PORTLAND PRIMARY METROPOLITAN STATISTICAL AREA PROFILE:

- Total population:. . . 1,918,009
- Median age: . . . . . 34.8 years
- Race (alone):
  - White . . . . . 84.5 %
  - Black. . . . . 2.7 %
  - American Indian/ Alaska Native 0.9%
  - Asian/Pacific Islander 5.4%
  - Other race 3.8%
  - Two or more races 3.3%
- Hispanic (of any race):. . . 7.4%
- Unemployment rate: 3.9%
- Median household income:. $47,007
- Families below poverty level with children <18 years: 9.7%

*Source: U.S. Census 2000**

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

Two of three *Pulse Check* respondents[L, M] believe the city's overall drug problem is very serious, and one[E] believes it is somewhat serious.

Sources report several positive changes in illegal drug activity in Portland:

- The increased use of task forces has been successful in combating drug distribution.[L,E]
- Methylenedioxymethamphetamine (MDMA or ecstasy) use may be leveling off: The drug remains available at raves in the suburbs, but the number of raves decreased.[L]

Heroin and other opiate abuse and activity appear to be increasing:

- New heroin users increased. This group of new users tends to present to treatment as male-female couples.[E]
- OxyContin® (oxycodone hydrochloride controlled-release) abuse increased somewhat,[E] and diverted OxyContin® became more available.[L]
- Methadone-related overdose deaths increased, especially those with heroin or OxyContin® present.[L] This occurrence may be due to budget cuts in the methadone treatment programs: methadone treatment clients may be "trying to stretch the methadone with heroin or other drugs."[L]
- Hydrocodone (Vicodin®) abuse has increased somewhat. Most new users are young mothers without a history of drug use. These users may be feigning illness to obtain the drug from doctors, pain management clinics, or dentists.[E]

Methamphetamine use and production increased:

- New methamphetamine users, who tend to be gay males of middle to high socioeconomic status, increased.[E]
- Methamphetamine use replaced cocaine use in non-urban areas of Portland.[L]
- Methamphetamine "superlab" seizures have increased (from 4 to 10 superlabs). Moreover, local labs continue to produce ice (high-purity, smokable methamphetamine), and that form of the drug is preferred by users.

New marijuana sales groups are emerging:

- Organized dealers from Mexico and California who import the drug to Portland
- Organized dealers (mostly biker and Asian groups) from Canada who import British Columbian marijuana (BC bud).

The most widely abused drug reported varies by source, but all respondents agree that heroin is the drug related to the most serious consequences. Emerging drugs of abuse include OxyContin® (as reported in 14 other *Pulse Check* cities) and dextromethorphan (in Coricidin HBP® cold tablets). Ecstasy, gamma hydroxybutyrate (GHB), and ketamine continue to be available since emerging in spring 2002.[L]

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

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

Second most widely abused drug:
- Heroin[L, E]
- Methamphetamine[M]

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

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

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

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

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

New or emerging problems:
- Methadone overdoses[L]
- Dextromethorphan[L]
- Diverted OxyContin®[L]

Sources: [L]Law enforcement, [E]Epidemiologic/ ethnographic, and [M]Methadone treatment respondents
Note: These symbols appear throughout this city profile to indicate type of respondent. The non-methadone treatment source did not respond.

**The census data in this table are provided as a frame of reference for the information given by* Pulse Check *sources. When possible, the data given by the law enforcement and epidemiologic/ethnographic sources reflect the metropolitan area.*

HEROIN

Heroin use and activity have increased slightly:

- Smoking the drug is increasing as a route of administration.[E,M]
- The number of new users increased between spring and fall 2002.[E]
- Heroin-related overdose deaths increased 6 percent between 2001 and 2002.[E]

COCAINE

Crack activity and use are low and stable. Powder cocaine activity and use are relatively high and stable.

