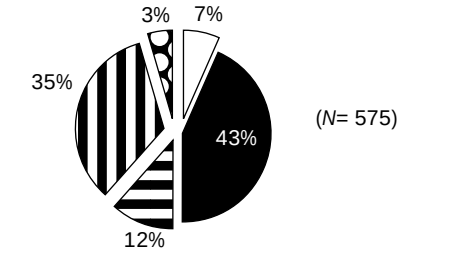
MIAMI PRIMARY METROPOLITAN STATISTICAL AREA PROFILE:

- Total population:. . . 2,109,282
- Median age: . . . . . 34.1 years
- Race (alone):
  - White 79.4%
  - Black 5.5%
  - American Indian/ Alaska Native 0.2%
  - Asian/Pacific Islander 1.4%
  - Other race 4.6%
  - Two or more races 3.8%
- Hispanic (of any race): 57.3%
- Unemployment rate: 5.0%
- Median household income: $35,966
- Families below poverty level with children <18 years: 19.3%

*Source: U.S. Census 2000**

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



Source: Non-methadone treatment respondent

Treatment percentages for primary drugs of abuse remained stable between spring and fall 2002.[N]

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

The three responding *Pulse Check* sources report the illegal drug problem in Miami as somewhat worse.[L,E,N] Sources report specific changes between the two reporting periods:

- Crack cocaine use has decreased somewhat. Powder cocaine use among new drug users is on the rise.[E]
- Heroin and diverted prescription opiates replaced powder and crack cocaine as the drugs associated with the most serious consequences.[E]
- As reported in 13 other *Pulse Check* cities, methamphetamine use continues to increase. One source reports it as a "P and P" or "party and play" drug often used in combination with ecstasy and sildenafil citrate (Viagra®).[E] That source further states that methamphetamine is often associated with high-risk sexual activity. Another source reports that, in particular, ice (a high-purity, smokable form of methamphetamine) is increasingly available.[L]
- Use of methylenedioxymethamphetamine (MDMA or ecstasy) and OxyContin® (oxycodone hydrochloride controlled-release) continues to increase.[N]
- Ecstasy and club drug users are now using powder cocaine to bolster the effects of club drugs. Club drugs are now used in settings beyond just clubs and raves. As the venues shift, the varieties of drugs used and combined are increasing.[E]

Two sources cite the illegal drug problem as very serious.[E,N] One source cites it as somewhat serious.[L] Because of the different perspective each brings, the sources differ in their perception of which drug is most widely abused and which leads to the most serious consequences.

Most widely abused drug:
- Marijuana[L,E]
- Powder cocaine[L]
- Crack[N]

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

Second most widely abused drug:
- Crack and powder cocaine[L,E]
- Crack[L]
- Marijuana[N]

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

Drug related to the most serious consequences:
- Crack and ecstasy used in combination[L]
- Crack[N]
- Heroin and diverted prescription opiates[E]

Changes between spring and fall 2002: Heroin and prescription opiates replaced powder and crack cocaine.[E]

Drug related to the second most serious consequences:
- Ecstasy[L]
- Crack and powder cocaine[E]
- Heroin[N]

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

New or emerging problems:
- Methamphetamine and ice[L,E]
- Ecstasy and diverted OxyContin®[N]
- Diverted sildenafil citrate (Viagra®) used in combination with methamphetamine[E]

Sources: [L]Law enforcement, [E]Epidemiologic/ ethnographic, [N]Non-methadone treatment
Note: These symbols appear throughout this city profile to indicate type of respondent. The methadone treatment source in Miami did not respond.

**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

- The numbers of heroin users admitted to treatment remained relatively stable.[N]
- Users find it easier to purchase South American heroin than previously.[E]
- Along with prescription opiates, heroin replaced cocaine as the drug related to the most serious consequences.[E]

