PHOENIX METROPOLITAN STATISTICAL AREA PROFILE:

- Total population: . . . 3,251,876
- Median age: . . . . . 33.2 years
- Race (alone):
  - White 77.0%
  - Black 3.7%
  - American Indian/ Alaska Native 2.2%
  - Asian/Pacific Islander 2.2%
  - Other race 12.1%
  - Two or more races 2.9%
- Hispanic (of any race): 25.1%
- Unemployment rate: 3.1%
- Median household income: $44,752
- Families below poverty level with children <18 years: 12.7%

*Source: U.S. Census 2000**

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

Three of the city's *Pulse Check* sources consider the drug problem very serious.[L,E,N] Two[L,M] consider it stable, and two consider it somewhat worse since spring 2002.[E,N]

Sources report several positive changes in drug use and activity:

- Recent increased use of task forces, precursor laws, and crack house (nuisance abatement) laws has been relatively successful in combating drug activity.[L]
- HIV/AIDS among methadone treatment clients has decreased due to community services and prevention education.[M]
- Crack and powder cocaine indicators show declines: cocaine use in general declined;[E] powder cocaine use declined among methadone treatment admissions;[M] and periodically during the last 6 months, crack was not available for purchase.[E]

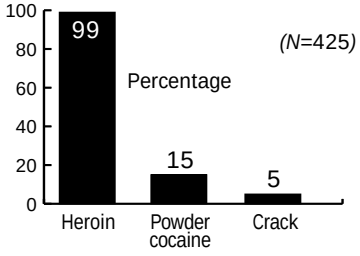
Sources report other changes related to specific drugs of abuse:

- Heroin has become more adulterated, and therefore more toxic.[E]
- Marijuana use increased in general, and particularly among preadolescents.[E]
- Abuse of some prescription opiates increased: primary OxyContin® admissions to the methadone program increased,[M] diverted methadone became less difficult to purchase (as reported in several other *Pulse Check* cities), and methadone-related deaths increased.[E]

Methamphetamine use and activity in particular have changed:

- Use and sales are common in Phoenix and have increased.[L,E]
- Non-methadone treatment admissions increased.[N]
- Mexican nationals who distribute methamphetamine from large operations based in Mexico and California have replaced independent dealers who sell methamphetamine manufactured in small, local "mom and pop" labs.[L]
- Most methamphetamine available in Phoenix is produced by the red phosphorus method; however, labs using the "Nazi" or quick-cooking method increased.[L]
- Methamphetamine prices at all levels declined.[E]

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

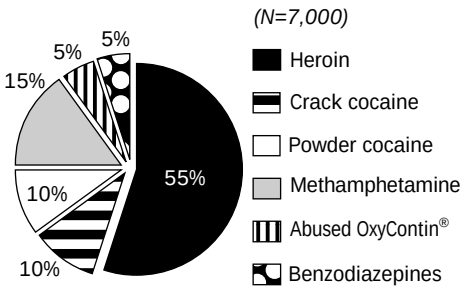


+Includes any use, whether as a primary, secondary, or tertiary drug; response for methamphetamine was "very low"; response for methylenedioxymethamphetamine (MDMA or ecstasy) was zero; marijuana use is not tracked, but reported as "fairly high."

Source: Methadone treatment respondent

- *Powder cocaine use among methadone treatment admissions decreased slightly between spring and fall 2002.*[N]
- *Primary OxyContin® (oxycodone hydrochloride controlled-release) abusers accounted for 1 percent of methadone treatment admissions—a slight increase from the spring.*[M]

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



Source: Non-methadone treatment respondent

Among non-methadone treatment admissions, the proportion of primary methamphetamine users increased slightly between spring and fall 2002. Proportions for the primary use of other drugs remained relatively stable.[N]

**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.*

THE BIG PICTURE *(continued)*

Although the most widely abused drug reported varies by source, three sources report methamphetamine as the drug related to the most serious consequences. New or emerging drugs include ecstasy (as reported in 15 other *Pulse Check* cities), phencyclidine (PCP) (as reported in 6 other cities), and diverted OxyContin® (as reported in 14 other cities).