MARIJUANA

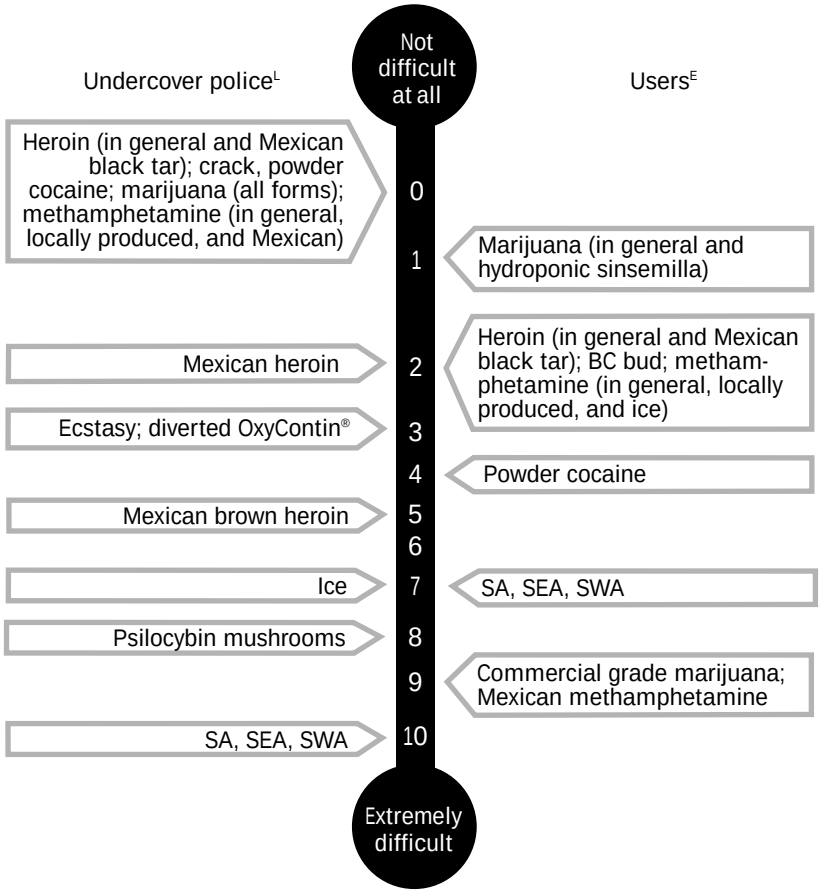
Marijuana use and activity remain relatively stable at high levels. BC bud is increasingly available as imports from Canada have increased.[L]

METHAMPHETAMINE

Methamphetamine use and activity have increased:

- Some increase is reported among new methamphetamine users who tend to be gay males of middle to high socioeconomic status.[E]
- Methamphetamine use has replaced cocaine use in nonurban areas of Portland.[L]
- Methamphetamine superlab seizures have increased since spring 2002, and local labs continue to produce ice.

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; and ice=highly pure methamphetamine in smokable form

- *Both sources agree that Mexican black tar heroin, marijuana, and methamphetamine are relatively easy to obtain.*[L,E]
- *Several drugs are less difficult for undercover officers to buy in fall 2002: Mexican black tar heroin; marijuana (all forms, especially BC bud); methamphetamine (all forms, including ice); and diverted OxyContin®.*
- *Portland is one of only three* Pulse Check *cities where it has become easier to obtain BC bud. (The other two are Minneapolis/St. Paul*[L] *and St. Louis).*[E]
- *The epidemiologic source states that between fall and spring 2002 the difficulty of obtaining drugs remained stable.*
- *Commercial grade marijuana is difficult to obtain because few sellers carry it. High potency BC bud and hydroponic marijuana have taken over the market.*[E]

PRESCRIPTION OPIATES

- Diverted OxyContin®: Between spring and fall 2002, OxyContin® abuse has increased somewhat,[E] and the drug become more available.[L] Heroin addicts may be substituting OxyContin® for heroin.[E]
- Methadone: Methadone-related overdose deaths have increased, especially those with heroin or OxyContin® present.[L]
- Hydrocodone (Vicodin®): Abuse has increased somewhat. Most new users are young mothers without a history of drug use.[E]

OTHER DRUGS

- Ecstasy: Ecstasy use is relatively low and stable. Raves appeared less common in fall 2002 than during spring 2002.[L]
- Dextromethorphan tablets (in Coricidin HBP®): Among 12–17-year-olds, dextromethorphan-related overdoses increased.[L]

THE USE PERSPECTIVE

WHAT'S HAPPENING IN TREATMENT?

