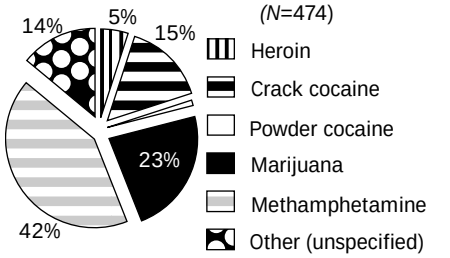
SACRAMENTO PRIMARY METROPOLITAN STATISTICAL AREA PROFILE:

- Total population:. . . 1,628,197
- Median age: . . . . . 35.1 years
- Race (alone):
  - White. 70.2%
  - Black 7.7%
  - American Indian/ Alaska Native 1.1%
  - Asian/Pacific Islander 9.4%
  - Other race 6.5%
  - Two or more races 5.2%
- Hispanic (of any race): 14.4%
- Unemployment rate: 3.9%
- Median household income: $46,602
- Families below poverty level with children <18 years: 13.1%

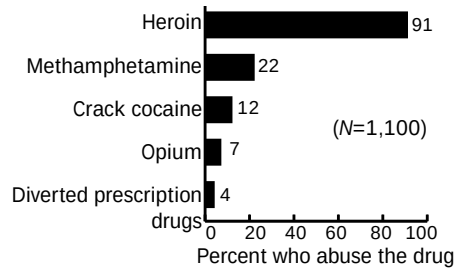
*Source: U.S. Census 2000**

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

Source: Methadone treatment respondent

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

Three of the *Pulse Check* respondents agree that Sacramento's drug problem is stable,[L,E,M] while the fourth reports a worsening situation.[N] Three agree that the problem is very serious.[E,N,M] Several developments are reported since spring 2002:

- The methamphetamine situation has improved somewhat in that legislation has made it more difficult for manufacturers to obtain precursors.[L]
- Proposition 36, which took effect July 2001, mandates probation with treatment for nonviolent drug offenders (until their third conviction, when the law limits incarceration to 30 days).
- Proposition 36 has helped to send many users to treatment rather than to prison. This influx, however, has further limited treatment availability, particularly for indigents.[N]
- More males are entering treatment since the passage of Proposition 36, correlating to more male involvement in the criminal justice system.[E]
- The proportion of primary powder cocaine and primary heroin users in treatment has decreased somewhat since the spring.[N] However, the use of heroin among White youth is increasing.[E]
- Abuse of yaba (containing 80 percent methamphetamine) is increasing. The yaba found in Sacramento comes from Asia and is marketed to Sacramento's Asian population.[E]
- Stimulant use, particularly of methamphetamine and crack, is increasing among Asian clients.[M]
- More marijuana is produced by local businesses who use their legitimate business to support their marijuana production.[L]

Overall, methamphetamine is considered the most widely abused drug in Sacramento by three of the four respondents.[L,E,N] It is the only *Pulse Check* city where all four sources associate methamphetamine with the most serious drug-related consequences.

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

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

Second most widely abused drug:
Crack cocaine[L,N,M]
Methamphetamine[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,M]

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

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

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

New or emerging problem:

Yaba (a form of methamphetamine) use is increasing, particularly among the Asian population.[E]

Heroin use is increasing among White youth.[E]

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

- *Overall, the proportion of primary methamphetamine and crack users decreased but the methamphetamine proportion increased among new treatment clients.*[N]
- *Methamphetamine use has declined slightly among methadone clients.*[M]
- *Smoked opium is the primary drug of abuse among 7 percent of methadone clients.*[M]

**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

Overall, the heroin problem is fairly stable, with two changes noted:

- The proportion of primary heroin users in non-methadone treatment has decreased since 2002.[N]
- Throughout the city, heroin use appears to be increasing among White youth.[E]

COCAINE

The proportion of primary powder cocaine users in treatment has declined since spring 2002, among both the overall treatment population and new treatment clients.[N]

