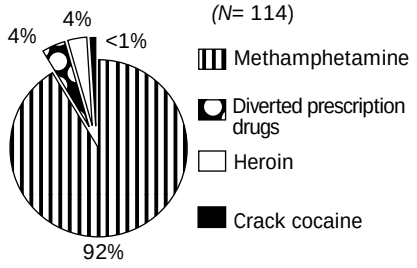
SAN DIEGO METROPOLITAN STATISTICAL AREA PROFILE:

- Total population:. . . 2,813,833
- Median age: . . . . . 33.2 years
- Race (alone):
  - White 66.5%
  - Black 5.7%
  - American Indian/ Alaska Native 0.9%
  - Asian/Pacific Islander 9.4%
  - Other race 12.8%
  - Two or more races 4.7%
- Hispanic (of any race): 26.7%
- Unemployment rate: 3.6%
- Median household income:. $47,067
- Families below poverty level with children <18 years: 13.3%

*Source: U.S. Census 2000**

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



Source: Non-methadone treatment respondent

Treatment percentages in this program remained relatively stable between spring and fall 2002.

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

Three of the four *Pulse Check* sources believe the city's overall drug problem has remained stable. The non-methadone treatment source, who considers the city's drug problem very serious, believes it has become somewhat worse. The methadone treatment source likewise believes the situation to be very serious, while the epidemiologic and law enforcement sources rate the problem at a lesser "somewhat serious."

Only a few changes since spring 2002 are associated with use:

- Use of methylenedioxymethamphetamine (MDMA or ecstasy), phencyclidine (PCP), and carisoprodol (Soma®) now is reported occasionally among treatment admissions.[N]
- Use of gamma hydroxybutyrate (GHB) remains at low levels, probably because word has gotten out about the drug's volatility and lethal potential. Nevertheless, it continues to be involved in some deaths and drug-assisted rapes.[E]

Additionally, the drug market is changing in a few ways:

- What people are calling "ice" and "glass" is a marketing phenomenon: a new presentation of the same methamphetamine seen for years.[L]
- Increased focus by law enforcement has made it more difficult to purchase diverted OxyContin® (oxycodone hydrochloride controlled-release). A particularly effective deterrent was the arrest of a major supplier in Tijuana.[L]
- A Drug Enforcement Administration (DEA) operation in September 2002 caused ketamine shipments to dry up, supplies to decline, and prices to triple.[L]

Because of the different perspective each brings, the sources vary in their perception of which drugs are most commonly abused and which have the most serious consequences. For example, the epidemiologic and law enforcement sources agree that methamphetamine is the drug related to the most serious consequences. However, they differ about the second most serious drug problem. The epidemiologic source names heroin because it is associated with the most serious health consequences. The law enforcement source names marijuana because of its pervasiveness.

Most widely abused drug:
Methamphetamine[L,N]
Marijuana[E]
Heroin[M]
No reported changes between spring and fall 2002[L,E,N,M]

Second most widely abused drug:
Methamphetamine[E,M]
Marijuana[L,N]
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:
Heroin[E,N]
Marijuana[L]
Methamphetamine[M]
No reported changes between spring and fall 2002[L,E,N,M]

New or emerging problems:
Ecstasy[E,N]
GHB, "whispers" of diverted OxyContin®[E]
PCP, carisoprodol (Soma®)[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.

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

HEROIN

The heroin problem appears relatively stable between spring and fall 2002:

- Upper middle-class White youth, reported as an emerging group 3 or 4 years ago, are declining as heroin users—possibly due to the focus of a local multi-agency task force composed of law enforcement, education, treatment, and prevention specialists.[E]
- Approximately 15 percent of drug court referrals in the northern section of San Diego are first-time young injecting users from wealthy families.[N]

COCAINE

Use of crack appears to be low and stable. Only one possible change is reported regarding powder cocaine:

- A spring 2002 focus group and a newspaper article reported couriers delivering powder cocaine to suburban areas. These reports may just be "blips": they have not been detected in any datasets, nor have any incidents been mentioned since.[E]