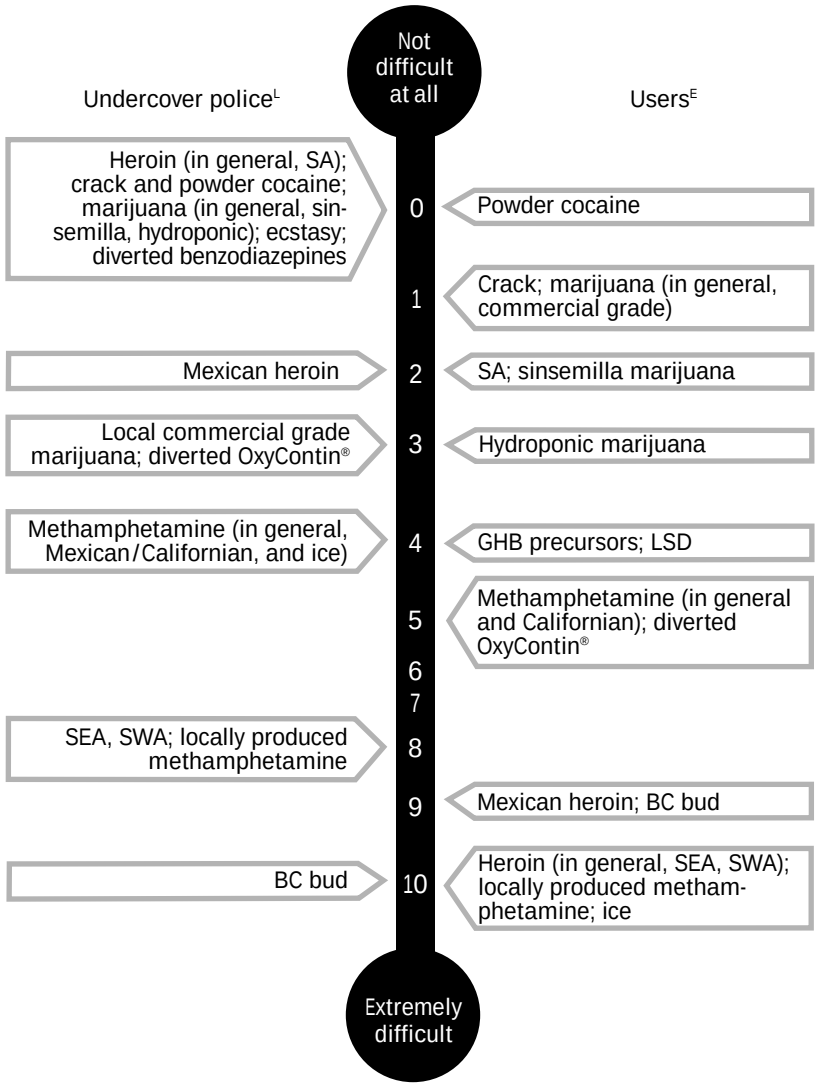
COCAINE

- Crack cocaine use decreased between spring and fall 2002.[E]
- Crack (followed by marijuana) is the most common primary drug of abuse in this non-methadone treatment program.[N]
- Powder cocaine use among new users increased somewhat between spring and fall 2002.[E] These individuals tend to be club drug users who now take cocaine to bolster ecstasy (to "bump up").

MARIJUANA

- Marijuana use remains widespread. Two of three sources believe it is the most widely used drug in Miami.[L,E]
- Marijuana activity, use, and user characteristics remained relatively stable between spring and fall 2002.[L,E,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.

- *Diverted OxyContin® is now more difficult for users to purchase because fewer doctors are prescribing it: they are more aware of its abuse. However, many OxyContin® abusers have switched to diverted methadone.*[E]
- *Undercover police purchased methamphetamine and ice more easily in fall 2002 than in the previous spring, particularly within the gay community.*[L]
- *As reported in three other* Pulse Check *cities (Atlanta, Chicago, and Pittsburgh), users can purchase methamphetamine more easily.*[E]
- *Users can purchase South American white heroin more easily.*[E]
- *Gamma hydroxybutyrate (GHB) analogs and lysergic acid diethylamide (LSD) are more difficult for users to purchase.*[E]

METHAMPHETAMINE

- Methamphetamine continues to increase in availability.[L,E] Ice, in particular, is increasingly available, especially within the gay community.[L]
- Methamphetamine use continues to increase dramatically. Its use in combination with ecstasy and sildenafil has also increased.[E]

MDMA (ECSTASY) AND OTHER CLUB DRUGS

- Although ecstasy use continues to increase, the numbers of users in treatment remain low and stable.[N]
- Club drugs are now used in settings beyond just clubs and raves. As the venues shift, the varieties of drugs used and combined are increasing.[E]

DIVERTED PRESCRIPTION OPIATES

- Diverted OxyContin® is more difficult to buy now than in the past, and abusers may have consequently switched to diverted methadone.[E]
- Along with heroin, prescription opiates replaced cocaine as the drugs related to the most serious consequences.[E]
- Methadone abuse has increased, especially among new users. An increase in deaths involving the drug occurred in the first half of 2002. Methadone tablets are believed to be diverted from pain management prescriptions (not clinics).
- OxyContin® abuse among admissions to treatment is increasing.[N] Its abuse in combination with alprazolam (Xanax®) and methadone has increased.[E]
- One source reports that pain management clinics are prescribing OxyContin® improperly.

