2002.*

- *As in other cities, marijuana users tend to span a broad range of demographics.*
- *Sources report no changes in user characteristics between spring and fall 2002.*

Who's most likely to use marijuana?

Characteristic	E	N
Age group (years)	13–30	13–17
Gender	Male	Split evenly
Race/ethnicity	White and Black	Hispanic (any race)
Socioeconomic status	Middle	Low
Residence	Central city and suburbs	Central city
Referral source	N/A	Criminal justice, school, parental
Level of education completed	N/A	Junior high or high school
Employment at intake	N/A	Unemployed and full-time students

Sources: [E]Epidemiologic/ethnographic respondent; [N]Non-methadone treatment respondent; the methadone treatment respondent did not provide information on marijuana use.

- *Marijuana is taken in a variety of ways (including joints, pipes, blunts, and bongs) and contexts.*[E,N]
- *Sources report no changes in marijuana use patterns between spring and fall 2002.*

How do users take marijuana?

Characteristic	E	N
Primary delivery vehicle	Varies widely	Varies widely
Other drugs taken	Phencyclidine (PCP) in combination	Powder cocaine (premo)
Publicly or privately?	Both	Both
Alone or in groups?	Both	Both

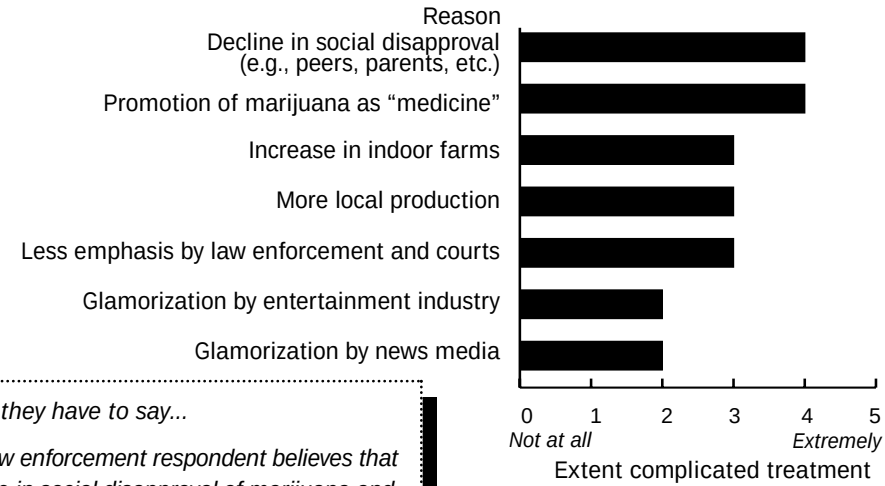
Sources: [E]Epidemiologic/ethnographic respondent; [N]Non-methadone treatment respondent; the methadone treatment respondent did not provide information on marijuana use.

WHAT ARE THE NEGATIVE CONSEQUENCES OF MARIJUANA USE?

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

- Drug-related arrests[E,N]
- Automobile accidents[N]
- High-risk pregnancies[N]
- Short-term memory loss[E,N]
- Deteriorating family and social relationships[N]
- Poor academic performance[E,N]
- School absenteeism or truancy[E,N]
- Dropping out of school[E,N]
- Poor workplace performance[E,N]
- Workplace absenteeism[N]
- Unemployment rates[E,N]

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



Source: Law enforcement respondent

What they have to say...

The law enforcement respondent believes that decline in social disapproval of marijuana and the promotion of marijuana as "medicine" are the main contributors to increased marijuana use over the past 10 years.

Who's most likely to use methamphetamine?

Characteristic	E	N
Age group (years)	>18	18–30
Mean age (years)	28–32	NR
Gender	55% male	Split evenly
Race/ethnicity	White	Hispanic (any race)
Socioeconomic status	Low and middle	Low
Residence	Suburbs	Central city
Referral source	N/A	Criminal justice, other health care provider, parental
Level of education completed	N/A	High school
Employment at intake	N/A	Unemployed and full-time students

Sources: [E]Epidemiologic/ethnographic respondent; [N]Non-methadone treatment respondent; the methadone treatment respondent did not provide information on methamphetamine use.