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

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

Second most widely abused drug:
- Crack[L,N,M]
- Marijuana[E]

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

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

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

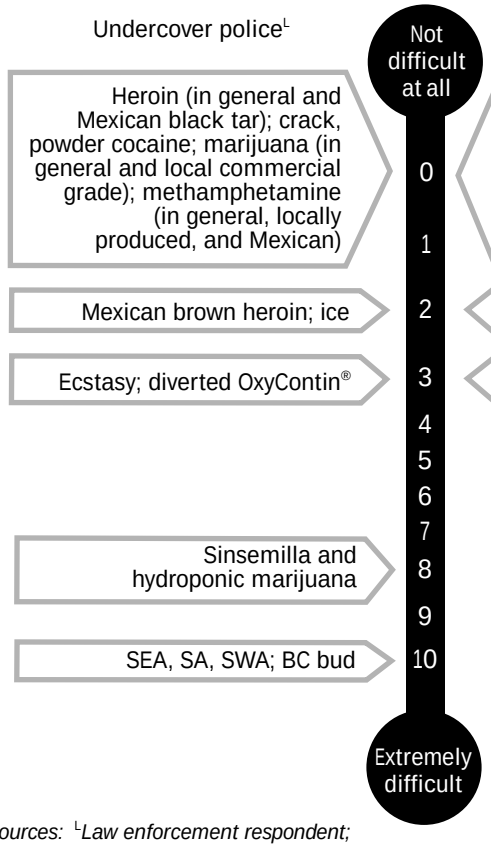
Drug related to the second most serious consequences:
- *Crack*[L,E,N]
- *Benzodiazepines*[M]

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

New or emerging problems:
- Ecstasy activity increased[L]
- PCP[N]
- Diverted OxyContin®[M]

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

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; SEA=Southeast Asian heroin; SWA=Southwest Asian heroin; ice=highly pure methamphetamine in smokable form; and BC bud=British Columbian marijuana.

- *As in more than half (15) of* Pulse Check *cities, marijuana remains extremely easy to buy.*[E]
- *Mexican black tar heroin and methamphetamine are extremely easy for users and undercover officers to buy.*[L,E]
- *Crack is sometimes unavailable for short periods of time.*[E]
- *Users have found PCP and diverted methadone less difficult to buy since spring 2002.*[E]
- *Users and undercover police found other drug availability stable between spring and fall 2002.*[L,E]

HEROIN

Mexican black tar heroin remains extremely easy to buy, and use remains stable.[L,E] Heroin has become more adulterated and more toxic in the past 6 months.[E]

COCAINE

In general, cocaine use (crack and powder) decreased slightly between spring and fall 2002, and crack is sometimes completely unavailable for short periods of time.[E] Among methadone treatment clients, powder cocaine use declined.[M]

MARIJUANA

Marijuana remains widely available,[L,E] and use increased between spring and fall 2002.[E] One source reports that marijuana use among preadolescents is now a common phenomenon.[E]

METHAMPHETAMINE

Most sources cite methamphetamine use and activity as relatively high, and its use in general has increased in the last 6 months.[E] Non-methadone treatment admissions increased slightly between spring and fall 2002.[N]

MDMA (ECSTASY)

Ecstasy activity and use appear to be increasing, and the drug continues to emerge in Phoenix.[L]

OTHER DRUGS

- Diverted OxyContin®: Abuse of OxyContin®, which is considered an emerging drug of abuse, has increased among methadone treatment admissions.[M] The drug continues to be diverted through fraudulent prescriptions and pharmacy thefts.[L,E]
- Diverted methadone: Methadone, often diverted, has become less difficult to buy between spring and fall 2002, and related deaths increased.[E]
- PCP: Considered an emerging drug of abuse, PCP ("sherm," "slum," "cool or kool," and "dust")[N] is less difficult to buy since spring 2002.[E] Its use has increased somewhat, especially among young adult Black males, who smoke the drug in combination with cigarettes or marijuana.[E]
- Abused steroids: One source reports increased abuse of anabolic steroids, especially among young adult White males who use it for bodybuilding purposes.[E]

THE USE PERSPECTIVE

WHAT'S HAPPENING IN TREATMENT?