OTHER DRUGS

- Diverted Xanax®: Alprazolam abuse and misuse have increased, as has the practice of using the drug in combination with prescription opiates or ecstasy.[E]
- Viagra®: Abuse of sildenafil has increased, especially among new drug users and in combination with marijuana, ecstasy, or methamphetamine. Moreover, the increase among new users is particularly marked among adolescent males.[E]

THE USE PERSPECTIVE

WHAT'S HAPPENING IN TREATMENT?

- Availability of public methadone treatment has remained relatively stable between spring and fall 2002, but for private treatment, availability has increased.[E] Public methadone treatment programs reportedly have adequate capacity; private programs have a waiting list of about 1 month, although capacity for private programs has increased somewhat since spring 2002.[E]
- The *Pulse Check* non-methadone treatment respondent, whose 300-slot facility operates at full capacity, reports crack cocaine as the primary drug of abuse among 43 percent of clients followed by marijuana at 35.4 percent (*see pie chart on the first page of this chapter*). Treatment percentages remained stable between spring and fall 2002.[N]
- The non-methadone treatment provider lists HIV/AIDS and hepatitis C as relatively common illnesses among clients. Moreover, that source states that hepatitis C is not only high among injecting drug clients but also among clients who snort drugs: "Snorting powder cocaine through a straw in a group is another common mode of passing on the disease."
- Comorbid diagnoses among clients have remained relatively stable between spring and fall 2002, but many are stable at relatively high levels, including antisocial or conduct disorder, mood disorders, suicidal thoughts/attempts, and post-traumatic stress disorder (PTSD).[N]
- The number-one barrier to treatment for the non-methadone treatment program is limited slot capacity. The program has a waiting list and a "waiting list for the waiting list."[N]
- Methadone treatment is available in selected areas only.

WHO USES ILLICIT DRUGS?

The *Pulse Check* epidemiologic and non-methadone treatment sources were asked to describe the populations most likely to use heroin, cocaine, marijuana, methamphetamine, and ecstasy. They were also asked to depict any emerging user groups and to report on how the drugs are used. As shown in the following pages, user characteristics vary from drug to drug. Further, because of the different perspective each brings, the three responding sources sometimes describe quite different populations and use patterns for each drug.

Who's most likely to use heroin?

Characteristic	E	N
Age group (years)	18–30	>30
Mean age (years)	NR	44
Gender	80% male	69% male
Race/ethnicity	White	White
Socioeconomic status	Low	NR
Residence	Suburbs	Central city
Referral source	N/A	Individual
Level of education completed	N/A	High school
Employment at intake	N/A	Unemployed

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

- *Heroin users tend to be White, non-Hispanic males.*[E,N]
- *New users tend to be Hispanic adolescents of middle economic status.*[E]
- *No sources report shifts in demographics between spring and fall 2002.*

How do users take heroin?

Characteristic	E	N
Primary route of administration	Injecting	Injecting
Other drugs taken	Powder cocaine (speedball) Diverted OxyContin®	NR
Publicly or privately?	Privately	Both
Alone or in groups?	Alone	Both

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

- *Heroin users tend to inject. No changes in route of administration are noted.*[E,N]
- *Other drugs commonly taken include powder cocaine (injected in a speedball) and diverted OxyContin® (as a substitute for or sequentially with heroin).*[E]
- *New heroin users often use ecstasy sequentially after heroin.*[E]

- *Although powder and crack cocaine users tend to be older than 30, they differ demographically in other ways: crack users are more likely than powder cocaine users to be female, and they are more likely to be Black and of low socioeconomic status.*[E,N]
- *Powder cocaine users new to treatment tend to be much younger than treatment clients overall (23.87 years versus 38.71 years). Also, users new to treatment are more often Hispanics and females than treatment clients overall.*[N]
- *Powder cocaine use among new users has increased somewhat between spring and fall 2002.*[E] *These individuals tend to be club drug users who now take cocaine to bolster ecstasy (to "bump up").*
- *Other drugs commonly taken with crack include heroin or alprazolam sequentially*[E] *and ecstasy.*[L]
- *Sources reported no shifts in crack or powder cocaine demographics between spring and fall 2002.*[E,N]

Who's most likely to use cocaine?

