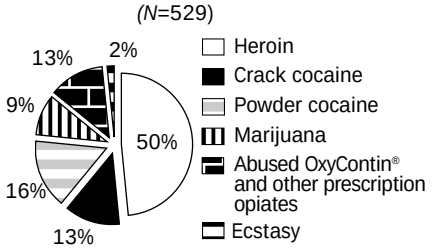
PITTSBURGH METROPOLITAN STATISTICAL AREA PROFILE:

- Total population: . . . 2,358,695
- Median age: . . . . . 40.0 years
- Race (alone):
  - White: 89.5%
  - Black: 8.1%
  - American Indian/ Alaska Native: 0.1%
  - Asian/Pacific Islander: 1.1%
  - Other race: 0.3%
  - Two or more races: 0.9%
- Hispanic (of any race): 0.7%
- Unemployment rate: 2.6%
- Median household income: $37,467
- Families below poverty level with children <18 years: 12.7%

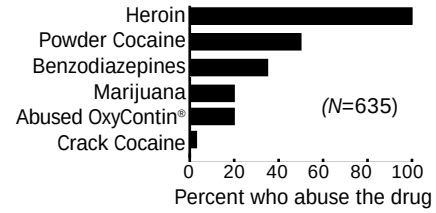
*Source: U.S. Census 2000**

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 use?+ (Fall 2002)



+Includes any use, whether as a primary, secondary, or tertiary drug; responses for methamphetamine and ecstasy were zero.

Source: Methadone treatment respondent

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,[E,N,M] and three consider it to be somewhat worse.[L,E,N] Opiate use and activity, in particular, have changed:

- All sources report that heroin use and activity have increased. Both treatment sources report an increase in heroin-using clients.[N,M]
- Heroin-related deaths have risen drastically since spring 2002.[E]
- Heroin use among adolescents, young adults, and females has increased dramatically.[E] Heroin snorting has increased, especially among these populations.[L,E]
- Heroin purity has increased[L] as Colombian white powder heroin availability has grown.[E] Heroin brand names are becoming more common as seller groups become more organized.[L]
- The abuse of OxyContin® (oxycodone hydrochloride controlled-release) has increased significantly.[E]
- Diverted methadone is considered easy to buy, and its use has increased.[E]
- Many OxyContin® abusers are switching to abusing methadone because diverted OxyContin® is more difficult to obtain.[N]

Methamphetamine use appears low and stable, but lab activity and sales have increased. Most methamphetamine is sold north of Pittsburgh, but sales are beginning to move south, and several labs have been seized within the city.[L,E]

Cocaine and marijuana use and activity remain at high but stable levels.

All four sources report heroin as the most widely abused drug and the drug related to the most serious consequences.

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

Changes between spring and fall 2002: Heroin replaced diverted OxyContin®.[N]

Second most widely abused drug:
Crack[L,E]
Prescription opiates[N]
Powder cocaine[M]

Changes between spring and fall 2002: Prescription opiates replaced crack.[N]

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

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

New or emerging problems:
Methamphetamine activities have increased, and heroin purity has increased.[L]
Diverted Oxycontin® and methadone and powder (snortable) heroin[E]
Methylenedioxymethamphetamine (MDMA or ecstasy) and other club drugs [N]

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.

- *Among non-methadone treatment admissions, the proportion of primary heroin and OxyContin® abusers increased somewhat between spring and fall 2002. Proportions for the primary use of other drugs remained relatively stable.*
- *The number of primary heroin users admitted to the methadone treatment program increased somewhat. Methadone percentages for secondary and tertiary drugs were relatively stable, except for powder cocaine, which increased slightly.*

**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

All sources report that heroin use and activity have increased since spring 2002:

- All sources report that heroin is the most widely abused drug and the drug related to the most serious consequences.
- Heroin snorting (especially among younger users) has increased.[L,E]
- Heroin purity has increased,[L] as has Colombian white powder heroin availability.[E]