MARIJUANA

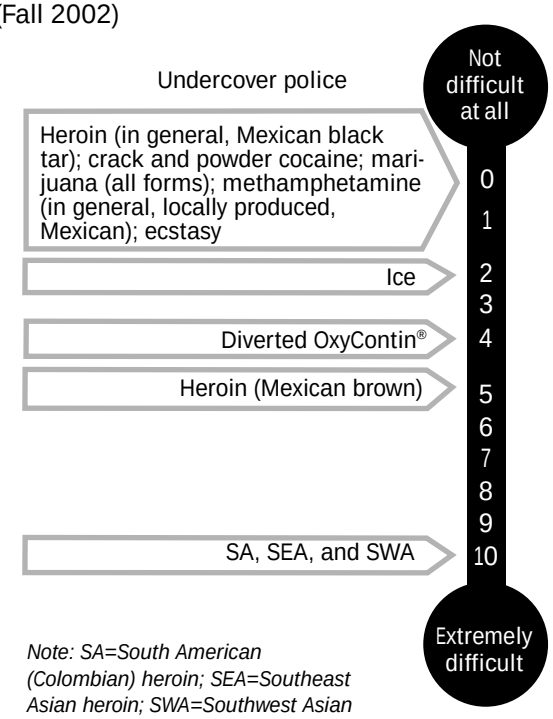
- Marijuana is the primary drug of abuse among preadolescents (13 and younger) and adolescents (13–17) in Sacramento.[N]
- The proportion of primary marijuana users in treatment has increased since spring 2002, likely due to the impact of Proposition 36.[N]

METHAMPHETAMINE

Both declines and increases are noted:

- Manufacturers find it difficult to obtain precursors, so they build labs to make their own by breaking down pills.

How difficult is it for undercover police and users to buy drugs? (Fall 2002)



- *As in most western cities, undercover police have no difficulty purchasing methamphetamine or black tar heroin.*
- *Overall, no changes in availability are reported since the spring.*[L]

Note: SA=South American (Colombian) heroin; SEA=Southeast Asian heroin; SWA=Southwest Asian heroin; ice=highly pure methamphetamine in smokable form; and OxyContin®=Oxycodone hydrochloride controlled-release

Source: Law enforcement respondent

- The overall proportion of primary methamphetamine users in treatment has decreased somewhat since spring 2002. It has, however, increased among individuals new to treatment.[N]
- Methamphetamine use appears to be increasing, particularly among young adults.[E]
- The drug is produced in numerous settings throughout Sacramento, including small mobile labs, other clandestine labs, and large operations, using both the "cold" (red phosphorus) and "Nazi" (quick-cooking) methods.[L]

MDMA (ECSTASY)

- Since emerging as a new drug 5 years ago, ecstasy has become part of the city's traditional drug market.[L]
- Use among treatment clients remains stable at low levels.[N,M]

OTHER DRUGS

- The abuse of diverted OxyContin® and other prescription drugs such as hydrocodone (Vicodin®) remains stable at low levels.[M]
- Opium abuse remains a small, but stable, problem among methadone treatment clients.[M]

THE USE PERSPECTIVE

WHAT'S HAPPENING IN TREATMENT?

Treatment capacity and availability

- The *Pulse Check* non-methadone treatment source is with a facility that can serve 425 outpatients, 40 residential clients, and 18 detox patients. The program currently serves 418 outpatients, 40 residential clients, and 16 detox patients. The most common primary drug of abuse among these clients is methamphetamine *(see pie chart on the first page of this chapter)*, in contrast to most other *Pulse Check* cities.[N]
- The methadone treatment respondent is with a three-clinic program whose overall capacity is 1,275. Current enrollment is 1,100. Unlike methadone clients in many other *Pulse Check* cities, these heroin users' most common secondary drug of abuse is methamphetamine *(see bar graph on the first page of this chapter)*.[M]

Co-occurring disorders

- Staff are better trained to treat comorbidities than they were in the past, making treatment more available to clients with dual diagnoses.[N]
- An estimated 25–50 percent of clients have mental health issues in addition to their drug addiction.[N]
- Noted increases in antisocial, conduct, and mood disorders are due to more effective diagnostic efforts in some treatment programs.[N]
- While antisocial and conduct disorders are common upon admission, once clients are on methadone the disorders tend to disappear.[M]
- Clients referred to treatment through Proposition 36 are often older users with mental health problems; most are also new to treatment.[M]
- Some treatment providers observe an increase in psychosis among clients. This change is attributed to Proposition 36, because mental illness—particularly schizophrenia—is common among arrestees.[M]