Characteristic	Crack		Powder cocaine	
	E	N	E	N
Age group (years)	>30	>30	>30	>30
Mean age (years)	NR	40.25	37	38.71
Gender	Evenly split	59% male	65% male	65% male
Race/ethnicity	Black	Black	White	Black
Socioeconomic status	Low	Low	Middle	Low
Residence	Central city and rural areas	Central city	Suburbs	Central city
Referral source	N/A	Individual	N/A	Individual
Level of education completed	N/A	High school	N/A	High school
Employment at intake	N/A	Unemployed	N/A	Unemployed

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

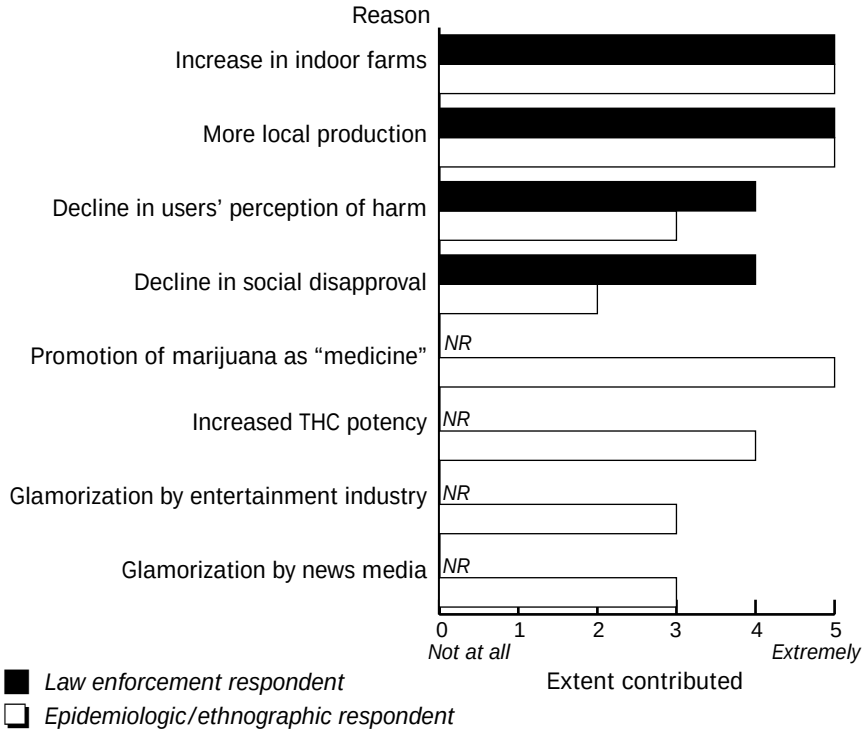
Who's most likely to use marijuana?

Characteristic	E	N
Age group (years)	18–30	13–17
Mean age (years)	32	15.66
Gender	70% male	65% male
Race/ethnicity	Hispanic (any race)	Hispanic (any race)
Socioeconomic status	All	Low
Residence	All	Central city
Referral source	N/A	Criminal justice
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

- *While Hispanics remain the predominant marijuana user group, use cuts across all ethnic groups.[E,N] Whites are represented about equally to the general population, and Blacks are overrepresented compared with the general population.[E]*
- *The average age of marijuana users in the general population is about 32 years[E]; the average age of marijuana users in the non-methadone treatment program is about half that (15.66 years).[N]*
- *Marijuana is most often smoked in joints, but blunts, bongs, and pipes are also common.[E]*
- *Sildenafil is often abused sequentially with marijuana, especially among adolescent males. This combination is a carryover from the practice of combining ecstasy with sildenafil.[E]*
- *Respondents report no shifts in marijuana user or use characteristics.*

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



- *Law enforcement and epidemiologic sources agree that the increase in indoor farms and more local production of marijuana has greatly contributed to the widespread use and availability of marijuana over the past 10 years.*
- *The law enforcement respondent believes that some local media "are quick to report on legalization efforts and 'medicinal' uses [of marijuana]," but not on its harmful effects.*

NR=Not reported

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:[E]

- Drug-related deaths (in which one of the drugs is marijuana)
- Drug-related emergency room visits
- Drug-related arrests
- Automobile accidents
- Short-term memory loss
- High-risk pregnancies
- Deteriorating family/social relationships
- Poor academic performance
- School absenteeism, truancy, or dropping out of school
- Poor workplace performance
- Workplace absenteeism
- Unemployment rates
- High-risk sexual behavior

MARIJUANA-USING CLIENTS:

To what extent have changes in marijuana and marijuana use patterns complicated treatment over the past 10 years?