- *An increasing number of primary methamphetamine users presented for treatment in the last 6 months. This source believes the increase is fueled by Proposition 36.*[E]
- *Females entering adolescent treatment centers are nearly all primary methamphetamine users, while males are nearly all primary marijuana users.*[E]

- *Several routes of methamphetamine administration are reported: according to the epidemiologic source, smoking is most common, followed by snorting and injecting; according to the non-methadone treatment source, snorting is most common, followed by injecting.*
- *Adolescent methamphetamine users tend to take "a little bit of everything," including marijuana, lysergic acid diethylamide (LSD), and ecstasy.*[E]

How do users take methamphetamine?

Characteristic	E	N
Primary route of administration	Smoking	Snorting
Other drugs taken	Marijuana (in combination)	Marijuana (sequentially)
Publicly or privately?	Privately	Both
Alone or in groups?	Alone	Both

Sources: [E]Epidemiologic/ethnographic respondent; [N]Non-methadone treatment respondent; the methadone treatment respondent did not provide information on methamphetamine use.

Who's most likely to use ecstasy?

Characteristic	E	N
Age group (years)	13–30	>30
Mean age (years)	18–20	NR
Gender	Split evenly	Females
Race/ethnicity	White	Hispanic (any race)
Socioeconomic status	Middle and high	Low
Residence	Central city and suburbs	Central city
Referral source	N/A	Other health care provider and school
Level of education completed	N/A	High school
Employment at intake	N/A	Unemployed

Sources: [E]Epidemiologic/ethnographic respondent; [N]Non-methadone treatment respondent; the methadone treatment respondent did not provide information on ecstasy use.

- *Ecstasy use as a secondary or tertiary drug increased somewhat between spring and fall 2002.*[N]
- *Drugs combined with ecstasy include methamphetamine, GHB, ketamine, and LSD. When "coming down" from ecstasy, users often take benzodiazepines or antidepressants.*[E]

WHO'S MOST LIKELY TO ABUSE OXYCONTIN®?

- Primary OxyContin® abusers constitute about 5 percent of the methadone treatment population—a stable percentage since spring 2002.[M]
- OxyContin® abusers' mean age is about 40 years, 70 percent are male, and nearly all are White.[M]
- Sources report no changes in OxyContin® abuser characteristics between spring and fall 2002.

THE MARKET PERSPECTIVE

WHERE ARE DRUGS USED AND SOLD?

Heroin and crack cocaine are sold in a variety of public and commercial places, including the following:

- Streets and open-air markets[L,E]
- Crack houses and shooting galleries[L,E]
- Public housing developments[L,E]
- Playgrounds and parks[E]
- Around drug or alcohol treatment clinics[E]
- Inside cars[E]

Additionally, crack is sold inside private residences and hotels/motels.[E]

Powder cocaine sales settings tend to be more private and include the following:

- Inside private residences[L,E]
- Nightclubs and bars[L]
- Private parties[L]
- Public housing developments[E]

Marijuana sales settings are similar to heroin and crack sales settings, with the addition of the following:[L,E]

- In or around schools
- College campuses
- Nightclubs and bars
- Raves
- Supermarkets

Methamphetamine and ecstasy sales occur in a variety of public and commercial places:

- Streets and open-air markets[L,E]
- Inside private residences[L,E]
- Nightclubs and bars[E]
- Private parties[E]
- Raves[E]

Additionally, methamphetamine is sold around playgrounds and parks, hotels and motels, supermarkets, and inside cars.[E] Web sites that focus on male-to-male sex sell methamphetamine online.[E]

Along with the list above, ecstasy sales settings also include college campuses and gay circuit parties.[E]

The epidemiologic source notes that ecstasy is becoming more prevalent in private settings, such as residences and parties.