Barriers to treatment

- Limited slot capacity, which remains the primary barrier to treatment, has worsened since spring 2002 in some treatment programs.[N]
- A lack of transportation is increasing as a barrier to treatment due to the weakened economy.[M]
- Lack of funding remains a significant barrier to treatment for indigent patients.[M]
- A significant Russian population resides in Sacramento, but drug users in this community often do not enter treatment due to cultural and language barriers.[M]
- A lack of housing and employment opportunities for recovering clients represents a serious complication to users' long-term recovery.[N,M]

Consequences of drug use

- High-risk pregnancy has decreased since spring 2002 among methadone treatment clients, although it is still not uncommon.[M]
- Drug-related car accidents are stable at low levels as a result of stiffer legal consequences.[N]
- Prevention efforts and early detection of HIV/AIDS has kept the number of HIV-positive clients either stable at, or decreasing to, low levels.[N,M]
- The incidence of hepatitis C increased to high levels among treatment clients, likely due to followup testing efforts by program staff.[N] Nearly 100 percent of injecting drug users are positive for hepatitis C.[M]
- Heroin users present with more severe abscesses as a result of injecting heroin cut with pectin (a fruit preservative).[M]

Changes over the past 10 years

- Significant price declines for heroin, crack cocaine, and methamphetamine have exacerbated the drug problem.[M]
- The city's drug problem increased in complexity with the availability of new and substitute drugs such as ecstasy, gamma hydroxybutyrate (GHB), and club drugs.[N]
- A significant change in the past decade has been the spread of drug use among youth—club drugs and alcohol in particular.[N]
- Proposition 36 has added to the complexity of Sacramento's drug problem by dramatically increasing court referrals.[N,M] This influx of clients added 100 new treatment cases to the methadone program,[M] and has increased the need for more residential treatment programs.[N]

WHO USES ILLICIT DRUGS?

The *Pulse Check* epidemiologic, non-methadone treatment, and methadone treatment sources were asked to describe the populations most likely to use heroin, cocaine, marijuana, methamphetamine, and ecstasy. They were also asked to describe any emerging user groups and to report on how the drugs are used. As shown 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	18–30	>30
Mean age (years)	NR	NR	42
Gender	56% male	73% male	60% male
Race/ethnicity	White	White	White
Socioeconomic status	NR	Middle	Low
Residence	NR	Central city	Central city
Referral source	N/A	Criminal justice	Individual
Level of education completed	N/A	Junior high	High school
Employment at intake	N/A	Unemployed	Unemployed

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

- *The proportion of primary heroin users in treatment decreased since spring 2002. This decline may be related to changes in slot capacity rather than declines in use.*[N]
- *The proportion of females in treatment for primary heroin use is higher among clients new to treatment than among the overall heroin treatment population.*[N]
- *While Whites represent the majority of primary heroin users in methadone treatment, Hispanic clients represent 20 percent, twice the proportion of Black clients.*[M]

How do users take heroin?

Characteristic	E	N	M
Primary route of administration	Injecting	Injecting	Injecting
Other drugs	NR	Crack (speedball)	Methamphetamine
Publicly or privately?	NR	Privately	Privately
Alone or in groups?	NR	Alone	Alone

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

- *Users sometimes adulterate heroin with lactose, instant coffee, horseshoe pack, quinine, and sugar,*[N] *as well as shoe polish and various dyes.*[M]
- *Dealers often cut heroin with methamphetamine; as a result, treatment clients often test positive for methamphetamine even though they claim to use only heroin.*[M]
- *Primary heroin users new to treatment are more likely to be polydrug users, in contrast to the overall heroin treatment population.*[M]

Who's most likely to use cocaine?

Characteristic	Crack Cocaine			Powder cocaine	
	E	N	M	E	N
Age group (years)	>30	13–17	>30	>30	18–30
Mean age (years)	NR	NR	42	NR	NR
Gender	Split evenly	60% male	60% male	Split evenly	64% male
Race/ethnicity	Black	Black	White	Black	Black
Socioeconomic status	NR	Low	Low	NR	Middle
Residence	NR	Central city	Central city	NR	Central city
Referral source	N/A	Criminal justice	Criminal justice	N/A	Criminal justice
Level of education completed	N/A	High school	High school	N/A	High school
Employment at intake	N/A	Unemployed	Unemployed	N/A	Unemployed