Treatment capacity and availability

- The *Pulse Check* non-methadone respondent is with a facility that treated more than 7,000 patients in 2002 in its outpatient detoxification, outpatient, and outreach programs. Heroin remains the most common primary drug of abuse (*see pie chart on the first page of this chapter*), and treatment percentages were stable with the exception of an increase in the methamphetamine treatment proportion.[N]
- The methadone treatment respondent is with a facility that operates at about 70 percent capacity (425 of 600 slots).[M] About 20 percent of its heroin clients also use some form of cocaine (*see bar graph on the first page of this chapter*). The facility targets the Hispanic population in Phoenix and focuses on comprehensive services.

Consequences of drug use and co-occurring disorders

- The methadone treatment source states that HIV/AIDS among drug treatment clients decreased due to increased community services and prevention education in Phoenix.
- The most serious drug abuse-related health consequence is hepatitis C, which is increasing according to treatment sources.[N,M] The methadone treatment source explains that the program "treats clients under the assumption that they are positive for hepatitis C." The non-methadone treatment source also views drug-related automobile accidents, high-risk pregnancies (due to an increase in sex for drugs on the streets), drug overdoses (due to the increase of drug potency and polydrug use), and abscesses as particularly common and increasing. Needle sharing and contaminated needles continue as common causes of drug-related illnesses.[N]
- The most common co-occurring disorders among drug treatment clients remain antisocial and conduct disorders, psychoses, mood disorders, and suicidal thoughts or attempts. The non-methadone treatment source explains that gaps in coordination of treatment services (e.g., detoxification, addiction counseling, and social services) make it difficult to treat clients with dual diagnoses.

Barriers to treatment

- The non-methadone treatment source reports several barriers to treatment that increased between spring and fall 2002: limited slot capacity, lack of trained staff to treat comorbidity, violent behavior among presenting clients, and lack of transportation or money for transportation.
- The methadone treatment source cites lack of bilingual staff (Spanish and English speaking), especially those who treat co-occurring disorders, as a common barrier to treatment.

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 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	>30
Mean age (years)	Midforties	34	35
Gender	66% male	55% male	55% male
Race/ethnicity	50% White 40% Hispanic (any race) 10% Native American	Hispanic (any race)	45% White 45% Hispanic (any race) 10% Black
Socioeconomic status	NR	Middle	Low
Residence	Central city	Central city	Central city
Referral source	N/A	Individual	Individual
Level of education completed	N/A	Junior high school	High school
Employment at intake	N/A	Unemployed and part time ("odd jobs")	Unemployed

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

- *Most heroin users are males older than 30 who live in the central city.*[E,N,M]
- *Heroin (now often referred to as "lady") use among females has increased over the last 5 years.*[M]
- *The Medicaid program was expanded recently, and more methadone admissions are insured by Medicaid than in spring 2002. The Medicaid-insured population is of a lower socioeconomic status, less likely to be employed, and has more other illnesses than non-Medicaid clients.*[M]
- *Users new to non-methadone treatment are more likely than the general heroin-using population to be White (versus Hispanic), from the suburbs (versus the central city), and using only heroin (versus speedball use).*[N]

How do users take heroin?