According to the non-methadone treatment source, increased THC potency and earlier initiation of marijuana use have complicated treatment for marijuana-using clients. Moreover, this source believes that glamorization of marijuana use by the entertainment industry and news media has declined in the past 10 years.

Who's most likely to use methamphetamine?

Characteristic	E	N
Age group (years)	>30	>30
Mean age (years)	33	35
Gender	Male	80% male
Race/ethnicity	White	White
Socioeconomic status	Middle	NR
Residence	Suburbs	Central city
Referral source	NA	Individual
Level of education completed	NA	2-year college
Employment at intake	NA	Full time

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

- *The number of users increased dramatically between spring and fall 2002.*[E]
- *Methamphetamine users tend to be adult, White, non-Hispanic males.*[E,N]
- *Use is spreading from the gay male and the techno-dance scenes to females and heterosexual males.*[E]
- *Methamphetamine use is associated with a dramatic increase in high-risk sexual behavior.*[E]

How do users take methamphetamine?

Characteristic	E	N
Primary route of administration	Snorting	Injecting
Other drugs taken	Ecstasy ("hugs and kisses") Sildenafil ("crystal d--k")	NR
Publicly or privately?	Privately	Both
Alone or in groups?	In groups/among friends	Both

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

- *Methamphetamine is taken in a variety of ways in Miami, including snorting, injecting, and smoking the high-purity form of the drug (ice).*[L,E,N]
- *Methamphetamine is often used in combination with other drugs including marijuana, ecstasy, and sildenafil.*[L,E]

Who's most likely to use ecstasy?

Characteristic	E	N
Age group (years)	18–30	NR
Mean age (years)	24	18
Gender	Split evenly	Male
Race/ethnicity	White	White
Socioeconomic status	Middle	NR
Residence	Suburbs	Central city

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

- *Ecstasy use continues mostly among White, non-Hispanic young adults.*[E,N]
- *Ecstasy users tend to take a variety of drugs in combination, including marijuana, GHB, alprazolam ("Zany bars"), cocaine, methamphetamine, and ketamine.*[E]
- *Sources report no shifts in user characteristics between spring and fall 2002.*

THE MARKET PERSPECTIVE

WHERE ARE DRUGS USED AND SOLD?

Nearly all illegal drug sales in Miami reportedly occur in central city areas. Heroin, powder cocaine, and crack are sold in a variety of places, including the following:[L,E]

- Streets/open-air markets
- Crack houses/shooting galleries
- Private residences
- Public housing developments
- Nightclubs and bars
- College campuses
- Playgrounds and parks
- Private parties
- Raves
- Hotels and motels

Additionally, powder cocaine is sold around elementary, junior high, or high schools, around drug treatment clinics, and in parking lots. Both forms of cocaine are also sold around shopping malls and supermarkets.

Marijuana and ecstasy are also sold on the streets and in open-air markets as well as at the following venues:

- Public housing developments
- College campuses
- Nightclubs and bars
- Raves
- Concerts
- Hotel and motels

Methamphetamine is not typically sold on the streets; however, it is sold at private residences, college campuses, nightclubs and bars, private parties, raves, and hotels/motels. OxyContin® is often misprescribed at pain management clinics,[E] which "are popping up on every corner"; thus, the availability of the drug illegally has increased.[L]

HOW DO DRUGS GET FROM SELLER TO BUYER?

Dealers on the street often sell heroin, diverted OxyContin®, crack, powder cocaine, and marijuana. Dealers in nightclubs and bars may sell heroin, powder cocaine, ecstasy, GHB, prescription drugs, and marijuana.