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

- *Blacks represent an increasing proportion of cocaine users, rising from 69 percent to 75 percent between spring and fall 2002.*[E]
- *Primary crack cocaine users often combine marijuana (THC or weed) with crack.*[N]
- *Primary powder cocaine users often combine the drug with opiates (speedball).*[N]
- *Crack and powder cocaine users add adulterants to the cocaine such as baking powder, baking soda, ether (for crack), and infant laxatives (for powder cocaine).*[N]

- *While the majority of primary marijuana users are young adults, more than 20 percent are adolescents.*[E]
- *Primary marijuana users in treatment are most often referred by the criminal justice system for both possession and sale of the drug.*[N]

Who's most likely to use marijuana?

Characteristic	E	N
Age group (years)	18–30	18–30
Gender	61% male	58% male
Race/ethnicity	White	White/Black
Socioeconomic status	NR	Middle
Residence	NR	Central city
Referral source	N/A	Criminal justice
Level of education completed	N/A	Junior high
Employment at intake	N/A	Unemployed

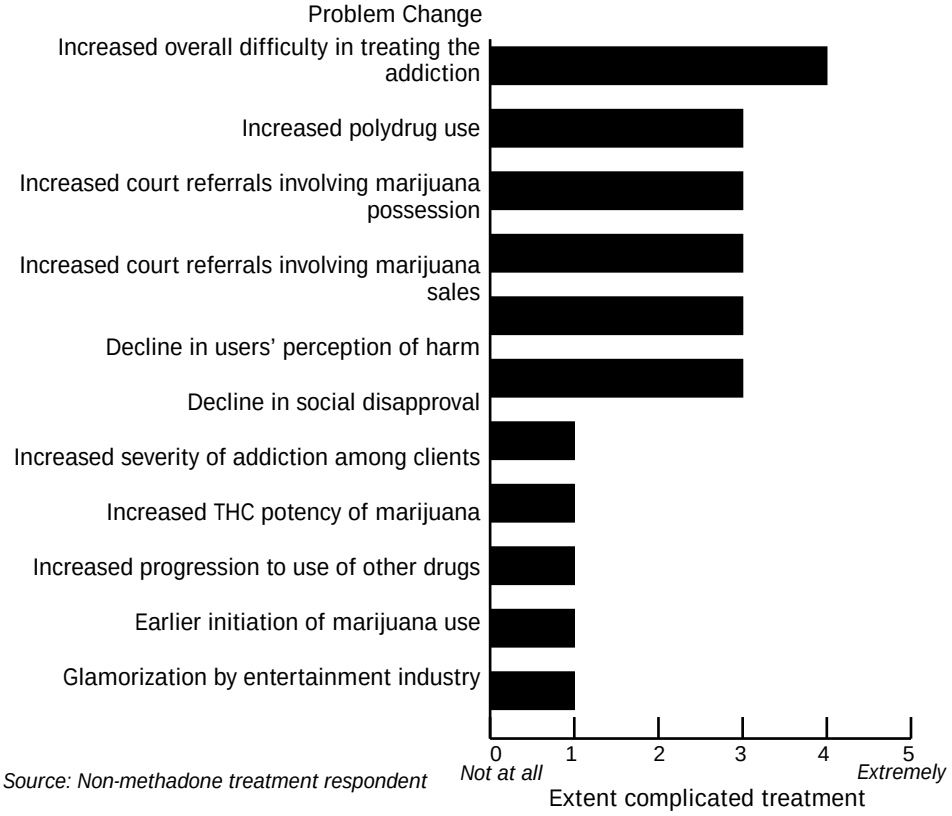
Sources: [E]Epidemiologic/ethnographic respondent and [N]Non-methadone treatment respondent

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:[N]

- Drug-related arrests
- Automobile accidents
- Short-term memory loss
- Deteriorating family and/or social relationships
- Poor academic performance
- School absenteeism or truancy
- Dropping out of school
- Poor workplace performance
- Workplace absenteeism
- Unemployment rates