MARIJUANA

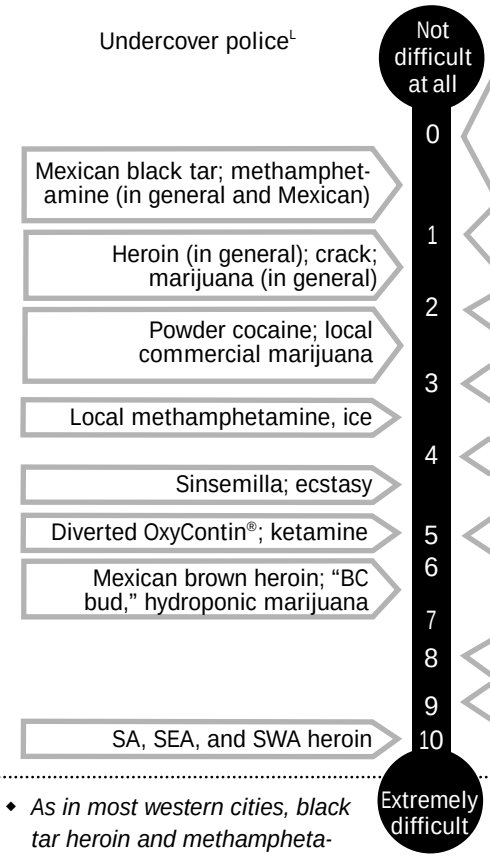
No changes are reported between spring and fall 2002, either in use or marketing. The drug, either alone or used with other drugs, continues to be involved in negative consequences.

METHAMPHETAMINE

Two declines are reported, along with some shifts among users:

- Precursor laws have led to supply declines: local manufacturers have been forced to develop pill reduction labs to extract their own pseudoephedrine. Some labs make their own iodine because iodine sales have been curtailed in feed stores. Some make their own hydriotic acid. Most methamphetamine is now from Mexican labs that use the red phosphorous reduction method.
- The percentage of methamphetamine users among methadone clients declined somewhat between the two latest available reporting periods: from 25 percent to 19 percent of both overall and first-time admissions.[M]
- Hispanics continue to emerge as methamphetamine users.[E]
- One source notes a shift over the past 5 years from snorting methamphetamine to smoking it.[N]

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



- *As in most western cities, black tar heroin and methamphetamine are easily obtainable. And, conversely, it is extremely difficult to purchase white heroin*
- *Both users and undercover police can purchase black tar heroin, crack, most methamphetamine forms, and commercial marijuana with relatively similar ease. More variation is reported for powder cocaine and higher grades of marijuana—possibly because they are used by more specific populations.*
- *Undercover police can purchase ice and ecstasy more easily in fall 2002 than in the previous spring.*[L]
- *Conversely, undercover police find it more difficult than before to purchase diverted OxyContin® and ketamine.*
- *From the user perspective, no changes are reported in ease of purchase for any drugs.*[E]

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.

ECSTASY

A few slight increases are reported between spring and fall 2002:

- Despite much media attention and a slight increase in the number of users, ecstasy use remains low.[E]
- Undercover police can purchase the drug more easily than previously.
- Shipments at the "boat" level (1,000 pills) and higher come from the Los Angeles area.

DIVERTED OXYCONTIN®

Availability appears to have declined between spring and fall 2002:

The pharmaceutical's manufacturer is presumably exporting less of it to Mexico. Consequently, less is diverted back into the United States from Tijuana pharmacies—either via small-time dealers or by Internet hookup.[L]

KETAMINE

A DEA operation in September 2002 caused ketamine shipments to dry up, supplies to decline, and prices to triple. A Mexico City manufacturer and his Tijuana pharmacy distributor were put out of business, and raw materials were seized. This law enforcement accomplishment has national repercussions because more than 80 percent of the ketamine in the United States comes from Mexico via San Diego.[L]

THE USE PERSPECTIVE

WHAT'S HAPPENING IN TREATMENT?

Treatment capacity and availability

- The *Pulse Check* non-methadone treatment respondent's program, which operates at its maximum capacity of 100 contract-funded clients plus aftercare clients, covers a county where methamphetamine predominates. Thus, methamphetamine is the primary drug of abuse among the vast majority of clients *(see pie chart on the first page of this report)*.[N]
- The methadone treatment respondent is with a facility that operates close to its maximum capacity of 375 patients, as allowed by the State.[M] Beyond that specific facility, methadone maintenance treatment is available throughout the area, and programs have adequate capacity. Public and private methadone treatment availability and capacity remained stable between early and late 2002.[E]
- Slot capacity in general is increasingly limited. Increased demand, combined with no new bed funding and "NIMBYism," have resulted in many wait lists. The respondent sees a need to make more beds available in the community through increased funding rather than through shortened stays.[N]

Community collaboration

One treatment source reports that the court and treatment systems have worked together to address local drug problems more effectively. The respondent perceives a need for similar collaboration between the treatment and prevention communities as well as with parents, grandparents, and the community at large.[N]

Recidivism

Nearly all marijuana and methamphetamine clients have been in treatment in the past, although only a handful are return clients to this particular program.[N]

Consequences of drug use

- One source notes increases in high-risk pregnancies, drug-related automobile accidents, and cases of hepatitis C among treatment clients. Incidence of drug-related tuberculosis remains relatively low, but it increases as one gets closer to the U.S.–Mexican border.[N]
- Another source similarly reports high-risk pregnancy as a relatively common consequence of drug abuse among treatment clients. The source also notes that new users generally do not have hepatitis C, but about 99 percent of the "old timers" are positive for the disease. "The hepatitis C problem," remarks the respondent, "seems worse than AIDS. Help is needed."[M]
- Methamphetamine clients tend to come in with numerous medical and dental problems.[N] Chronic heart problems are fairly common among older methadone patients.[M]