- Heroin, powder and crack cocaine, and diverted OxyContin®: These drugs are sold using similar techniques: certain neighborhoods are known for drug dealing; a buyer goes to one neighborhood, makes an acquaintance on the street who tells the buyer where and from whom to get the drug, and the drug is then exchanged hand to hand. After the initial sale, the buyer may contact a dealer by beeper, cell phone, or two-way-communication cell phone to set up a meeting for the exchange of the drug.[L,E] Additionally, powder cocaine sales may be venue oriented (in nightclubs and party scenes), and sales by these dealers may include alprazolam, ecstasy, and marijuana.[E] Crack cocaine sales are more out in the open than heroin and powder cocaine sales.[L]
- Marijuana: Sales methods vary widely depending on the venue. For example, at bars or nightclubs, potential buyers can ask around for the location of dealers. As with heroin and powder and crack cocaine, in certain neighborhoods, buyers may ask around for the location of dealers. Communication modes also vary and include in person, cell phones, beepers, and two-way-communication cell phones. Marijuana sales, according to one source, are very open.[L]
- Methamphetamine and ecstasy: Sales for these drugs are less open than for other drugs. One source states that "you must know the crowd to be able to buy," and dealers communicate with buyers in person, by beeper, cell phones, two-way-communication cell phones, the Internet, and e-mail. That source also notes that ecstasy sales are becoming less open than in the past and that ecstasy dealers are "learning how to avoid law enforcement."[L]

Which drug sellers are associated with which crimes?

Crime	Heroin	Powder and crack cocaine, marijuana, and ecstasy	Methamphetamine
Prostitution	✓	✓	
Gang-related activity	✓	✓	
Violent criminal acts	✓	✓	
Nonviolent criminal acts		✓	
Domestic violence	✓	✓	✓
Drug-assisted rape	✓	✓	✓

Source: Law enforcement respondent

According to the law enforcement respondent, illegal drug sellers in Miami are highly involved in other crimes. Powder and crack cocaine, marijuana, and ecstasy dealers are especially involved in a variety of violent and nonviolent criminal acts.

WHO SELLS DRUGS?

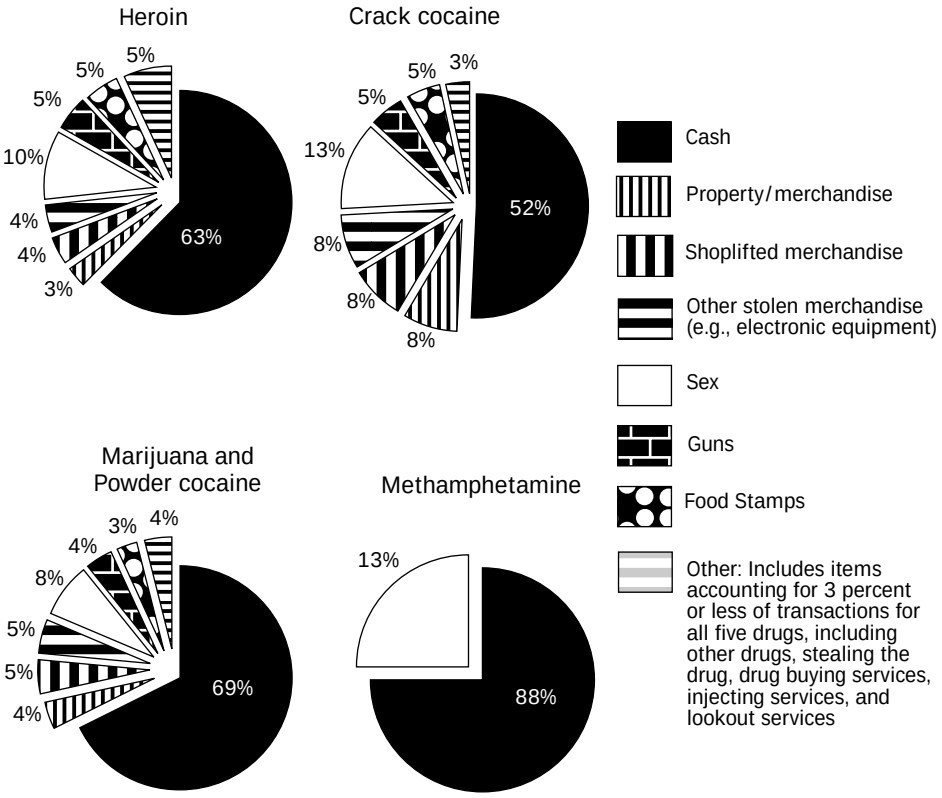
According to the epidemiologic source...