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



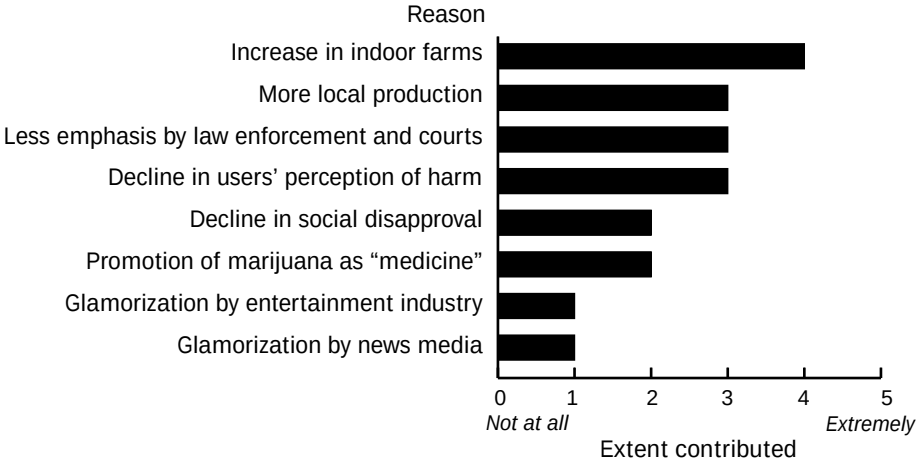
Source: Non-methadone treatment respondent

- *Perception of harm: The legalization of marijuana for "medicinal" purposes has added to a decline in society's perception of harm associated with the drug.*[N]
- *Social disapproval: Not only has social disapproval associated with marijuana use declined over the past 10 years, but in some social settings, individuals are looked down upon if they do not use the drug.*[N]
- *Earlier initiation of marijuana use: Earlier first use among youth age 9–13 has made treating the addiction more difficult.*[N]
- *Polydrug use: Polydrug use is "everywhere."*[N]
- *THC levels: The THC level in marijuana has increased over the past 10 years, complicating treatment. In fact, among many users, "THC" is the "in" drug.*[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 many other* Pulse Check *cities, glamorization by the news media has played a relatively minor role in increasing marijuana use and availability.*
- *Indoor farms run by larger businesses have increased; these businesses sell retail merchandise that supports the marijuana production inside.*[L]
- *Proposition 215, which legalized marijuana for "compassionate use," is ambiguous because it doesn't set forth specific thresholds; there are also many loopholes in the legislation.*[L]



Source: Law enforcement respondent

Who's most likely to use methamphetamine?

Characteristic	E	N	M
Age group (years)	>30	18–30, >30	>30
Mean age (years)	NR	NR	42
Gender	Split evenly	53% male	60% male
Race/ethnicity	White	White	White
Socioeconomic position	NR	Low	Low
Residence	NR	Central city	Central city
Referral source	N/A	Criminal justice	Individual
Level of education completed	N/A	Junior high	High school
Employment at intake	N/A	Unemployed	Unemployed

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

- *Methamphetamine users in Sacramento are older than those in other* Pulse Check *cities (such as Chicago and Detroit).[E,N,M] However, the user population is now shifting toward younger adults.[E]*
- *The most common route of administration among methamphetamine users varies among different populations, from smoking[E,N] to injecting.[M]*
- *The majority of methamphetamine users in treatment are referred by the criminal justice system as a result of Proposition 36.[N]*

WHO'S MOST LIKELY TO USE OTHER DRUGS?

- Diverted prescription drugs: Seventy percent of abusers of diverted prescription drugs (primarily hydrocodone) are women. Most prescription drug abusers initially receive the drug for treatment of chronic pain and then become addicted. These clients typically have mental disorders and are very difficult to treat.[M]
- Opium: Primary abusers of smoked opium represent 7 percent of methadone treatment clients. These individuals are older than 30, split evenly between male and female, and are predominantly Asian/Pacific Islander. Treatment providers note an increase in the abuse of methamphetamine and crack among these clients.[M]

THE MARKET PERSPECTIVE

WHERE ARE DRUGS SOLD?

Heroin and crack cocaine are sold in many of the same settings, including:[L]

- Streets/open-air markets
- Crack houses/shooting galleries
- Private residences
- Public housing developments
- College campuses
- Private parties
- Nightclubs/bars
- Hotels/motels
- Inside cars

Powder cocaine is sold in most of the same settings as heroin and crack, with the exception of crack houses/shooting galleries, public housing developments, and hotels/motels. Crack cocaine is sold around local schools.[L]

Marijuana transactions take place in most of the same settings as the other drugs.[L]

Methamphetamine and ecstasy are sold in fewer settings, including in private residences, nightclubs/bars, and inside cars. Methamphetamine is also sold on the streets and in hotels/motels, while ecstasy is sold on college campuses and at raves and concerts.[L]

HOW DO DRUGS GET FROM SELLER TO BUYER?