COCAINE

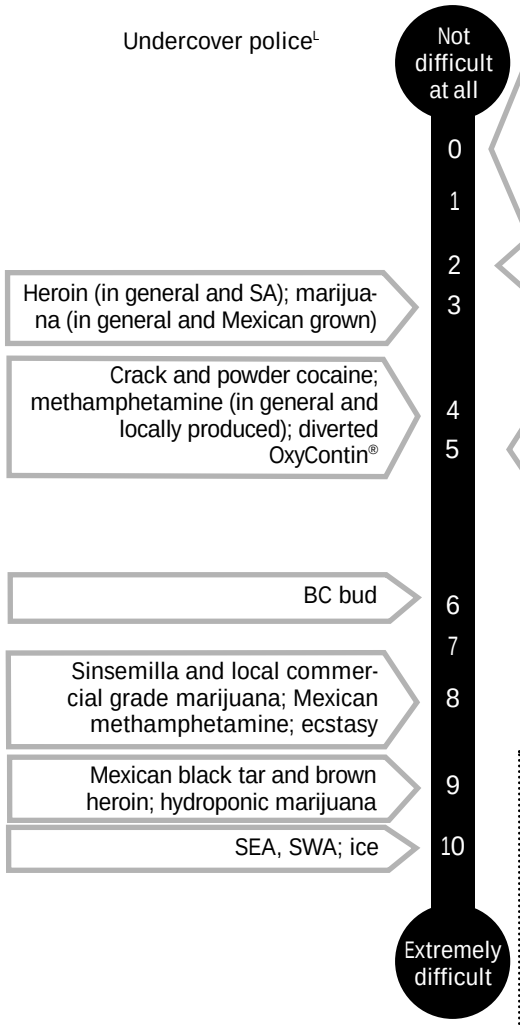
Use of crack and powder cocaine is stable at high levels:

- "The force driving the continuing high levels of powder and crack cocaine use is diminishing treatment capacity across the city."[E]
- Nearly half of the heroin admissions to methadone treatment also use powder cocaine, usually by injecting the drug in combination with heroin. This proportion of secondary and tertiary powder cocaine users increased between spring and fall 2002.

MARIJUANA

As in the majority of *Pulse Check* cities, sources report stable marijuana use and sales activity at high levels.[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; and BC bud=British Columbian marijuana

- *Heroin and marijuana are relatively easy for users and undercover officers to buy.*[L,E]
- *Users find several drugs less difficult to buy since spring 2002:*[E]
  - *Heroin (in general and South American, in particular)*
  - *Methamphetamine (in general, locally produced, and ice)*
  - *Ecstasy (because local labs are starting to emerge in and around the city)*
  - *Diverted OxyContin®*
- *Unlike the epidemiologic source, the law enforcement source believes ecstasy is relatively difficult to buy and has become more difficult to buy since spring 2002 due to a recent bust of a trafficking organization in Pittsburgh.*

METHAMPHETAMINE

Methamphetamine activity has been increasing:

- Most methamphetamine is sold north of Pittsburgh, but sales are starting to move south.[L]
- Methamphetamine use is stable at low levels; however, two labs were recently detected in the city and use is emerging on college campuses.[E]
- Methamphetamine (locally produced powder and ice) has become less difficult to buy since spring 2002.[E]

MDMA (ECSTASY)

Most sources consider ecstasy use as relatively low and stable. The non-methadone source states that it is an emerging drug in Pittsburgh.

OTHER DRUGS

- Diverted OxyContin®: OxyContin® is considered an emerging drug of abuse.[E] Non-methadone treatment percentages increased between spring and fall 2002. As many as 20 percent of primary heroin clients in the methadone program abuse OxyContin® as a heroin substitute or in combination with heroin.[M]
- Diverted methadone: Diverted methadone is considered easy to buy, and its abuse has increased.[E] Many OxyContin® addicts are switching to diverted methadone because diverted OxyContin® is more difficult to obtain.
- Benzodiazepines: As many as 35 percent of heroin users in the methadone treatment program (a stable percentage) abuse a benzodiazepine as a secondary or tertiary drug.

THE USE PERSPECTIVE

WHAT'S HAPPENING IN TREATMENT?

- The *Pulse Check* non-methadone treatment respondent, whose facility's 1,170-slot capacity is fully utilized, reports that most clients abuse heroin as their primary drug *(see pie chart on the first page of this chapter)*. Most young adult (age 18–30) admissions primarily abuse heroin, while most adults older than 30 primarily abuse prescription opiates—although heroin use has increased among that age group as well. Treatment percentages in the non-methadone program remained relatively stable between fall and spring 2002, except for an increase in heroin and diverted OxyContin® as primary drugs of abuse.
- About half of primary heroin treatment admissions to the non-methadone program are repeat clients for drug abuse treatment. The recidivism rate for other drugs is much lower (between 5 and 20 percent).
- The methadone treatment respondent, whose 655-slot capacity is almost fully utilized, reports an increase since spring 2002 in demand for heroin treatment, especially among young adults (age 18–30), and an increase in the proportion of clients who also abuse powder cocaine as a secondary or tertiary drug.
- Methadone treatment is available only in selected areas of the city, typically in the central city. Public and private methadone treatment are more available than they were 6 months ago, but both types of programs have long waiting lists. Capacity for methadone programs has grown in response to the drastic increase in demand and because programs tend to be very profitable.[E] A large non-methadone treatment provider in the area recently closed, so remaining non-methadone treatment programs have filled and nearly all have waiting lists.
- Hepatitis C among injecting drug users continues to be a major concern for treatment providers, with prevalence rates up to 90 percent. Moreover, heroin overdoses have increased somewhat since spring 2002 due to the greater availability of high-purity heroin.[N]
- Antisocial, conduct, and mood disorders are increasingly problems for drug clients, as is the lack of trained staff to treat comorbidity.[N,M]
- The methadone treatment source reports that an increase in polydrug use and mental health disorders among clients is of major concern. The non-methadone treatment source reports a dramatic rise in heroin use among the younger population. Treatment of this population is made more difficult by decreased funding for treatment and the amount of time allowed for treatment due to recent cuts in public funding and managed care.