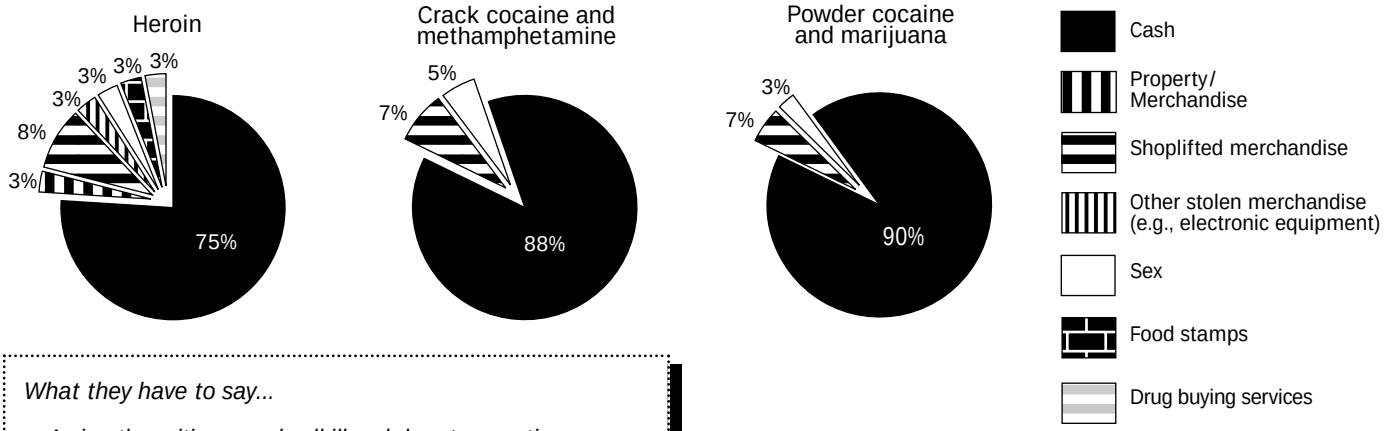
OxyContin® is obtained or diverted from the Internet and doctors' offices.[L]

HOW DO DRUGS GET FROM SELLER TO BUYER?

Although open-air drug markets exist in Los Angeles, most drug sales occur when a buyer contacts a dealer via cell phone to arrange for a delivery.[L] Individual dealers tend to sell one type of drug, with a few exceptions: dealers who primarily sell heroin may also sell crack and powder cocaine, and dealers who sell primarily powder cocaine may also sell marijuana.

The sales method for diverted OxyContin® differs from that for other drugs. Buyers and sellers visit Internet chat rooms to arrange meetings for drug sales.[L]

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



What they have to say...

- *As in other cities, nearly all illegal drug transactions (75–90 percent) involve cash.*[L,N,M]
- *Sources report no changes in means of exchange for illegal drugs over the past 10 years.*

Source: Mean of response ratings given by law enforcement, non-methadone treatment, and methadone treatment respondents. The methadone treatment source provided information for heroin only, and the epidemiologic/ethnographic source did not respond.

Which drug sellers are associated with which crimes?

Crime	Heroin	Crack and powder cocaine	Marijuana	Metham-phetamine	Ecstasy
Gang-related activity	✓	✓	✓		
Violent criminal acts	✓	✓	✓	✓	
Non violent criminal acts	✓	✓	✓	✓	✓
Domestic violence				✓	✓
Other: child endangerment				✓	

Sources: Law enforcement and epidemiologic/ethnographic respondents

Illegal drug dealers in Los Angeles continue to be highly involved in crime. Heroin, cocaine, and marijuana sales often involve gangs and violent criminal acts. Methamphetamine sales often involve domestic violence and child endangerment.

Who's most likely to sell illegal drugs?

Primary drug sold	Affiliation		Age (years)	
	L	E	L	E
Heroin	Independent	Organized: Mexican trafficking organizations	18–30	13–30
Crack	Independent and organized	Organized: local street gangs	13–30	13–30
Powder cocaine	Independent and organized	Organized: Mexican trafficking organizations	13–30	13–30
Marijuana	Independent and organized	Independent	13–17	13–30
Methamphetamine	Independent and organized	Independent and organized	>18	13–30
Ecstasy	Independent	NR	13–30	NR
Diverted OxyContin®	Independent and organized	NR	18–30	NR

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

- *Drug sellers tend to be fairly young, and the organization of the seller groups varies widely across the city.*[L,E]
- *The sales scene in Los Angeles has remained relatively stable between spring and fall 2002.*[L,E]

How much do illegal drugs cost?