Characteristic	E	N	M
Primary route of administration	Injecting	Injecting	Injecting
Other drugs taken	Powder cocaine (speedball) methamphetamine (in combination)	Powder cocaine (speedball)	Powder cocaine (speedball) benzodiazepines (sequentially)
Publicly or privately?	NR	Privately	Privately
Alone or in groups?	Both	Alone	In groups

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

- *Heroin users in Phoenix tend to inject Mexican black tar heroin.*[E,N,M]
- *Speedball use (powder cocaine injected with heroin) remains common.*[E,N,M]
- *Among methadone treatment clients, smoking has increased as a route of heroin administration since spring 2002.*[M]
- *Sources report no other changes in heroin use patterns since spring 2002.*

Who's most likely to use cocaine?

Characteristic	Crack			Powder cocaine		
	E	N	M	E	N	M
Age group (years)	>30	>30	18–30	>30	>30	>30
Mean age (years)	NR	34	NR	NR	34	NR
Gender	Female	Split evenly	Split evenly	Male	Split evenly	55% male
Race/ethnicity	Black	Hispanic (any race)	Black	65% White 15% Hispanic	White	White and Hispanic (any race)
Socioeconomic status	Low	Low	Low	NR	Middle	Low
Residence	Central city	Central city	Central city	Central city	Suburbs	Central city
Referral source	N/A	Individual	Individual	N/A	Individual	Individual
Level of education completed	N/A	Junior high school	None	N/A	Junior high school	High school
Employment at intake	N/A	Unemployed	Part time	N/A	Unemployed	Unemployed

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

- *The epidemiologic respondent reports a decrease in crack and powder cocaine use since spring 2002.*[E]
- *Similar to heroin users, crack and powder cocaine users are most likely to be adults older than 30 of low socioeconomic status who live in the central city.*
- *Crack cocaine users are more likely than powder cocaine users to be Black or Hispanic and female.*
- *Powder cocaine users new to non-methadone treatment are much younger than the general powder cocaine-using population (mean age of 26 versus 34 years), and they are more likely to be from the suburbs.*[N]
- *Between spring and fall 2002, powder cocaine use declined among methadone treatment clients. The methadone treatment source explains that most "heroin addicts didn't realize that cocaine was often present in heroin....Suppliers no longer cut heroin with cocaine because it's too expensive"; thus, the amount of powder cocaine a methadone treatment client ingests declined.*[M]

How do users take cocaine?

Characteristic	Crack			Powder cocaine		
	E	N	M	E	N	M
Primary route of administration	Smoking	Smoking	Smoking	Snorting	Injecting	Injecting
Other drugs taken	Varies	Heroin (as a substitute)	Marijuana (in combination)	Heroin (speedball) methamphetamine (in combination)	Heroin (speedball)	Heroin (speedball)
Publicly or privately?	NR	Publicly	Publicly	Privately	Privately	NR
Alone or in groups?	NR	In groups	Alone	NR	Alone	NR

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

- *Sources agree that if crack is unavailable in Phoenix, other drugs are used as substitutes: "Crack users often use any other drug available as a substitute";[E] heroin is often taken as a substitute for crack.[N]*
- *Marijuana is often taken sequentially with crack: heroin- and crack-using methadone treatment admissions often smoke marijuana while on methadone maintenance (when they no longer use heroin).[M]*
- *According to the epidemiologic source, powder cocaine is most often snorted, but it is also commonly injected with heroin (speedball), and used in combination with methamphetamine.[E] According to both treatment sources, injecting is the most common route of administration for powder cocaine, most often with heroin in a speedball.[N,M]*
- *Respondents report no changes in cocaine use patterns between spring and fall 2002.*

Who's most likely to use marijuana?