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 popula-

tions 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.

The Pittsburgh epidemiologic respondent shares examples of the impact of the increased use of heroin:

- Treatment for heroin has increased throughout the city.
- Heroin-related deaths are up drastically since spring 2002, including several violent murders by young adults who were using heroin.
- High schools are trying to control the heroin problem by holding "grieving sessions" regarding heroin-related deaths and heroin awareness nights.
- In the last 5 years, adolescent opiate use has increased by 45 percent, according to local surveys. Most of these youth are snorting powder heroin.

Who's most likely to use heroin?

Characteristic	E	N	M
Age group (years)	>30	13–30	>30
Mean age (years)	25–40	23	34
Gender	Male	60% male	62% male
Race/ethnicity	White	White and Black	65% White
Socioeconomic status	Middle	Low and middle	Low
Residence	Suburbs	Suburbs	Central city
Referral source	N/A	Varies widely	Individual
Level of education completed	N/A	High school	High school
Employment at intake	N/A	Varies widely	Unemployed

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

- *All three sources agree that males predominate as heroin users, but the two treatment sources report a relatively high proportion of female users (38–40 percent), and the epidemiologic source reports that females have been increasingly using the drug since spring 2002.*
- *Use among middle-class adolescents and young adults has increased dramatically since spring 2002. A new trend among high school students is the attempt to snort the drug while in class. Moreover, those who snort heroin tend to switch quickly to injecting the drug.*[E]
- *Heroin clients in the non-methadone treatment program differ from clients in the methadone program: the non-methadone treatment program serves mostly heroin clients of low and middle socioeconomic status in the suburbs, while the methadone program serves clients of low socioeconomic status in the central city. The epidemiologic source reports that heroin (and crack and powder cocaine) is often purchased in the city, but targeted to the suburban community.*

How do users take heroin?

Characteristic	E	N	M
Primary route of administration	Injecting	Snorting and injecting	Injecting
Other drugs taken	Powder or crack cocaine (speedball)	NR	Powder cocaine ("double dutch")
Publicly or privately?	Publicly	Privately	Privately
Alone or in groups?	In groups/ among friends	In groups/ among friends	Alone

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

- *Injecting is the most common route of administration;*[E,M] *however, heroin snorting has increased as a route of administration since spring 2002. In fact, among new heroin users, it is the most common way to take the drug.*[E]
- *Heroin and powder cocaine injected in combination has increased since spring 2002.*[M]
- *No other changes in heroin use patterns are reported since spring 2002.*[E,N,M]

Who's most likely to use cocaine?

- *Sellers tend to "push" crack cocaine on Black females (especially prostitutes) as a sex enhancer. Females are increasingly using crack, and the gender gap is not as large as that for heroin.*[E]
- *The number of white collar workers using crack cocaine has increased slightly since spring 2002.*[E]

	Crack		Powder cocaine	
Characteristic	E	N	E	N
Age group (years)	18–30	>18	>30	>18
Mean age (years)	18–25	30	NR	35
Gender	Male	70% male	Male	70% male
Race/ethnicity	Black	White and Black	White and Black	White and Black
Socioeconomic status	Low	Low and middle	Middle and high	Middle and high
Residence	Central city	Central city	Suburbs and central city	Suburbs
Referral source	N/A	Criminal justice, individual, and other alcohol/drug abuse care provider	N/A	Varies
Level of education completed	N/A	High school	N/A	4-year college
Employment at intake	N/A	Unemployed	N/A	Full and part time

Note: Due to the low proportion of crack use (primary, secondary, and tertiary) the methadone treatment source did not provide demographic user information. The demographic information for secondary and tertiary powder cocaine users in treatment is identical to that of heroin users.