Illegal drug dealers tend to be 18–30 years old, and their level of organization depends on the type of drug sold. For example, heroin, powder cocaine, and methamphetamine dealers tend to be independent, whereas crack cocaine, ecstasy, GHB, and diverted OxyContin® dealers are organized. Marijuana dealers are organized into small sales teams of five independents who work for a grower.

According to the law enforcement source...

- Heroin, powder, and crack cocaine dealers are organized into small groups, including some street gang members, but the sales groups are not controlled by the gangs. Heroin sellers tend to be 18–30 years old. Powder and crack cocaine dealers tend to be somewhat younger and often include adolescents.
- Marijuana sellers are more organized than heroin, powder cocaine, and crack sellers. The organization protects the grow houses and is more hierarchical than loosely organized heroin, powder cocaine, and crack organizations. Sellers tend to be 13–30 years old, and growers tend to be older (18–30 years old).
- Methamphetamine and ecstasy sellers are organized in loose acquaintance networks.
- Diverted OxyContin® sellers are organized. Sellers recruit several addicts or users on Medicare. The sellers take those users to fill their prescriptions. Those who fill their prescriptions keep some of the drug for personal use and sell the rest to their accompanying seller who, in turn, sells the drug illegally.

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



What they have to say...

- *Although cash is reportedly the most common item exchanged for illegal drugs, several other goods and services are commonly exchanged for drugs, particularly shoplifted merchandise, sex, and other drugs.*[L,E]
- *Sex exchanged for crack cocaine or methamphetamine is relatively common.*[E] *The epidemiologic source explains that methamphetamine is a relatively new drug to Miami and is being introduced in sexual situations and parties.*
- *The law enforcement source explains that women pay very little cash for club drugs (especially ecstasy). Often they receive the drugs as a gift or in exchange for sex.*

Source: Mean of response ratings given by law enforcement and epidemiologic/ethnographic respondents.

How much do illegal drugs cost?

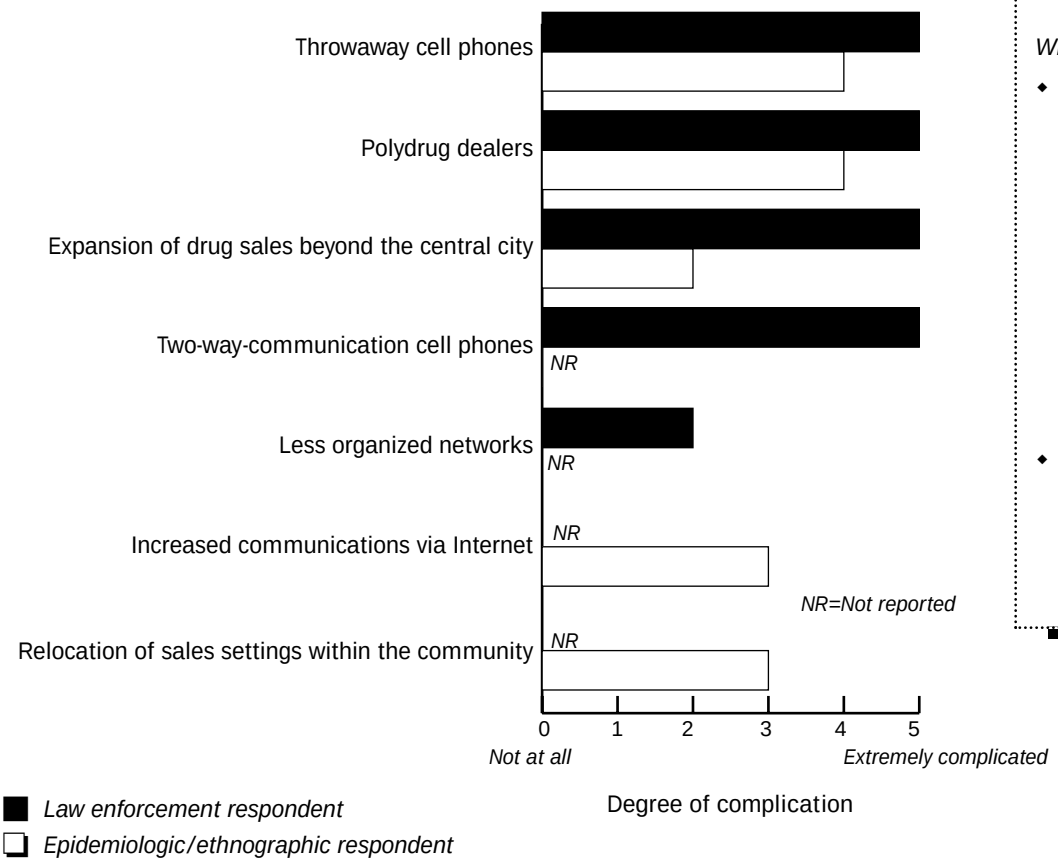
Drug	Unit sold	Price
Colombian heroin	1 oz	$2,100
Crack	One rock	$10–$20
Powder cocaine	1 oz	$650
Ecstasy	One pill	$11–$18