Characteristic	E
Age group (years)	13–30
Gender	65% male
Race/ethnicity	55% White 27% Hispanic 12% Black
Socioeconomic status	Low and middle
Residence	All

Source: [E]Epidemiologic/ethnographic respondent

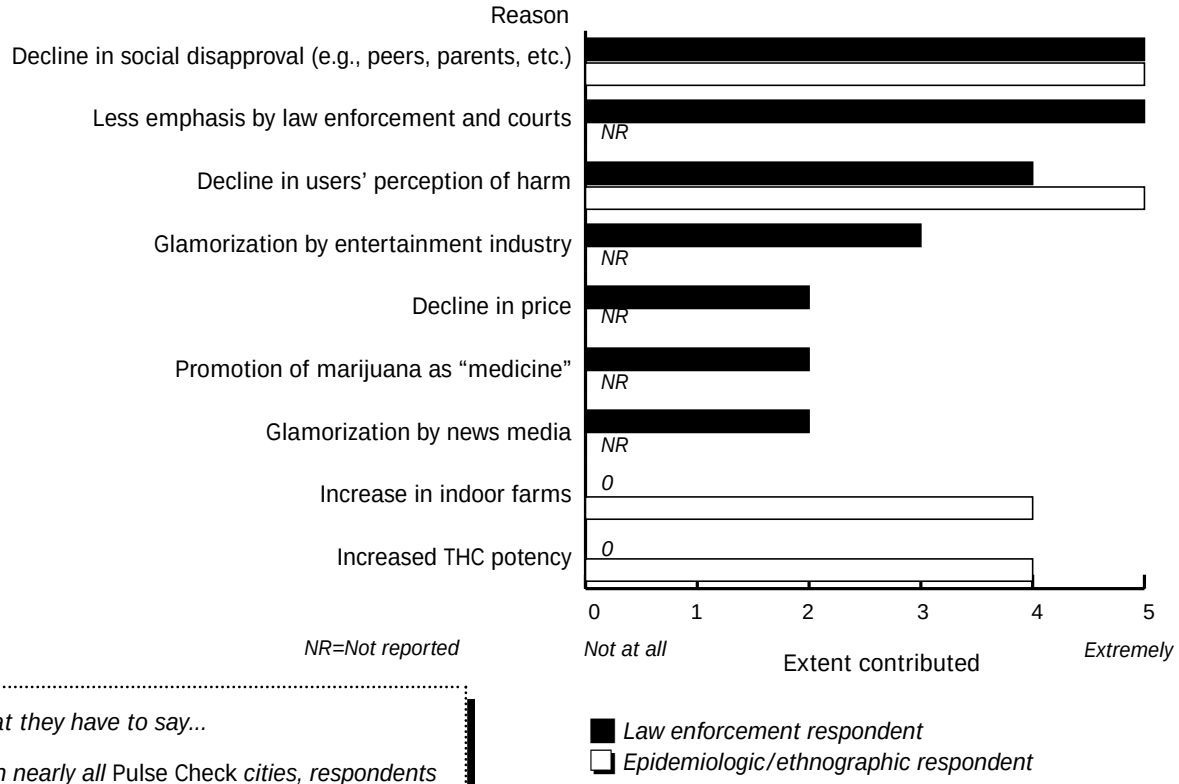
- *In general, marijuana use increased since spring 2002.[E]*
- *The methadone treatment source reports fairly high use among its clients, but this program does not track marijuana user demographics.[M]*
- *Preadolescents now use marijuana.[E]*
- *Among new marijuana users, females, Whites, and those of middle socioeconomic status increased between spring and fall 2002.[E]*
- *Most marijuana users in Phoenix smoke the drug in joints; it is also a secondary substance and a substitute for many other drugs.[E]*

WHAT ARE THE NEGATIVE CONSEQUENCES OF MARIJUANA USE?

The epidemiologic respondent associates marijuana, used either alone or with other drugs, with the following consequences, which remained stable between spring and fall 2002:

- Drug-related arrests
- Automobile accidents
- Illnesses, especially flu and asthma
- High-risk pregnancies
- Short-term memory loss
- Deteriorating family and social relationships
- Poor academic performance
- School absenteeism, truancy, or dropping out of school
- Unemployment rates

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



What they have to say...

As in nearly all Pulse Check *cities, respondents agree that decline in social disapproval of marijuana has greatly contributed to widespread use of the drug.*[L,E]

Who's most likely to use methamphetamine, and how do they use the drug?