Drug	Unit	Purity	Price
Mexican black tar or brown heroin	One balloon (0.1 g)	NR	$20[L]
	One "pedazo"	NR	$700–$800[E]
Crack cocaine	0.2 g	NR	$10[L]
	1 oz	78%	$500–$600[E]
Powder cocaine	1 g	80%	$100[L]
Marijuana (commercial grade)	Dime bag (1 g)	NR	$10[L]
Methamphetamine	1/16 oz	40%	$125[L]
	1 oz	30–35%	$450–$550[E]
Ecstasy	One pill (40 mg)	NR	$10–$20
		NR	$25–$40

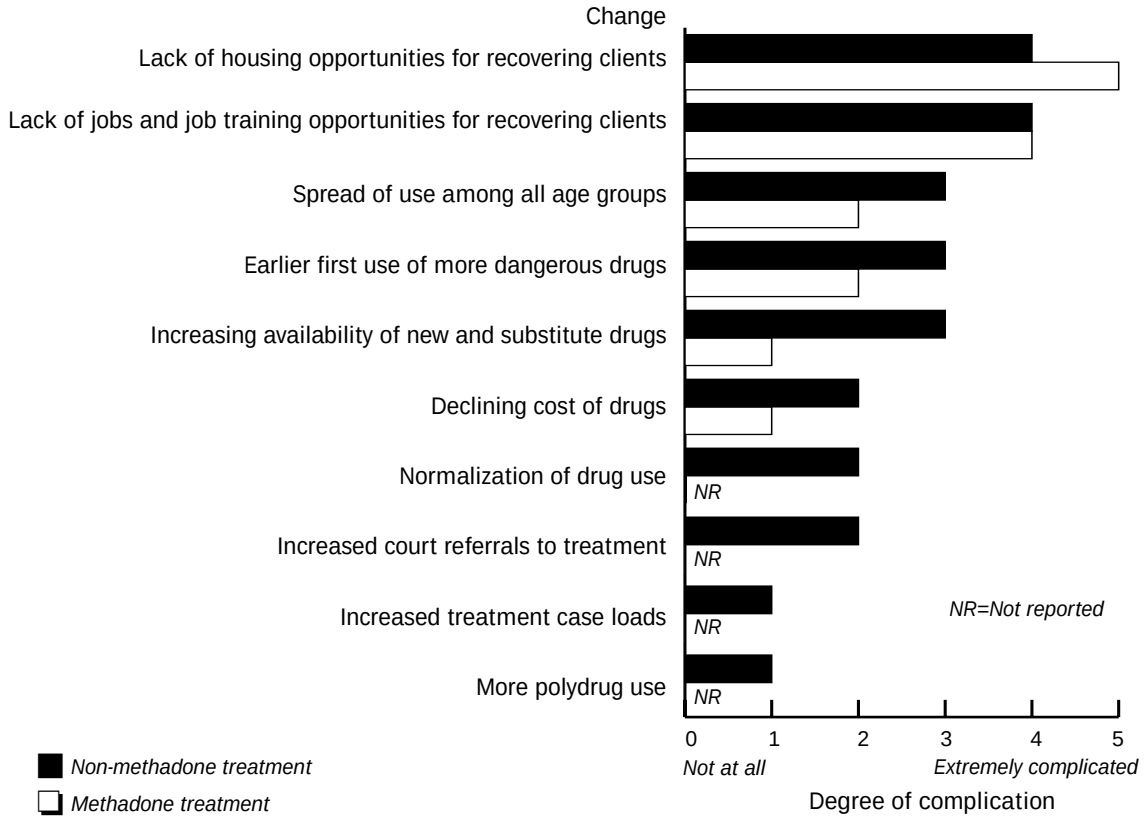
Sources: [L]Law enforcement respondent; [E]Epidemiologic/ethnographic respondent

Most reported drug purity and prices remained stable in the past 6 months, with two exceptions:

- *Crack cocaine prices and purity declined.*[L,E]
- *Methamphetamine purity increased, and prices declined.*[L,E]