Co-occurring disorders

- The number of patients presenting with psychosis, mood disorders, and violent behavior has increased, probably due to their long-term use of methamphetamine.[N]
- Antisocial disorders and conduct disorders, very common among methadone patients, tend to disappear once the patients are on methadone.[M]

CHANGES OVER THE PAST 10 YEARS

- One treatment source believes that San Diego's drug abuse problem has been moderately exacerbated over the past decade by the declining price of heroin and by earlier initiation of heroin use.[M]

- The other treatment source names several particularly significant changes: increased treatment caseloads because so many people are trying to get into treatment; lack of detox; lack of residential treatment; an increase in medical and dental problems among clients because they don't qualify for benefits; and lack of "sober living" housing opportunities for recovering clients. This source also names some more moderately complicating changes: the "normalization" of drug use within family history and structure; an increase in polydrug use; the spread of drug use among all age groups; and the lack of jobs and job training opportunities for recovering clients.[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 also were 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 from drug to 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	M
Age group (years)	>30	>30
Mean age (years)	35	45
Gender	70% male	61% male
Race/ethnicity	White	White
Socioeconomic status	Low	NR
Residence	Central city	Suburbs
Referral source	N/A	Individual
Level of education completed	N/A	High school
Employment at intake	N/A	50% full time, 50% unemployed

Sources: [E]Epidemiologic/ethnographic respondent; [M]methadone treatment respondent
Note: Only four clients in the non-methadone program report heroin as their primary drug of abuse: two men and two women, whose mean age is 36).

- *The methadone treatment source describes a somewhat older, less male-dominated, population than the broader heroin-using population described by the epidemiologic source.*
- *Upper middle-class White youth, reported as an emerging group 3 or 4 years ago, are declining as heroin users—possibly due to the focus of a multi-agency task force aimed at this specific new user group in the northern sector of San Diego County.*[E]
- *However, approximately 15 percent of drug court referrals in north county are first-time young injectors from wealthy families.*[N]
- *Mean age is tending to be slightly lower than in the past because of youth in their late teens who joined the user population a few years ago.*[E]
- *Among new admissions, more males are being noted than usual.*[M]

How do users take heroin?

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

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

- *Injecting is also the primary route of administration among the four primary heroin clients.*[N]
- *Use patterns appear stable between spring and fall 2002.*[M]

Who's most likely to use cocaine?

Characteristic	Crack	Powder cocaine
Age group (years)	>30	18–30
Mean age (years)	36.5	NR
Gender	60% male	NR
Race/ethnicity	Black	White
Socioeconomic status	Low	Middle
Residence	Central city	Suburbs

Source: [E]Epidemiologic/ethnographic respondent
Note: Only one crack user and no powder cocaine users are in treatment at the non-methadone program. None are reported in the methadone program.

- *Crack users and powder cocaine users are two separate populations, different in all respects.*[E]
- *User characteristics appear stable between spring and fall 2002.*[E]

Who's most likely to use marijuana?

Characteristic	E	N
Age group (years)	18–30	18–30
Mean age (years)	26.5	31
Gender	80% male	65% male
Race/ethnicity	Hispanic (any race)	NR
Socioeconomic status	All	NR
Residence	Suburbs	NR

Sources: [E]Epidemiologic/ethnographic respondent; [N]Non-methadone treatment respondent
Note: The methadone treatment source did not provide this information.

- *None of the marijuana users in either program reports that drug as a primary problem.*[N,M]
- *While marijuana users in treatment are predominantly Hispanic, marijuana use cuts across all racial/ethnic groups.*[N]
- *Only one change is reported: "More younger kids are coming in."*[N]

How do users take marijuana?

Characteristic	E	N
Primary delivery vehicle	Joints	Joints, bongs
Other drugs taken	Alcohol, methamphetamine	Methamphetamine
Publicly or privately?	Both	Both
Alone or in groups?	Both	Both

Sources: [E]Epidemiologic/ethnographic respondent; [N]Non-methadone treatment respondent
Note: The methadone treatment source did not provide this information.