Characteristic	E	N
Age group (years)	>30	18–30
Mean age (years)	31–35	26
Gender	Split evenly	Split evenly
Race/ethnicity	White	White
Socioeconomic status	Low	Middle
Residence	All	Suburbs
Referral source	N/A	Individual
Level of education completed	N/A	Junior high school
Employment at intake	N/A	Unemployed

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

- *In general, between spring and fall 2002, use of methamphetamine (known as "crank" and "go fast" in Phoenix) increased, as did non-methadone treatment admissions.*[E,N]
- *Methamphetamine users tend to be White and split evenly between genders.*[E,N]
- *Methamphetamine and powder cocaine users seem to live in opposite ends of the city: most methamphetamine use occurs in the East Valley, and most powder cocaine use occurs in South Phoenix.*[E]
- *Injecting is the primary route of administration among methamphetamine users in Phoenix, followed by smoking.*[E,N,M]
- *Heroin or cocaine is often used in combination with methamphetamine.*[E]
- *User and use characteristics remained stable between fall and spring 2002.*

Who's most likely to use ecstasy?

Most ecstasy users are White young adults (18–30 years) of middle socioeconomic status who live in the central city or suburbs.[E] Ecstasy is most often taken in private settings, in groups, and among friends. The drug is often used in combination with marijuana.[E] Respondents report no changes in use or user characteristics since spring 2002.

Other Drugs

- Abused OxyContin®: OxyContin® treatment admissions increased between spring and fall 2002.[M] Most non-methadone primary OxyContin® admissions are suburban White adults of middle socioeconomic status who are equally likely to be male or female.[N] The drug is taken orally, often in combination with marijuana. Another form of oxycodone (Percodan®) is often abused as a substitute for OxyContin®.[M]
- Abused benzodiazepines: Alprazolam (Xanax®), diazepam, and clonazepam (Klonopin®) are commonly abused benzodiazepines. Treatment client demographics are similar to those of OxyContin® clients.[N]

THE MARKET PERSPECTIVE

WHERE ARE DRUGS USED AND SOLD?

The majority of drug sales in Phoenix occur in central city areas, with heroin and powder cocaine sales concentrated in the central city, and crack, marijuana, methamphetamine, and ecstasy sales spread equally across all areas of the city.

Heroin, crack and powder cocaine, and marijuana are sold in a variety of public and private settings:

- Crack houses/shooting galleries[L,E]
- Private residences[L,E]
- Inside cars[L,E]
- Streets and open-air markets[L,E]
- Public housing developments (excluding heroin)[L,E]
- Hotels/motels (excluding heroin)[L,E]
- Around drug or alcohol treatment clinics (excluding powder cocaine)[E]

Additionally, powder cocaine is sold on college campuses and in nightclubs and bars.[L,E] Marijuana is also sold at raves and concerts.[L]

Methamphetamine is sold in the following settings:

- Private residences[L,E]
- Hotels/motels[L,E]
- Inside cars[L,E]
- Around schools[L]
- College campuses[L]
- Private parties[L]
- Streets and open-air markets[E]
- Public housing developments[E]

Ecstasy is sold in the following settings:

- College campuses[L,E]
- Private parties[L,E]
- Raves[L,E]
- Concerts[L,E]
- Private residences[L]
- Around schools[L]
- Nightclubs and bars[E]
- Private parties[E]

HOW DO DRUGS GET FROM SELLERS TO BUYERS?

What follows is a typical drug-buying scenario for most drugs, including heroin, crack and powder cocaine, methamphetamine (sold by organized dealers), and marijuana:[L]

- A buyer is introduced to a dealer via a mutual acquaintance.
- The dealer gives the buyer his or her pager number.
- The buyer contacts the dealer via pager to request drugs and set up a meeting for the exchange of the drug.
- The buyer and dealer meet (often in the buyer's private residence or car) to exchange the drug hand to hand.