THE USE AND MARKET PERSPECTIVES: A 10-YEAR VIEW

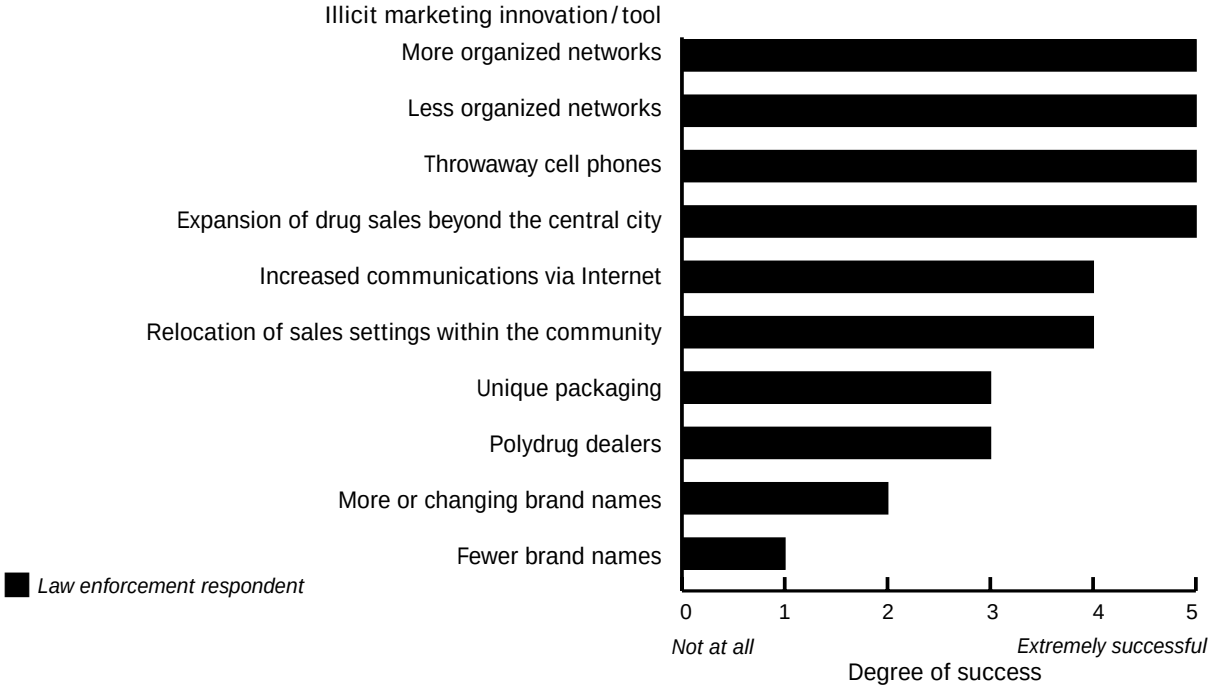
Over the past 10 years, to what degree have the following changes in the drug market and in the nature of drug users made your community's drug abuse problem more complex?



What they have to say...

- *Consistent with comments in the majority of other* Pulse Check *sites, treatment sources agree that the largest problems exacerbating the community's illegal drug problem are the lack of housing opportunities, jobs, and job training opportunities for recovering clients.*[N,M]
- *The methadone treatment source adds that clients who increasingly present with primary OxyContin® abuse and with secondary clonazepam abuse have made methadone treatment more difficult over the past 5 years.*[M]

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



What they have to say...

- *As in the majority of* Pulse Check *sites, detection and disruption efforts have not been hampered much by dealers using unique packaging or by the increased or decreased use of brand names.*
- *Again, consistent with* Pulse Check *cities across the country, throwaway cell phones and the reorganization of dealer networks rate as the most common innovations that have complicated law enforcement efforts to disrupt drug activity.*[L]
- *On the other hand, increased use of task forces, crack house (nuisance abatement) laws, and methamphetamine precursor laws have been fairly successful in combating illegal drug use and activity in the past 10 years.*[L]

SEPTEMBER 11 FOLLOWUP

The law enforcement source notes that shipments of all drugs are steady despite a brief decline following September 11, 2001. Moreover, after September 11, many narcotics officers were diverted to security/antiterrorist duty. The absence of the officers allowed drug dealers to feel that they could deal drugs without being arrested. Now that officers are returning to narcotics duty, they are finding more drugs on the street than before September 11.[L]