- The *Pulse Check* methadone treatment respondent, whose 680 outpatient and residential facility operates over capacity, reports stable drug use. Methamphetamine continues as the most common secondary drug of abuse among primary heroin clients.[M]
- Methadone maintenance treatment is available throughout the metropolitan area, but in fall 2002, public and private treatment programs have few or no slots available. The epidemiologic source states that funding has been seriously impacted by State budget cuts and Medicaid budget changes and that many methadone clinics have had to close.[E]
- Hepatitis C among clients in the methadone treatment program remains a common problem, and prevalence has increased since spring 2002. Common comorbid illnesses among methadone treatment clients include mood and personality disorders, which have remained stable.
- Barriers to methadone treatment include limited slot capacity and lack of transportation or money for transportation. Slot capacity has become more limited due to a funding crisis within the State.[M]

WHO USES ILLICIT DRUGS?

The *Pulse Check* epidemiologic 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. Because of the different perspective each brings, the 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	M
Age group (years)	>30	>18
Mean age (years)	NR	36
Gender	Split evenly	58% male
Race/ethnicity	White	White
Socioeconomic status	Low	Low
Residence	Central city	Suburbs
Referral source	N/A	Individual
Level of education completed	N/A	High school
Employment at intake	N/A	Unemployed

Sources: [E]Epidemiologic/ethnographic respondent; [M]Methadone treatment respondent

- *The methadone treatment source reports no changes in heroin user demographics since spring 2002.*
- *The epidemiologic source reports some increase in new heroin users. This group of new users tends to present to treatment as male-female couples.*
- *Heroin users new to methadone treatment tend to be young adults of middle-to-high socioeconomic status and from the suburbs, while heroin users overall tend to be adults older than 30 who are of low socioeconomic status and live in the central city.*[M]

How do users take heroin?

Characteristic	E	M
Primary route of administration	Injecting	Injecting
Other drugs taken	Powder cocaine (speedball)	Cocaine
Publicly or privately?	Both	Privately
Alone or in groups?	Alone	Alone

Sources: [E]Epidemiologic/ethnographic respondent; [M]Methadone treatment respondent

Most heroin users in Portland inject; however, several populations are switching to smoking:

- *New heroin users (especially suburban youth) tend to smoke the drug.[E]*
- *Some older heroin users have switched to smoking heroin due to collapsed veins.[M]*

WHO'S MOST LIKELY TO USE COCAINE?

Crack is not a large problem in Portland.[E]

Powder cocaine users tend to be older than 30, split evenly between the genders, White, and of low socioeconomic status.[E] Sources report no changes in user characteristics since spring 2002.[E]

WHAT ARE THE NEGATIVE CONSEQUENCES OF MARIJUANA USE?

Marijuana, used either alone or with other drugs, is associated with drug-related arrests and poor academic performance (especially among new marijuana users). These consequences remained stable between spring and fall 2002.[E]