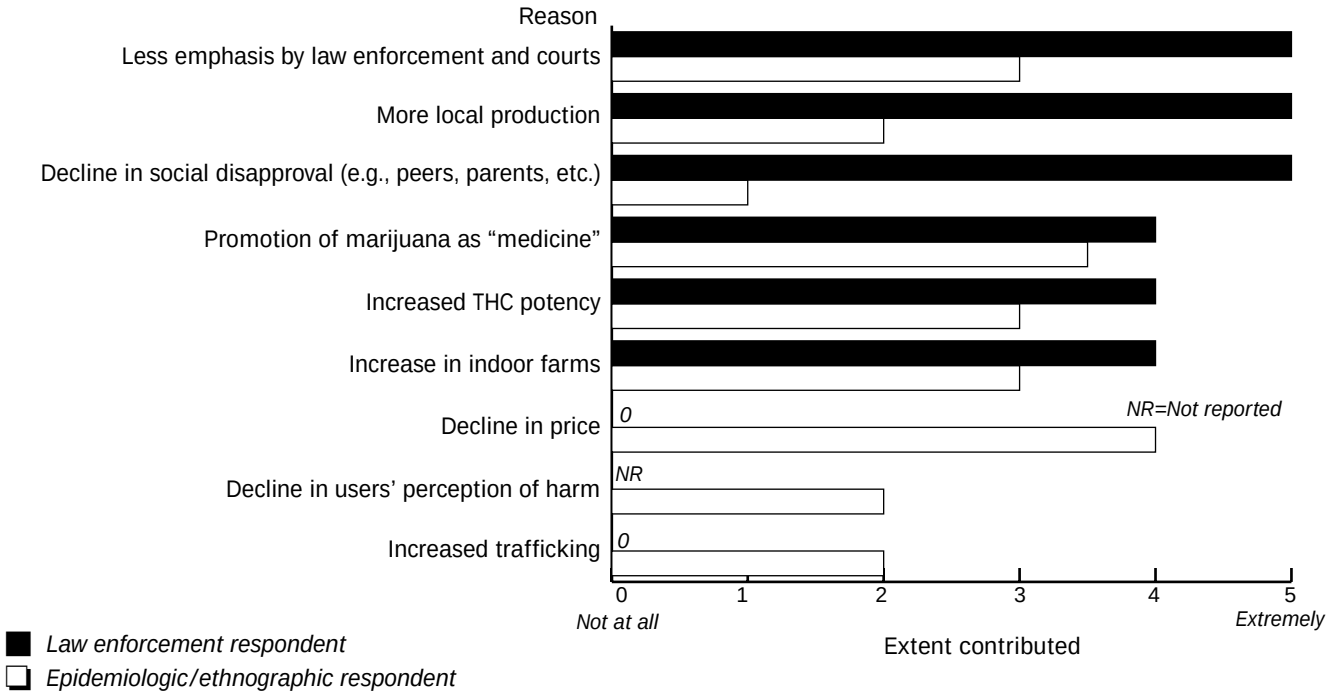
- *Both responding sources describe similar use patterns.*[E,N]
- *Use patterns appear stable between spring and fall 2002.*[E,N]

WHAT ARE THE NEGATIVE CONSEQUENCES OF MARIJUANA USE?

One source lists "amotivational syndrome" as a negative consequence of marijuana use, pointing out that the younger users, who are increasingly admitted to treatment, never get employed. Sometimes this lack of motivation is a family norm. Additionally, 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[E]
- Drug-related arrests[E,N]
- Automobile accidents[N]
- High-risk pregnancies[N]
- Short-term memory loss[E,N]
- Deteriorating family/social relationships[E,N]
- Poor academic performance[E,N]
- School absenteeism or truancy[E,N]
- Dropping out of school[E,N]
- Poor workplace performance[E,N]
- Workplace absenteeism[E,N]
- Unemployment rates[N]

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



What they have to say...

- *Price: As reported in most other* Pulse Check *cities, price has not declined, so it is not a contributing factor.*[L]
- *Indoor farms: A moderate increase in indoor farms has resulted in higher grade marijuana and less detectable operations.*[E]
- *Law enforcement/court emphasis: At a recent focus group, users agreed that "everyone turns a blind eye, even though it's everywhere."*[E]
- *Perception of harm: The misperception of marijuana as harmless has "always been a problem. We need to continue pressuring youth on 'no marijuana.'"*[E]
- *Medical marijuana: "It hasn't made that big a difference, though it has given a platform to normalists."*[E]
- *Trafficking: Increased movement of marijuana from Mexico to San Diego has resulted in increased availability over the past decade.*[E]

Who's most likely to use methamphetamine?

Characteristic	E	N	M
Age group (years)	>30	>30	>30
Mean age (years)	32	31	45
Gender	50% male	65% male	50% male
Race/ethnicity	White	White	White
Socioeconomic status	Low	Middle	Low
Residence	Suburbs	Suburbs and rural areas	Suburbs
Referral source	N/A	Criminal justice	Individual
Level of education completed	N/A	High school	High school
Employment at intake	N/A	Unemployed	50% full-time, 50% unemployed

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

- *All sources describe a predominantly White user population.[E,N,M] However, Hispanics have been emerging as methamphetamine users since about 1995, when they got into production and marketing. Use among that population continues to increase steadily.[E]*
- *Court referrals "have become huge" over the past 5 years.[N]*

How do users take methamphetamine?