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	13–30
Mean age (years)	NR	22
Gender	Male	Split evenly
Race/ethnicity	White	White and Black
Socioeconomic status	All	Middle and high
Residence	All	Suburbs
Referral source	N/A	Criminal justice, individual, and school
Level of education completed	N/A	Junior high and high school
Employment at intake	N/A	Full-time students

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

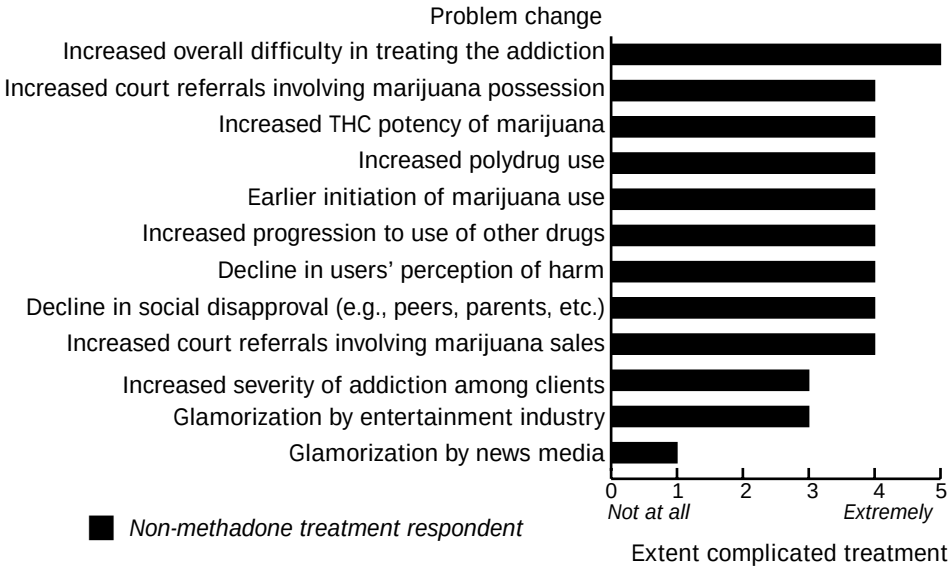
- *New users of marijuana have increased since spring 2002. These users tend to be adults older than 50.*[E]
- *Sources reported no other changes in marijuana user characteristics between spring and fall 2002.*
- *Marijuana is most often smoked in joints* [E,N] *and continues to be laced with ecstasy.*[E]

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:

- Drug-related emergency room visits, especially related to respiratory illnesses[E]
- Drug-related arrests[N]
- Automobile accidents[E]
- Short-term memory loss[E]
- Deteriorating family and social relationships[E]
- Poor academic performance[E,N]
- School absenteeism or truancy[E,N]
- Dropping out of school[E]
- Poor workplace performance[E,N]
- Workplace absenteeism[E]

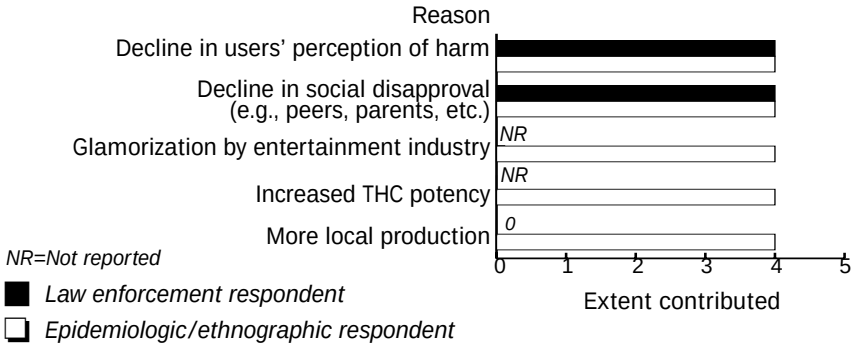
Marijuana-using clients: To what extent have changes in the following problems complicated their treatment over the past 10 years?



What they have to say...

- *Increased severity of addiction among clients: Increased addiction to marijuana may be caused by greater availability of the drug and increased potency, which in turn causes increased withdrawal symptoms.*[N]
- *Increased difficulty in treating the addiction: Along with increased addiction to marijuana, limits on treatment time for marijuana users by many managed care programs may make clients more difficult to treat.*[N] *By comparison,* Pulse Check *respondents in other cities generally attribute less importance to this aspect of the problem.*
- *Increased polydrug use and increased progression to use of other drugs: Marijuana users are increasingly using other drugs of abuse simultaneously or moving on to the abuse of other drugs, such as heroin, OxyContin®, and ecstasy.*[N]

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



What they have to say...