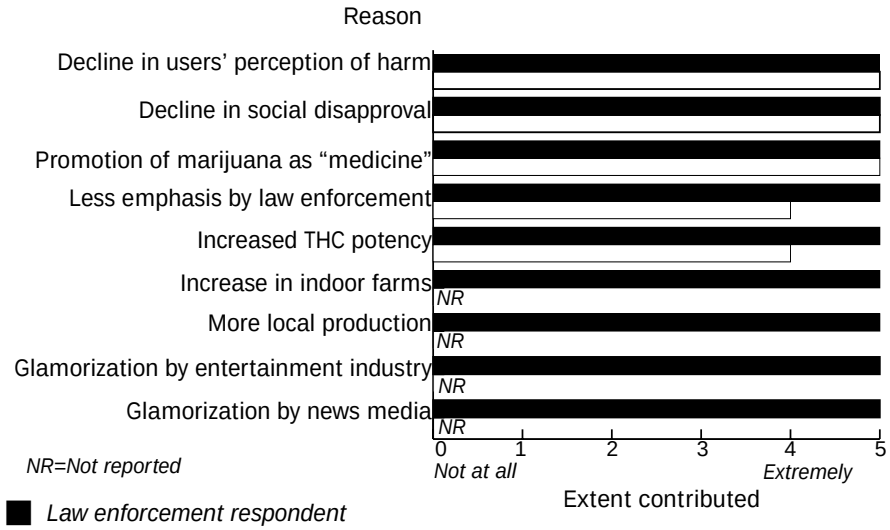
Who's most likely to use marijuana, and how is the drug used?

Characteristic	E
Age group (years)	>30
Gender	Split evenly
Race/ethnicity	White, Black, and Hispanic (any race)
Socioeconomic status	Low and middle
Residence	All areas
Primary delivery vehicle	Bongs and pipes
Public or private?	Both
Alone or in groups?	In groups

Source: [E]Epidemiologic/ethnographic respondent

- *Marijuana use has remained relatively stable between spring and fall 2002.[E]*
- *A new group of marijuana users includes homeless youth and young adults in college.[E]*
- *Due to the high THC content of marijuana in Portland, bongs and pipes are the most common delivery vehicles for the drug.[E]*

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



What they have to say...

- *These two sources agree that the decline in users' perception of harm, the decline in social disapproval of marijuana, and the promotion of marijuana as "medicine" have contributed greatly to the widespread availability and use of marijuana.[L,E]*
- *Less emphasis by law enforcement and courts also rates as greatly contributing to the widespread use of marijuana.[L,E] The epidemiologic source believes that marijuana possession laws in Portland are too lenient.[E] (Marijuana possession is a ticketed offense and not a misdemeanor.)*

Who's most likely to use methamphetamine, and how is the drug used?

Characteristic	E
Age group (years)	>30
Gender	Split evenly
Race/ethnicity	White
Socioeconomic status	Low
Residence	Central city and rural
Primary delivery vehicle	Injecting
Other drugs taken	Marijuana (sequentially), heroin (speedball), ketamine, ecstasy, or GHB (in combination)
Public or private?	Private
Alone or in groups?	Both

Source: Epidemiologic/ethnographic respondent

- *Some increase is reported among new methamphetamine users who tend to be gay males of middle-to-high socioeconomic status. This new group tends to smoke the drug and often uses ketamine, ecstasy, or GHB in combination with methamphetamine.*[E]
- *Drug users who take methamphetamine and marijuana are referred to as "tweekers."*[E]

WHO'S MOST LIKELY TO USE ECSTASY?

Ecstasy use is present in gay and adolescent communities in Portland.

Who's most likely to abuse OxyContin®, and how is it abused?

Characteristic	E
Age group (years)	>18
Gender	70% male
Race/ethnicity	White
Socioeconomic status	Low
Residence	Central city
Primary route of administration	Injecting and oral
Other drugs taken	Heroin (as a substitute or sequentially)

Source: Epidemiologic/ethnographic respondent

- *Between spring and fall 2002, OxyContin® abuse has increased somewhat.*[E]
- *Now that funding for methadone treatment programs has been cut, the epidemiologic respondent believes that an increase in the abuse of OxyContin® could occur. Heroin users increasingly are substituting OxyContin® for heroin.*[E]

THE MARKET PERSPECTIVE

WHERE ARE DRUGS USED AND SOLD?