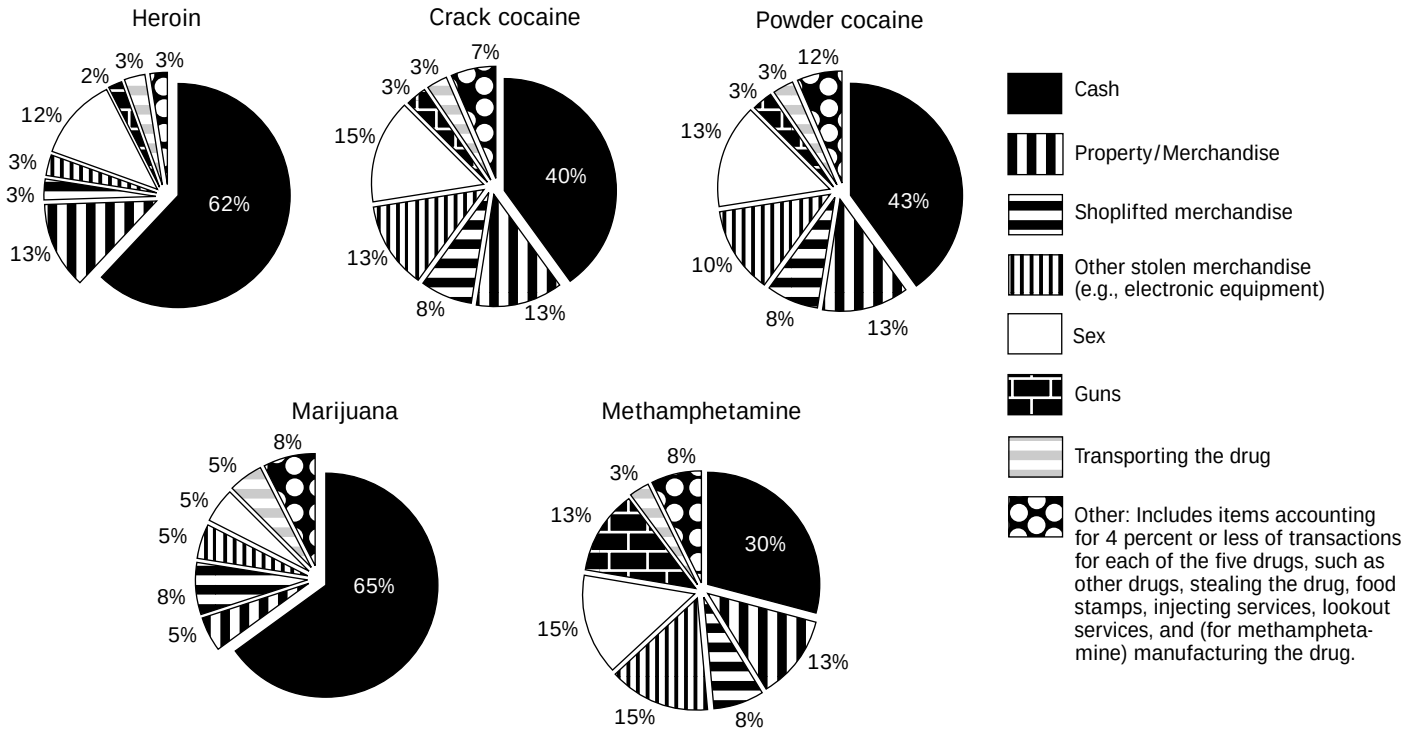
Additionally, to obtain crack, buyers may simply enter crack houses to purchase the drug.

WHO SELLS ILLEGAL DRUGS?

Most drug dealers in Phoenix are polydrug distributors who sell heroin, powder and crack cocaine, and methamphetamine (produced by large Californian or Mexican meth labs). These organized sellers are young adults associated with Mexican trafficking organizations.