Characteristic	E	N	M
Primary route of administration	Smoking	Smoking	Injecting
Other drugs taken	Marijuana, alcohol	Marijuana, ("mota," "smoke")	Heroin (speedball)
Publicly or privately?	Privately	Both	Privately
Alone or in groups?	In groups/ among friends	Both	Alone

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

- *In earlier years, methamphetamine used to be snorted. The shift to smoking continues.[E]*
- *The gradual shift from snorting to smoking is due to the younger users coming in. Injecting and snorting, however, are still common.[N]*
- *Injecting is the primary route of administration among methadone patients, who–unlike most methamphetamine users–tend to combine methamphetamine with heroin. Snorting is also common among this population.*

Who's most likely to use ecstasy?

Characteristic	E
Age group (years)	18–30
Mean age (years)	19
Gender	50% male
Race/ethnicity	White
Socioeconomic status	Middle
Residence	Suburbs

Note: No ecstasy use is reported in the two treatment programs.
Source: [E]Epidemiologic/ethnographic respondent

- *Despite much media attention and a slight increase in the number of users, ecstasy use remains low.[E]*
- *While ecstasy users are rare in this program, the problem is larger on the north coast.[N]*

THE MARKET PERSPECTIVE

WHERE ARE DRUGS USED AND SOLD?

Heroin and crack are generally sold in central city areas. Powder cocaine and ecstasy are sold in both central city and suburban areas. Marijuana and methamphetamine are equally likely to be sold in central city, suburban, and rural areas. The majority of the following specific sales settings are also use settings:

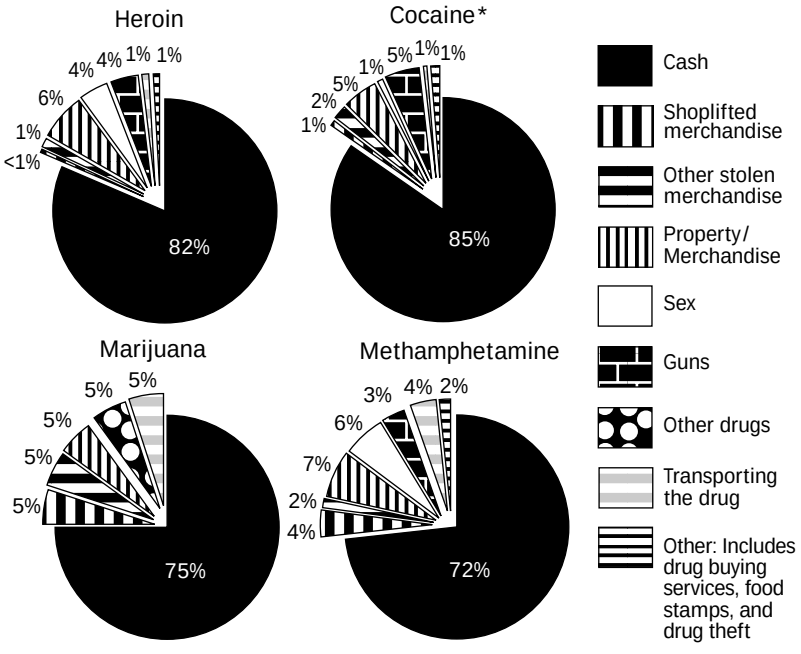
- Heroin is sold on the streets and in open-air markets,[L,E] in crack houses/shooting galleries,[L] in private residences,[L] in public housing developments,[E] in shopping malls,[L] in hotels/motels,[L,E] around drug treatment clinics,[L] and inside cars.[L,E]
- Crack is generally sold in the streets and in open-air markets[L] or in crack houses.[L]
- Powder cocaine is sold predominantly in private residences[L,E] but also in the streets and open-air markets[L] and on beaches.[L]
- Marijuana has the largest range of sales settings: streets/open-air markets,[L,E] crack houses/shooting galleries,[L] private residences,[L,E] public housing developments,[L,E] in or around schools,[L,E] college campuses,[L,E] nightclubs and bars,[L] shopping malls,[L] playgrounds/parks,[L] private parties,[L,E] raves,[L] concerts,[L,E] around supermarkets,[L] hotels/motels,[L,E] around drug treatment clinics,[L] and inside cars.[L,E]
- Methamphetamine sales settings include the streets and open-air markets,[L] inside private residences,[L,E] public housing developments,[E] nightclubs and bars,[L] private parties,[L] around drug treatment clinics,[L] and inside cars.[L]
- Ecstasy is sold on the streets and in open-air markets,[E] on college campuses,[L] in nightclubs and bars,[L,E] at private parties,[L,E] at raves,[L,E] at concerts,[L] in hotels/motels,[L] and inside cars.[L]

HOW DO DRUGS GET FROM SELLER TO BUYER?