Heroin and powder and crack cocaine are sold mostly in central city areas at the following locations:[L]

- Streets/open-air markets
- Crack houses and shooting galleries
- Inside private residences
- Public housing developments
- In or around schools and college campuses
- Private parties
- Hotels/motels
- Inside cars

Additionally, heroin is sold around drug treatment clinics, and powder cocaine is sold at nightclubs, bars, and concerts.[L]

Methamphetamine is sold in open-air markets, inside private residences (referred to as "drug houses"), and inside cars.[L]

Ecstasy is typically sold at raves in the suburbs, although the law enforcement source states that few raves have been held since spring 2002.[L]

HOW DO DRUGS GET FROM SELLER TO BUYER?

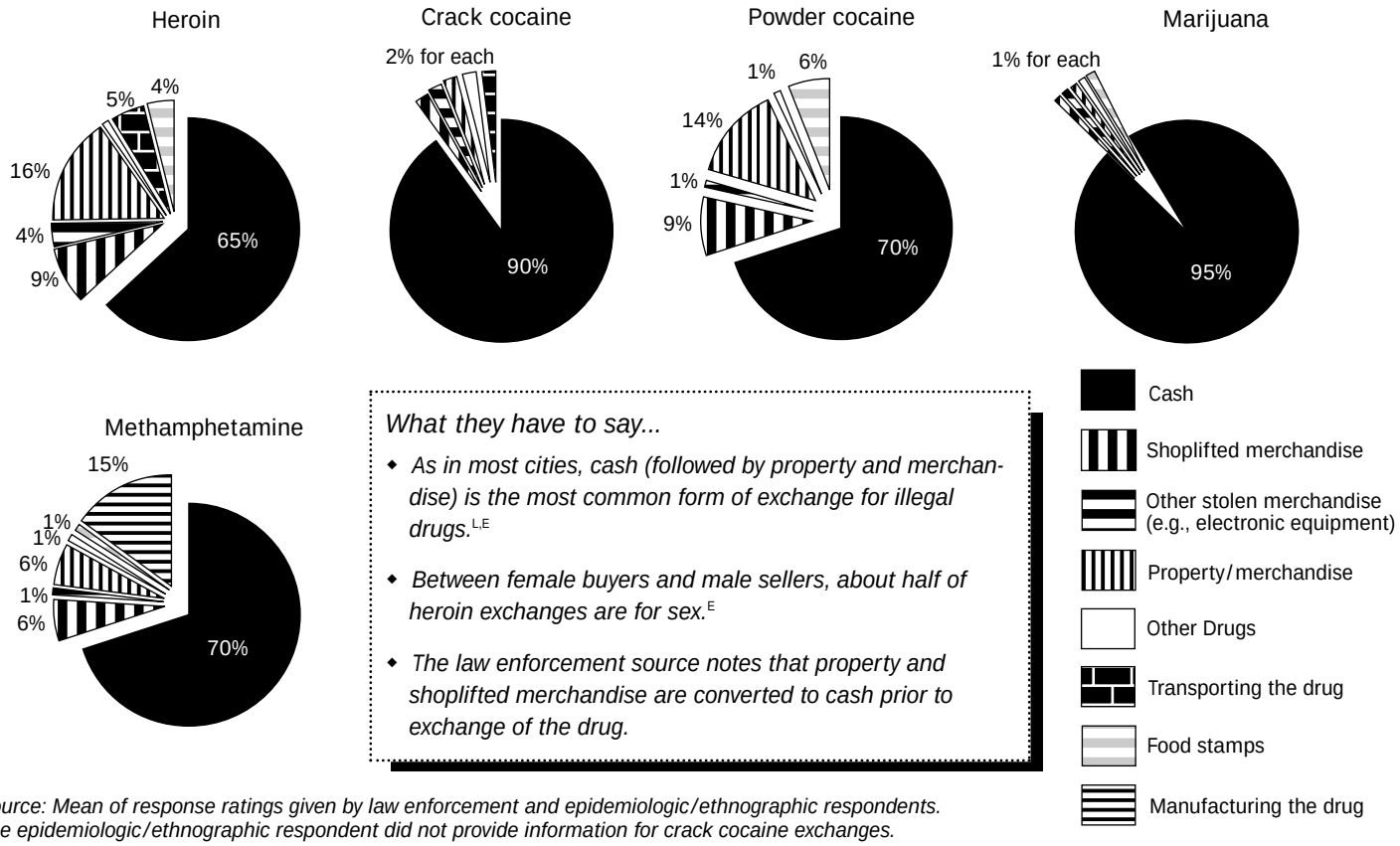
Heroin, crack, powder cocaine, and marijuana can be purchased in several ways, including the following:[L]