Drugs sold mostly by independent dealers include marijuana, methamphetamine (produced by independent, local meth labs), ecstasy, and diverted OxyContin®. These dealers tend to sell only one type of drug, with the exception of ecstasy dealers, who often sell ketamine or gamma hydroxybutyrate (GHB).

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



Source: Mean of response ratings given by law enforcement, non-methadone treatment, and methadone treatment respondents; the methadone treatment respondent provided percentages for heroin exchanges only.

- *Respondents report that cash is the most common means of exchange for illegal drugs—but less so compared with other* Pulse Check *cities. One source notes that over the past 10 years cash exchanges for drugs declined.*[N]
- *Methamphetamine, in particular is much less likely to be obtained via cash than in other cities. Common items exchanged for the drug include stolen merchandise (such as electronic equipment and cars), sex (especially between female buyers and male dealers), guns, stolen identities and fraudulent documents, and chemicals for manufacturing methamphetamine. The exchange of stolen identities, fraudulent documents, and methamphetamine precursors for methamphetamine increased over the past 10 years.*[N]
- *Ten years ago, buyers who exchanged sex for heroin were predominantly female; now they are just as likely to be male.*[M]
- *The non-methadone treatment source reports that among outpatient detoxification clients, the practice of sending fellow users out to buy drugs in exchange for a "cut" of those drugs is much more common than among general outpatient clients. This practice has increased over the past 10 years.*

Which drug sellers are associated with which crimes?

Crime	Heroin	Powder cocaine	Crack cocaine	Marijuana	Metham-phetamine	Ecstasy
Violent criminal acts: home invasions and homicides	✓	✓	✓		✓	
Violent criminal acts: aggravated assaults				✓	✓	✓
Nonviolent criminal acts: property crimes				✓		✓
Domestic violence					✓	

Sources: Law enforcement respondent

Illegal drug sales are associated with many violent and nonviolent crimes.[L] The law enforcement source describes methamphetamine sales, in particular, as linked to high levels of violent crimes (such as aggravated assaults, homicides, robberies, and domestic violence).

How much do illegal drugs cost?

Drug	Unit	Price
Mexican black tar heroin	100–200 mg ("a twenty")	$20
	1 g	$100–$120
Crack	200–300 mg	$20
Powder cocaine	0.25 g	$20
	1.77 g ("teener")	$40–$60
	3.5 g	$80–$100
Commercial grade marijuana	6–7 g (dime bag)	$20
	1 oz	$60–$80
Methamphetamine	1.77 g (teener)	$80–$110
	0.125 oz (eightball)	$120–$180
Ecstasy	One pill	$20–$30
Diverted OxyContin®	40-mg pill	$20–$25

Source: Law enforcement respondent

- *Between spring and fall 2002, drug prices remained relatively stable with one exception: all methamphetamine prices declined.[L] The law enforcement source further states that heroin prices declined drastically over the past 5 years.*
- *Sources did not give drug purity levels, but the epidemiologic source reports that heroin has become more adulterated (and more toxic) since spring 2002, and that ecstasy sold at raves is sometimes laced with heroin or methamphetamine.*

COMMUNITY INNOVATIONS AND TOOLS OVER THE PAST 10 YEARS: HOW SUCCESSFUL HAVE THEY BEEN?

The law enforcement source reports that increased use of task forces, precursor laws, and crack house (nuisance abatement) laws have been relatively successful in combating drug activity in Phoenix.

Patrol precincts have uniform neighborhood enforcement teams specifically designed to take care of all problems within one neighborhood. These teams work with narcotics detectives to solve problems in that neighborhood. This program has been ongoing for 5 years, but "has really taken off in the past 2 years."[L]

SEPTEMBER 11 FOLLOWUP

Three of four Phoenix *Pulse Check* sources believe that the September 11 attacks and their aftermath have had no effects on the drug abuse problem.[L,N,M] The epidemiologic source states that anxiety and depression among the general population and the drug-using population may be more common and more severe, causing increased comorbidity among drug treatment clients.