Source: Law enforcement respondent

Reported drug prices in Miami remained relatively stable between spring and fall 2002.[L,E] Sources did not report on specific prices for marijuana, but the epidemiologic respondent stated that marijuana prices increased in the past 6 months. The increase is most likely due to the higher THC levels of hydroponic marijuana and the customers' demands for these high-potency levels.

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 Miami?



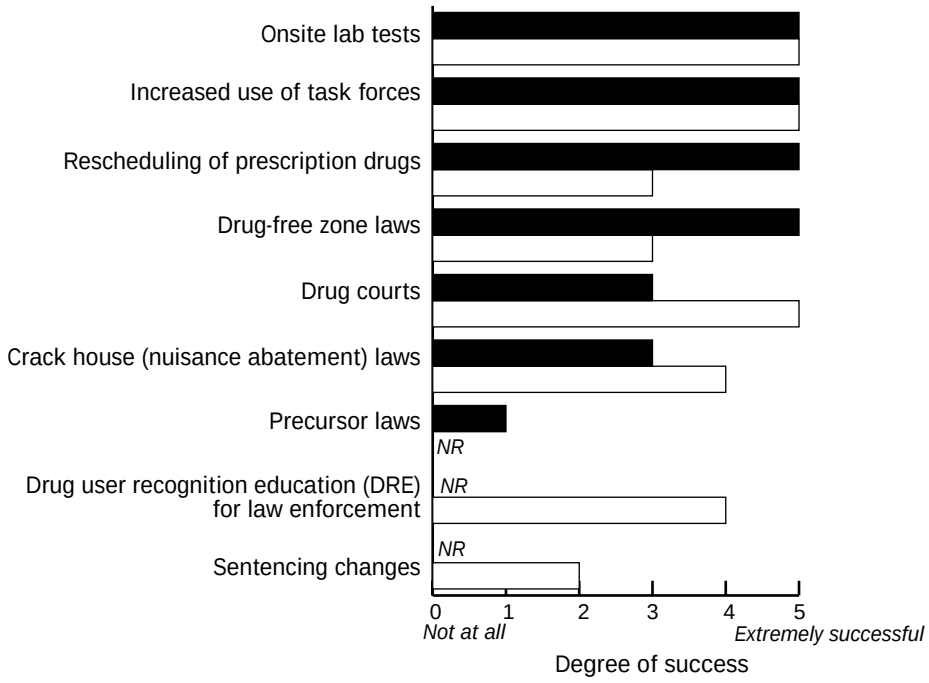
What they have to say...

- *Throwaway phones greatly contribute to difficulty in disrupting drug activity in Miami.[L,E] These phones make it particularly difficult to track those involved in higher level drug smuggling, and two-way-communication cell phones have recently added to the difficulty in tracking drug distributors.[L]*
- *Polydrug dealers are also a particular problem for law enforcement, especially in the club and rave scenes.[L,E]*

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

What they have to say...

- *Onsite lab tests: Rated as extremely successful by law enforcement and epidemiologic sources, onsite lab tests can be interpreted as testing the substance itself or testing a person for substance use. Often, during driving while intoxicated (DWI) stops, officers test drivers for drugs.*[E]
- *Increased use of task forces: As reported in most* Pulse Check *cities, sources rate task forces, which include State task forces on club drugs and prescription drug abuse and High Intensity Drug Trafficking Areas (HIDTA) task forces for heroin and other drugs, as extremely successful.*[L,E]
- *Prescription drug monitoring: Both sources agree that more prescription drug monitoring is needed. The epidemiologic source believes that new prescription drug monitoring legislation will pass during 2003.*[L,E]



SEPTEMBER 11 FOLLOWUP

Since the September 11 attacks, Miami's ecstasy supply has been unstable. The supply from the Belgium and Luxemburg region route was cut off, and more adulterated products sold as ecstasy are now on the market.