Illegal drugs are generally sold hand to hand. In the case of heroin, for example, such transactions often involve runners at prearranged meetings in public places such as shopping malls. Cell phones, land lines, and pagers play an important communications role in sales involving heroin, powder cocaine, and marijuana. Marijuana sales also involve the Internet and parcel delivery, as do sales of diverted OxyContin® and ketamine. Ecstasy sales involve cell phones, pagers, and e-mail. Methamphetamine transactions involve less sophisticated communications, such as land lines. Crack transactions are even more "low-tech": they are likely to involve word of mouth and purchasers knowing which street corners to approach.

As shown below, the majority of these transactions involve cash. A variety of other commodities and services, however, are often exchanged—particularly in the case of methamphetamine. The most commonly mentioned items are property or merchandise (for all drugs), shoplifted or stolen merchandise (for marijuana), sex (for cocaine), and guns (for cocaine).

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



Note: The epidemiologic source did not respond to this question.
**Responses were the same for both crack and powder cocaine.*

Source: Mean of response ratings given by law enforcement, non-methadone treatment, and methadone treatment respondents

What they have to say...

- *As in other* Pulse Check *cities, the majority of drug transactions are "cash only." Crack, powder cocaine, and heroin transactions are even more frequently cash only than in many other cities.*
- *Ten years ago, when labs were bigger, methamphetamine manufacturing was another service exchanged for drugs. Such transactions are a thing of the past because a large law enforcement task force has effectively reduced the size and number of labs, pushing them into neighboring areas.*[N]
- *No other changes are reported in the nature of drug transactions over the past 10 years.*

WHO'S SELLING HEROIN?

The sales structure, controlled by Hispanics, operates as follows:[L]

- An individual who controls a large area takes the heroin to "dope houses."
- At the dope houses, the heroin is divided into street-level units.
- The dope houses send runners, mostly young Hispanic males, to the buyers.
- Alternatively, buyers pick up heroin at a dope house.

Sellers are not very likely to use their own heroin. Some also sell powder cocaine.

How much does heroin cost?

Form	Unit	Purity	Price
Black tar	0.1 g ("tens")	14–70%	$10[L]
	3 g ("twenties")	14–70%	$20[L]
	0.4 g ("forties")	14–70%	$40[L]
	1 g	12–60%	$50–$100[E]
	1 oz	NR	$600–$1,200[L]
	25 g ("Mexican ounce")	NR	$1,400–$1,500[L]
Mexican brown tar	1 g	12–60%	$100–$150[E]

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

- *The current ounce price ($600–$1,200) represents a decline from the previous reporting period ($800–$1,500).*[L]
- *All other reported prices are stable.*[L,E]

WHO'S SELLING COCAINE?

Powder cocaine sales have the same sales structure and involve the same people as heroin. Crack sellers, by contrast, generally deal only in crack, and they belong to one of two organizational structures:[L]

- The same organizations as those who sell heroin and powder cocaine
- Street gang members

How much does cocaine cost?

Form	Unit	Purity	Price
Powder	1/10 g	NR	$10[L]
	3 g	NR	$20–$30[L]
	1 g	68–72%[E]	$40–$80[L,E]
	1 oz	54–90%[L]	$300[L]
	1 kg	83%[L]	$12,500–$18,000[L]
Crack	0.1 g ("tens")	NR	$10[L,E]
	0.2 g ("twenties")	NR	$20[L]
	1 oz	68–70%	NR[L]

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

- *All reported powder and crack cocaine prices are stable between spring and fall 2002.*
- *Powder cocaine purity at the kilogram level has increased since the last reporting period.*

WHO'S SELLING MARIJUANA?

Marijuana sellers tend to operate independently. They have the following characteristics:[L]

- They are generally young adults.
- They are very likely to use their own drug.
- They do not sell other drugs.

How much does marijuana cost?

Form	Unit	Price
Mexican weed	2-1 g ("Nickel bag")	$5[L]
	1-3 g ("Dime bag")	$10[L]
	1 oz	$60–$100[L,E]
Sinsemilla	3 oz	$150[L]
	2 oz	$300[L]
	1 oz	$180–$250[E]
	1 oz	$450[L]
Domestic bud	1 lb*	$3,000–$5,000[L,E]

**Up to 30% THC*
Sources: [L]Law enforcement respondent; [E]Epidemiologic/ethnographic respondent

All reported prices appear stable between spring and fall 2002.

WHO'S SELLING METHAMPHETAMINE?

Methamphetamine sellers operate at two levels:[L]

- Organized Hispanic groups sell at higher-than-ounce levels.
- Younger, independent sellers operate at the ounce and lower levels. These individuals are very likely to use their own drug.