Drug transactions in Sacramento nearly always take place hand to hand from seller to buyer.[L]

Sellers of all drugs communicate with both buyers and suppliers in various ways: in person and by the telephone, cell phone, pager, and two-way e-mail pager.[L]

While powder cocaine, marijuana, and ecstasy dealers generally sell just one drug, dealers of heroin, crack cocaine, and methamphetamine typically sell all three.[L]

Which drug sellers are associated with which crimes?

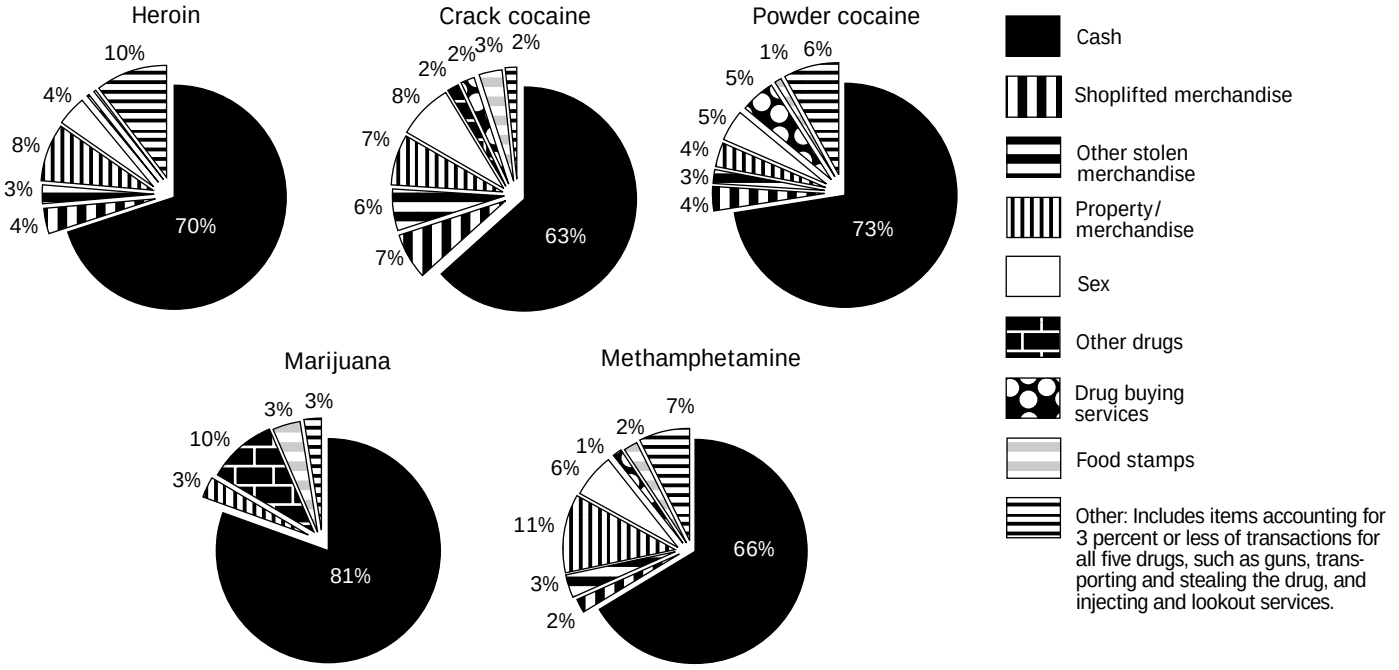
Crime	Heroin	Crack cocaine	Powder cocaine	Marijuana	Metham-phetamine	Ecstasy	Diverted OxyContin®
Gang-related activity		✓	✓				
Violent criminal acts	✓	✓	✓		✓		
Nonviolent criminal acts	✓	✓		✓	✓		
No crimes associated						✓	✓

Source: Law enforcement respondent

Marijuana sellers are often involved in nonviolent criminal acts such as receiving stolen property and committing burglaries. They are also commonly charged with driving under the influence (DUI).[L]

THE CHANGING DRUG MARKET: THE LAST 10 YEARS

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 epidemiologic/ethnographic respondent did not respond to this question; the methadone treatment respondent provided data for heroin, crack cocaine, and methamphetamine only.