- *As in the majority of* Pulse Check *cities, sources agree that the decline in users' perception of harm and the decline in social disapproval of marijuana have increased the widespread availability and use of marijuana.*[L,E]
- *Both sources also agree that the price of marijuana over the last 10 years has not declined.*[L,E]

WHO'S MOST LIKELY TO USE METHAMPHETAMINE, AND HOW IS IT USED?

Methamphetamine users are most often young adult (18–30 years) White males of low to middle socioeconomic status who live in rural areas. The drug is mostly smoked (often in combination with marijuana), although some is taken orally. Methamphetamine use and sales are emerging on college campuses.[E]

WHO'S MOST LIKELY TO ABUSE OXYCONTIN®, AND HOW DO THEY ABUSE THE DRUG?

White adults of low and middle socioeconomic status who live in suburban and rural areas are most likely to abuse OxyContin®.[E,N] Abuse of the drug has increased significantly between spring and fall 2002.[E]

Depending on the drug most readily available, heroin users often switch to OxyContin® abuse, and OxyContin® abusers often switch to heroin or methadone abuse.[E,M] In particular, many heroin addicts with chronic pain abuse OxyContin®.[M] Similarly, the non-methadone treatment source reports that heroin users are increasingly switching to OxyContin® abuse, typically by snorting and injecting the drug.

WHO'S MOST LIKELY TO ABUSE METHADONE, AND HOW DO THEY ABUSE THE DRUG?

Heroin addicts often buy diverted methadone to detoxify themselves.[E] Frequently, methadone treatment clients will not swallow the entire daily dose of methadone in order to sell the remainder illegally.[M] The epidemiologic source states that diverted methadone has increased as a problem in the last 5 years due to the proliferation of for-profit methadone treatment centers and the fact that the State does not fix dosage standards for these clinics.

THE MARKET PERSPECTIVE

WHERE ARE ILLEGAL DRUGS USED AND SOLD?

- Most heroin, crack, powder cocaine, and marijuana sales occur in the central city on the streets; however, the drugs are sold in a variety of other locations including the following:[L,E]
  - Crack houses or shooting galleries
  - Private residences
  - Public housing developments
  - Inside cars

Additionally, cocaine and marijuana are sold around schools, college campuses, nightclubs and bars, raves, and concerts, and at private parties. A new sales venue for powder and crack cocaine is pizza delivery restaurants: when customers place a pizza order, they can request powder or crack cocaine. The drugs are delivered to buyers' houses inside pizza boxes.[E]

Methamphetamine is sold in private residences and on college campuses, and ecstasy is sold in private residences, public housing developments, and nightclubs/bars; on college campuses; at private parties, raves, and concerts; and inside cars.[L]

HOW DO DRUGS GET FROM SELLERS TO BUYERS?

Sales methods often vary by drug:

- Heroin and cocaine: In addition to typical street corner sales in neighborhoods known for drug activity, heroin, crack cocaine, or powder cocaine may be purchased in several ways, including the pizza delivery method discussed previously.
- Marijuana: Sales methods vary widely. Dealers who sell primarily marijuana may also sell prescription pills, such as diverted hydrocodone (Vicodin®) and methylphenidate (Ritalin®).[E]
- Methamphetamine: Buyers go directly to the lab sites, most of which are in rural areas, to purchase the drug.[L]
- Ecstasy: Sales tend to be venue oriented (at parties and nightclubs). A buyer at a party may "simply ask around" for ecstasy, referred to as "eve," "X," and "peace."[L] Ecstasy sellers often distribute ecstasy with sildenafil (Viagra®); other drugs sold include ketamine, lysergic acid diethylamide (LSD), and mescaline.[L]
- Diverted OxyContin®: The drug is diverted mostly through fraudulent prescriptions, and doctors reportedly write false prescriptions for sex.[L] There is a small illegal market for the diverted drug, and it sells for $1 per milligram. People increasingly use the Internet to fill prescriptions for OxyContin® and to sell it illegally. Most of the people who divert the drug use it themselves.[L] Other diverted prescription opiates, such as meperidine (Demerol®) and codeine, are often sold with the drug.[E]

WHO'S SELLING HEROIN AND CRACK COCAINE?

According to the law enforcement source:

- Most sellers are organized as loose-knit street gangs or "crews."
- Dealers are predominantly young adults (18–30 years) who are very likely to use the drug.