Some methamphetamine sellers also sell marijuana.

How much does methamphetamine cost?

Unit	Price
3 g	$20[L]
1 g[a]	$40–$100[E]
1 g	$50–$75[L]
1 oz	$500–$1,000[L]
1 lb[b]	$3,500–$5,500[E]
1 lb	$6,000–$10,000[L]
1 lb ice[c]	$9,000–$11,000[L]

[a] Purity 30–40%
[b] Purity 93–97%
[c] Purity 50–90%
Sources: [L]Law enforcement respondent; [E]Epidemiologic/ethnographic respondent

What people are calling "ice" and "glass" is a new presentation of the same substance seen for years. In the early 1990s, high-purity methamphetamine was coming from local labs. Around 1995, shortly after the Mexicans took over, purity started going down but prices remained the same. Around 2000, this supposed "ice" was introduced at increased prices. Within the last year or so it started being cut again—with the vitamin supplement dimethylsulfone (MSM). Prices, however, remain at elevated levels, while purity ranges widely.[L]

Which drug sellers are associated with which crimes?

Crime	Heroin	Powder cocaine	Crack cocaine	Marijuana	Methamphetamine
Gang-related activity			✓		
Violent criminal acts			✓		
Nonviolent criminal acts (burglaries, petty thefts)	✓	✓	✓	✓	
Domestic violence					✓
Smuggling aliens	✓	✓	✓		

Source: Law enforcement respondent

- *While crack is not considered one of the major drugs in San Diego, its involvement in criminal activity exceeds that of other drugs.*
- *Methamphetamine is the only drug associated with domestic violence.*

WHO'S SELLING ECSTASY?

A two-tiered system is reported:[L]

- Sellers "at the high end of the chain" are organized.
- Street-level sellers operate more independently. They are very likely to use their own drug.
- College-educated White males control sales of ecstasy, along with ketamine, GHB, and diverted OxyContin®.
- Some sellers also sell powder cocaine and diverted sildenafil (Viagra®)

How much does ecstasy cost?

Unit	Price
One pill	$15–$25[E]
One pill	$20[L]
"Boat" (1,000 pills)	$6,000–$10,000[L,E]

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

- *Reported prices appear stable between spring and fall 2002.*

How much do various other drugs cost?

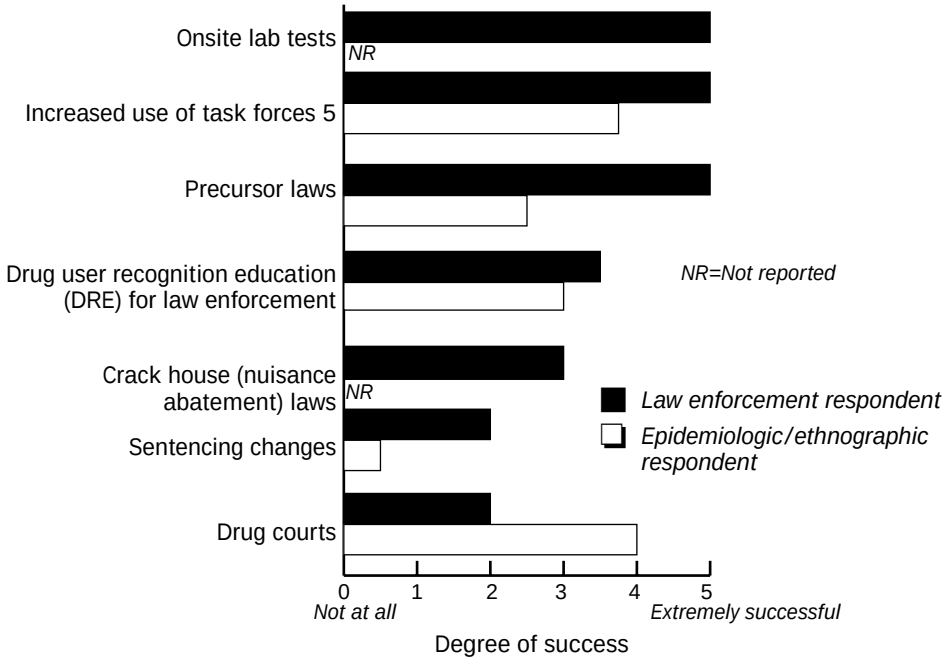
Drug	Unit	Price
Diverted OxyContin®	20-mg pill	$20[L,E]
Ketamine	0.2 g	$20–$25[L]

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

- *Reported prices for these drugs appear stable between spring and fall 2002.*
- *Price information on diverted OxyContin® comes from Imperial County.*