What they have to say...

- *As reported in three other* Pulse Check *cities (Houston, Philadelphia, and San Francisco), the practice of exchanging sex for drugs has declined over the past decade due to the risk of HIV/AIDS and hepatitis C.*[N,M]
- *Many users ship stolen property and merchandise to Mexico in exchange for drugs such as heroin, crack cocaine, and methamphetamine.*[M]
- *Exchanging stolen merchandise for cash is much more difficult today due to stores' more stringent return policies, therefore reducing the practice of stealing goods to pay for drugs.*[N,M]

WHO'S SELLING HEROIN?

Heroin dealers tend to be young adults working as part of structured organizations, particularly Mexican nationals, Mexican gangs, and Asian gangs.[L]

WHO'S SELLING COCAINE?

Crack and powder cocaine dealers tend to be young adults involved in larger organizations. Crack dealers are typically part of traditional Black street gangs, while powder cocaine dealers are often Mexican nationals or members of Mexican or Asian gangs. Most of the crack cocaine sold in Sacramento is locally processed.[L]

WHO'S SELLING MARIJUANA?

Most marijuana dealers are young adults working independently and are almost always users themselves. Some members of organized crime also sell marijuana in order to have it as part of their "menu."[L]

WHO'S SELLING METHAMPHETAMINE ?

Methamphetamine dealers are generally young adults working within a larger organization. These dealers are often users of the drug.[L]

WHO'S SELLING ECSTASY, AND HOW MUCH DOES IT COST?

- Ecstasy dealers are generally young adults working independently, who are not involved in other criminal activity; they are almost always ecstasy users as well.[L]
- Ecstasy currently sells for $80 per pill.

WHO'S SELLING OTHER DRUGS?

Individuals who sell diverted OxyContin® do so independently. Some are users of the drug themselves, and they are generally not involved in any other criminal activity.[L]

How much does heroin cost?

Unit (Black tar heroin)	Price
0.25 g	$20–$40
1 g	$90–$100
1 oz	$500–$800

Source: Law enforcement respondent

- *The ounce price of black tar heroin (the most common form) changed from $600–$750 in spring 2002 to a wider range of $500–$800 in fall 2002.*[L]
- *Purity of black tar heroin is 16–18 percent, representing an increase between spring and fall 2002.*[L]

How much does cocaine cost?

Form	Unit	Price
Crack	0.2 g	$20
	1 g	$100
	1 oz	$450–$750
Powder	1 oz	$500–$600
	1 g	$80
	1 kg	$14,000–$17,000

Source: Law enforcement respondent

- *The price for a gram of powder cocaine decreased from $100 to $80 between spring and fall 2002, while the price of a kilogram increased from $10,000–$15,000 to $14,000–$17,000.*[L]
- *The price of crack cocaine is unchanged.*[L]
- *Powder cocaine purity is 78 percent, while crack cocaine purity ranges from 60 to 85 percent.*[L]

How much does marijuana cost?

Unit	Price
1 g	$25
1 oz	$200–$250
1 lb	$1,000–$1,200

Source: Law enforcement respondent

All reported prices are stable between spring and fall 2002.

How much does methamphetamine cost?

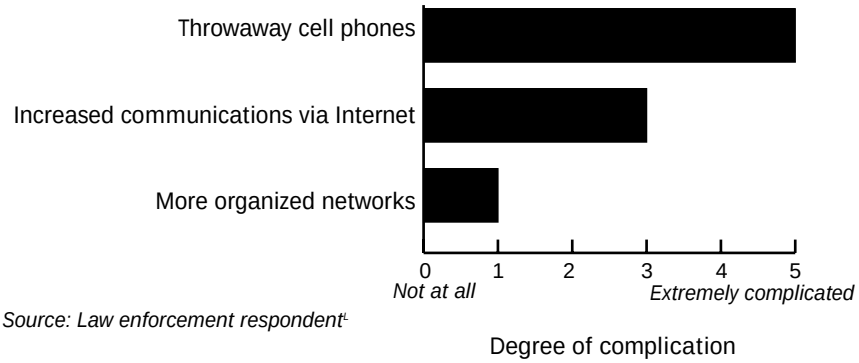
Unit	Price
1 g	$80
1 oz	$300–$600

Source: Law enforcement respondent

- *The ounce price of methamphetamine declined between spring and fall 2002.*[L]
- *Methamphetamine purity also declined slightly to approximately 20 percent.*[L]