- A buyer may approach a seller at an open-air market in downtown Portland for a hand-to-hand exchange.
- A buyer may contact a seller via cell phone for drug delivery.

Additionally, powder cocaine sales may include Internet communication between buyer and seller.

Methamphetamine sales, which occur mostly in suburban and rural areas, tend to take place at local residences.

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



Source: Mean of response ratings given by law enforcement and epidemiologic/ethnographic respondents. The epidemiologic/ethnographic respondent did not provide information for crack cocaine exchanges.

WHO SELLS HEROIN, CRACK, AND POWDER COCAINE?

- Heroin and powder cocaine sellers are mostly young adults (18–30 years) organized into small "cells" or groups. Within the group, a "leader" supplies street sellers with small quantities of the drug to sell. The quantity is small enough to swallow or get rid of easily.
- Crack sellers are organized similarly to heroin sellers, but they tend to be more street-gang oriented.

WHO SELLS MARIJUANA?

Marijuana sellers fall into several groups, including the following:

- Independent dealers who sell marijuana grown in small, local "grows"
- Organized dealers who sell marijuana grown in large, local grows that produce high-quality marijuana
- Organized dealers from Mexico and California who import the drug into Portland; this sales group's market share has increased dramatically since spring 2002.
- Organized dealers (mostly biker and Asian groups) from Canada who import BC bud; these groups have emerged since spring 2002.

WHO MANUFACTURES AND SELLS METHAMPHETAMINE?

Methamphetamine sellers tend to be young adults (18–30 years) who fall into one of several groups:[L,E]

- Independent sellers who sell small amounts of the drug produced in small local labs
- Methamphetamine users who manufacture their own "stash" in "backpack labs" (small, portable meth labs)
- Highly organized sellers who deal methamphetamine from large superlabs in Portland or who sell imported methamphetamine from superlabs in California or Mexico.

WHO SELLS ECSTASY?

Ecstasy sellers tend to be adolescents (13–17 years) who sell the drug at organized raves, which have decreased since spring 2002. GHB is often sold by ecstasy dealers.

Which drug sellers are associated with which crimes?

Crime	Heroin, Powder and Crack Cocaine, and Marijuana	Metham-phetamine	Ecstasy
Prostitution	✓	✓	
Gang-related activity	✓	✓	
Violent criminal acts: robberies	✓	✓	
Nonviolent criminal acts	✓	✓	
Domestic violence		✓	
Drug-assisted rape		✓	✓
Child abuse and neglect	✓	✓	

Source: Law enforcement respondent

- *While all illegal drug sellers in Portland are associated with many crimes other than drug sales, methamphetamine sellers continue to be involved in the most crimes, including domestic violence and drug-assisted rape.*[L]
- *The law enforcement source adds that illegal drug sellers are often involved in child abuse and neglect.*

How pure are illegal drugs, and how much do they cost?