According to the epidemiologic source:

- Dealers can be grouped into two categories: street gangs or people who are connected to Colombian traffickers.
- Sellers can also be grouped into two age categories: young adults and adults older than 30. The younger sellers are somewhat likely to use the drug; in fact, for this group, heroin use often precedes heroin sales.

The law enforcement source states that heroin, powder cocaine, and crack are often sold by the same dealers. The epidemiologic source further reports that on the streets individual dealers may sell only one drug, but that at private residences and parties, they often sell heroin, crack, and powder cocaine.

WHO'S SELLING POWDER COCAINE?

- Powder cocaine sellers fall into two groups: (1) independent sellers who sell the drug on the street, and (2) organized sellers who deliver the drug to buyers.[E]
- Most powder cocaine dealers are adults older than 30 and somewhat likely to use the drug.[E]

WHO'S SELLING MARIJUANA?

According to the law enforcement source:

- Marijuana sellers fall into two groups: (1) independent and (2) organized sellers, but they are not as organized as heroin, powder cocaine, and crack sellers.
- Sellers tend to be young adults (18–30 years) and are very likely to use the drug.

According to the epidemiologic source:

- Most marijuana dealers are independent, with a wide age range, and are very likely to use the drug.

WHO'S SELLING METHAMPHETAMINE?

- Methamphetamine sellers tend to own the labs that produce the methamphetamine. Most sellers are adults older than 30.[L]
- Methamphetamine sellers are not as structured as heroin and cocaine sellers; however, the sales structure may become more organized as the drug becomes increasingly common.[L]

How much does cocaine cost?

Form	Unit	Price
Crack	One rock	$5[E]
		$5–$20[L]
	1 g	$80–$100[L]
Powder	One bag	$5–$15[E]
	1 g	$75–$100[L]
	0.25 oz	$280–$350[L]

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

- *Powder and crack cocaine prices fluctuate within the given range depending on purity and availability.*[L]
- *When buyers are new to a dealer, dealers often offer them special low prices for a bag of powder cocaine. The price then quickly rises from $5 per bag to $10 or $15 per bag for subsequent sales.*[E]

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

Unit	Purity	Price
One bag	NR	$20[M]
One bundle (10 small bags)	60–90%	$180–$200[L]
1 g	60–90%	$300–$600[L]

Sources: [L]Law enforcement respondent; [M]Methadone treatment respondent

- *Most heroin available in Pittsburgh is high-purity, snortable Colombian white. According to the epidemiologic source, Colombian heroin is less difficult to buy in fall 2002 than it was in spring 2002.*[E]
- *The recent increase in heroin overdoses further suggests that the drug is of high purity.*[E]
- *Heroin is often cut with fentanyl, a synthetic narcotic.*[M]
- *The bags of heroin are stamped with logos, such as "fly high," "mo money," and "on de run." Users often refer to heroin by these brand names as well as the standard street names ("H," "dope," "junk," and "mac").*[E,M]
- *Sources report stable prices between spring and fall 2002.*[L,E]

Which drug sellers are associated with which crimes?

Crime	Heroin	Crack	Powder	Marijuana	Methamphetamine	Ecstasy
Prostitution	✓	✓	✓			
Gang-related activity		✓				
Violent criminal acts: assaults	✓	✓	✓	✓		
Nonviolent criminal acts: fraud and theft	✓	✓	✓		✓	
Domestic violence			✓			
No crimes associated						✓

Sources: Law enforcement respondent epidemiologic/ethnographic respondent

- *Marijuana sellers are less involved in other crimes than sellers of other drugs.*[L,E]
- *Crack cocaine sellers continue to be involved in many crimes, including prostitution, gang-related activity, assaults, fraud, and theft.*[L,E]

HOW MUCH DOES MARIJUANA COST?

Most marijuana available in Pittsburgh is commercial grade and is imported from the Western United States.[L] One ounce of commercial grade marijuana sells for $90–$150, and prices have remained relatively stable since spring 2002.[L] New names for marijuana this reporting period include "schwag" and "hydro."[N]