THE MARKET PERSPECTIVE: A 10-YEAR VIEW

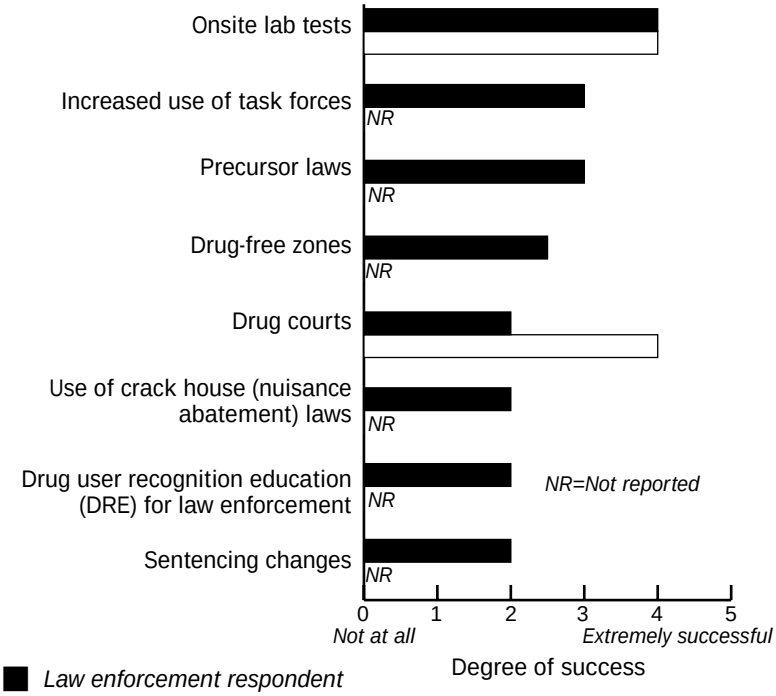
Drug marketing innovations and tools over the past 10 years: To what degree have they complicated efforts to detect or disrupt illicit drug activity in Sacramento?



Source: Law enforcement respondent[L]

- *Detection and disruption efforts have not been hampered much by more organized networks.*
- *As in many cities across the Nation, advancing technologies such as cell phones and the Internet have seriously complicated law enforcement's ability to detect and disrupt drug activity.*[L]

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



SEPTEMBER 11 FOLLOW UP

Three of the four *Pulse Check* respondents note continuing effects of the September 11 attacks and their aftermath on Sacramento's drug problem.[L,N,M]

- The law enforcement respondent notes that a shift in priority from combating the drug problem to fighting terrorism has put law enforcement at a disadvantage, particularly with respect to technical support systems such as wiretaps.[L]
- A continued impact on mental health is evidenced by a sustained increase in referrals through a dual diagnosis program.[N] This pattern is likely due to frightened users turning more heavily to drugs for relief.[M]

What they have to say...

- *The methamphetamine situation has improved somewhat in that legislation has made it more difficult for manufacturers to obtain precursors.*[L]
- *Onsite lab tests are very successful in disrupting Sacramento's drug markets.*[L,E] *This is beneficial not just to law enforcement, but also to child protective services, because it helps to ensure that parents are not continuing drug activity while their children are in out-of-home placements.*[E]
- *Sacramento law enforcement has three task forces focused specifically on methamphetamine. They also operate task forces with the Drug Enforcement Administration (DEA), High Intensity Drug Trafficking Area (HIDTA), California Multi-Jurisdictional Methamphetamine Enforcement Team (Cal-MMET), and Crack Rock Impact Sacramento (CRIPS).*[L]
- *All narcotic teams operating within law enforcement are DRE certified; these individuals then train patrol officers.*[L]
- *As reported in the majority of* Pulse Check *cities, drug courts have met with great success.*[E] *Adult and dependency drug courts operate currently. A juvenile drug court is now awaiting funding.*[E]