Drug	Unit	Purity	Price
Mexican black tar heroin	One balloon (0.2–0.4 g) 1 g 1 oz	68–70%	$20 $40–$100 $800–$1,250
Crack	One rock (0.1 g) 1 g	62–83%	$10 $45–$100
Powder cocaine	One balloon 1 oz	83%	$20–$40 $400–$650
Marijuana (local or BC bud)	One bag (1 oz)	23–33% THC	$250+
Methamphetamine	1/16 oz (“teener”) 1 oz	8–42%	$120–$150 $550–$600
Ecstasy	One pill	NR	$15–$20
Diverted OxyContin®	One pill	N/A	$50

Source: Law enforcement respondent

- *Heroin, crack, and powder cocaine prices decreased at all unit levels between spring and fall 2002. Purity remained relatively stable.*[L]
- *Prices and purity for other drugs remained relatively stable between spring and fall 2002.*[L]

DRUG MARKETING INNOVATIONS AND TOOLS OVER THE PAST 10 YEARS: TO WHAT DEGREE HAVE THEY COMPLICATED EFFORTS TO DETECT OR DISRUPT DRUG ACTIVITY IN PORTLAND?

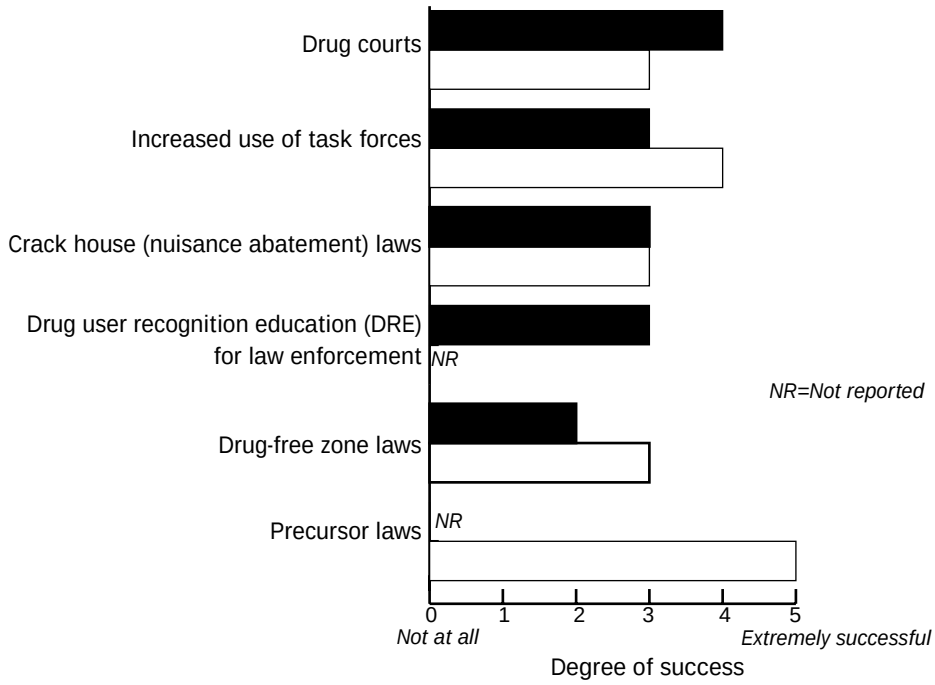
The law enforcement source states that the following have greatly contributed to difficulties in detecting or disrupting drug activity over the last 10 years:

- Throwaway cell phones
- More organized distribution networks
- Polydrug dealers
- Expansion of drug sales beyond the central city
- Relocation of sales settings within the community

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

What they have to say...

- *Task forces: As in most* Pulse Check *cities, respondents agree that the increased use of task forces has been somewhat successful in combating drug distribution.*[L,E]
- *Precursor laws: The epidemiologic source states that new precursor laws have forced methamphetamine manufacturers to change the way they make the drug. The law enforcement source believes that because the precursor laws are new, their success cannot yet be measured.*



SEPTEMBER 11 FOLLOWUP

None of the three Portland *Pulse Check* respondents believes that the September 11 attacks and their aftermath have had any effects on the drug abuse problem.