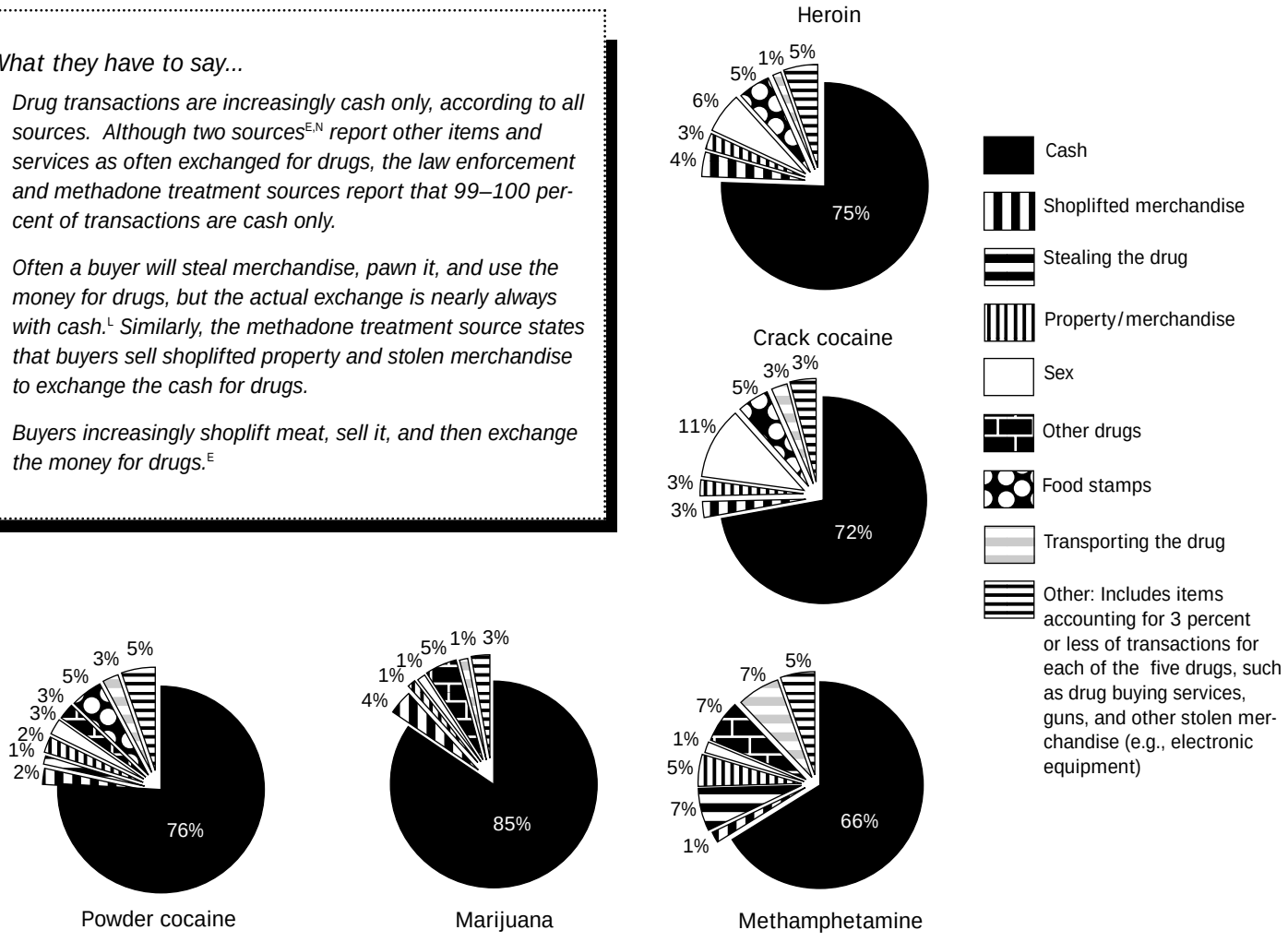
HOW MUCH DOES METHAMPHETAMINE COST, AND HOW IS IT MANUFACTURED?

Locally produced powder methamphetamine costs $100–$200 per gram, and is sold at the quarter-gram level for $45.[L] Most methamphetamine is produced locally in small, mobile labs ("box labs"). An increasing number of labs, especially north of Pittsburgh in farms or mobile home areas, have been detected in fall 2002.[L,E]