THE MARKET PERSPECTIVE: A 10–YEAR VIEW

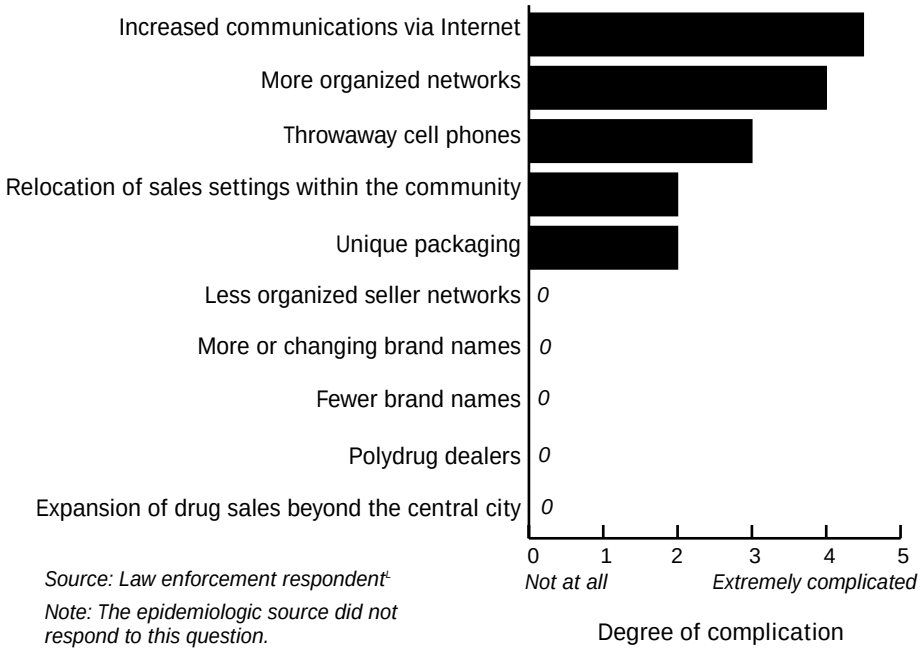
Community innovations and tools over the past 10 years: How successful have they been?



What they have to say...

- *Onsite lab tests: "Narco band" packages have been used effectively in the field for 18 years.*
- *Task forces: The San Diego Narcotics Task Force, one of the first of its kind in the Nation, has representatives from every police agency in San Diego County, under the umbrella of the DEA. Various other agencies, such as the Border Patrol, participate from time to time.[L] The Violent Gang Task Force draws members from Federal agencies, such as the Federal Bureau of Investigation (FBI) and the Bureau of Alcohol, Tobacco and Firearms (ATF), and representatives from State and local entities.[L] The Meth Strike Force, ongoing since March 1996, has led to programs such as the Meth Hotline (which the public uses to report suspected cooks, turn in dealers, and obtain help for users) and the Drug Endangered Children program (which includes removing children of dealers for medical review, testing, and possible placement in the care of another family member or a foster family).[E] A Club Drug Task Force is just getting started in the county.[E]*
- *Precursor laws: Making it tougher to acquire ephedrine, red phosphorus, iodine, and hydriotic acid forced the local manufacturers of the early 1990s to extract these precursors themselves. Labs thus became smaller and spread to the rural areas across the country. Thus, San Diego lost its dubious distinction as "Meth Capital of the World."[L]*
- *Drug courts: Six operating courts include one for juveniles, one for dependency, and four for adults. Additional revenues are being sought to expand the system.[E] One source opines that drug courts are not a deterrent because they give criminals a "free walk the first time."[L]*
- *Drug user recognition education: DRE has been ongoing and moving to neighboring counties through the Meth Strike Force and its partners. In addition to being available to law enforcement, it has been available to educators, parents, and other interested parties.[E]*
- *Local summit activities (not rated): Annual substance abuse summits involving schools, the sports community, the media, and adolescents, have evolved from 1- or 2-day conferences to year-round outreach and prevention activities, including monthly meetings. This year's focus has been on substance abuse and sports, with local sports figures talking to the adolescents. Involving youth in planning activities has been a particularly effective strategy.[E]*
- *Prevention funding process (not rated): Over the past 2 years, the county has moved toward larger funding allocations to fewer providers. Prevention collaboratives throughout the region now focus on cohesive strategies all across the county, with more community responsibilities.[E]*

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 San Diego?



Source: Law enforcement respondent[L]

Note: The epidemiologic source did not respond to this question.

What they have to say...

- *As in the majority of* Pulse Check *cities, detection and disruption activities have not been hampered by dealers increasingly or decreasingly using brand names.*
- *Technological communications advances have posed the most challenges to detection and disruption efforts.*

SEPTEMBER 11 FOLLOWUP

Three of the four *Pulse Check* sources believe that the September 11 attacks and their aftermath have had no continuing effects on the drug abuse problem. The law enforcement respondent, however, notes curtailed air trafficking as a result of airport security measures.