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

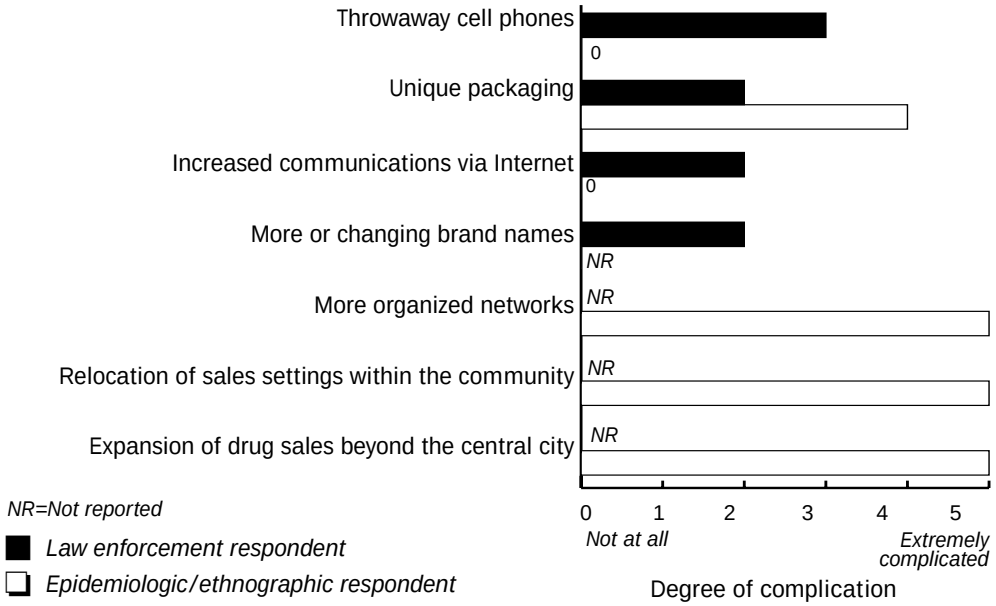
What they have to say...

- *Drug transactions are increasingly cash only, according to all sources. Although two sources[E,N] report other items and services as often exchanged for drugs, the law enforcement and methadone treatment sources report that 99–100 percent of transactions are cash only.*
- *Often a buyer will steal merchandise, pawn it, and use the money for drugs, but the actual exchange is nearly always with cash.[L] Similarly, the methadone treatment source states that buyers sell shoplifted property and stolen merchandise to exchange the cash for drugs.*
- *Buyers increasingly shoplift meat, sell it, and then exchange the money for drugs.[E]*



Source: Mean of response ratings given by law enforcement, epidemiologic/ethnographic, non-methadone treatment, and methadone treatment respondents; the non-methadone treatment source did not provide information for methamphetamine exchanges.

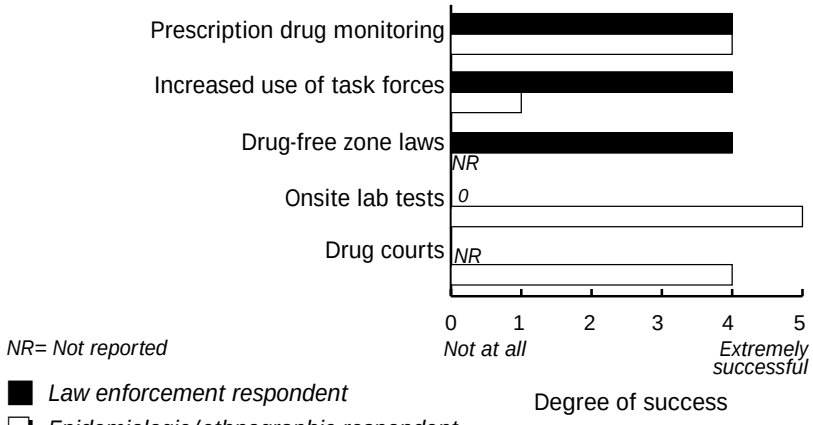
Drug marketing innovations and tools over the past 10 years: To what degree have they complicated efforts to detect or disrupt illicit drug activity in Pittsburgh?



What they have to say...

- *Expansion of drug sales beyond the central city: As the economic situation in Pittsburgh has declined, middle class neighborhoods have turned into "drug neighborhoods."*[L] *Few* Pulse Check *sources elsewhere attribute such a high degree of importance to this type of expansion.*
- *More organized networks and unique packaging: Heroin is generally packaged by brand names that indicate the dealer, selling organization, and quality of the drug. The brands are becoming more common as the seller groups become more organized.*[L]

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



What they have to say...

- *Onsite lab tests: The law enforcement source rates the ability to test illegal drugs seized onsite as very low. Unlike in most other* Pulse Check *cities, local law enforcement "must send drugs to a regional office for testing." The epidemiologic source rates store-bought urine tests as very successful because parents are testing their children for drugs.*
- *Prescription drug monitoring: Both sources regard prescription drug monitoring efforts as successful. "The Department of Welfare is monitoring the prescriptions of OxyContin® for Medicaid plans, which is forcing doctors to revise their prescribing practices."*[E]

SEPTEMBER 11 FOLLOWUP

None of the four Pittsburgh *Pulse Check* sources believes that the September 11 attacks and their aftermath have had any effects on the drug abuse problem.