



SAN FRANCISCO PRIMARY METROPOLITAN

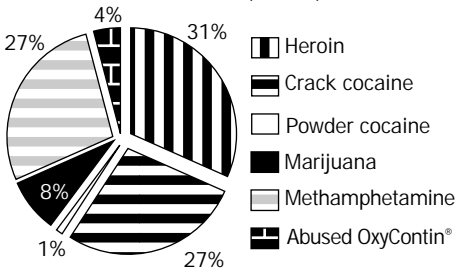
**STATISTICAL AREA PROFILE:**

- Total population: . . . 1,731,183
- Median age: . . . . . 37.3 years
- Race (alone):
  - ◆ White . . . . . 58.6%
  - ◆ Black . . . . . 5.3%
  - ◆ American Indian/Alaska Native . . . . . 0.4%
  - ◆ Asian/Pacific Islander . . . . . 23.5%
  - ◆ Other race . . . . . 7.7%
  - ◆ Two or more races . . . . . 4.5%
- Hispanic (of any race): . . . 16.8%
- Unemployment rate: . . . . 2.5%
- Median household income: . . . . . \$63,297
- Families below poverty level with children <18 years: . . . 7.6%

Source: U.S. Census 2000\*

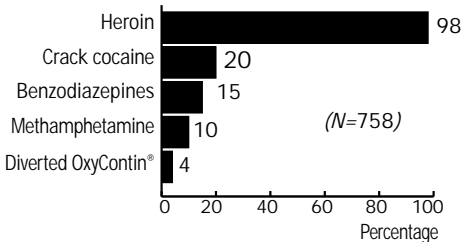
What are the primary drugs of abuse among clients in a non-methadone treatment program? (Fall 2002)

(N=250)



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; this program does not track marijuana use.

Source: Methadone treatment respondent

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

Use patterns of illegal drugs have remained relatively stable between spring and fall 2002, with a few exceptions:

- Methylendioxyamphetamine (MDMA or ecstasy) use has decreased among methadone treatment admissions.<sup>M</sup>
- Heroin user characteristics have changed slightly: Hispanic and Black users have decreased,<sup>E</sup> female users have increased,<sup>E</sup> and more users are unemployed.<sup>N</sup>
- Methamphetamine and OxyContin® (oxycodone hydrochloride controlled-release) abuse has increased among methadone treatment admissions.<sup>M</sup>

Although most use patterns remain relatively stable, respondents report several changes in the drug market:

- Mexican brown heroin is more difficult for undercover officers to buy.<sup>L</sup>
- Many drugs are less difficult for undercover officers to buy.<sup>L</sup>
- Methamphetamine-related arrests have increased.<sup>L</sup>
- Ecstasy sales in public housing developments have emerged in the past 6 months.<sup>L</sup>
- Internet communication between buyers and sellers of both methamphetamine and ecstasy has increased.<sup>L,E</sup>

Three of the city's *Pulse Check* sources consider the drug problem very serious<sup>L,N,M</sup> (as do 77 percent of all *Pulse Check* respondents), and three consider it stable.<sup>E,N,M</sup> One source believes the illegal drug problem is much worse since spring 2002.<sup>L</sup>

Heroin and marijuana remain the most commonly abused drugs in San Francisco. (By comparison, only eight other *Pulse Check* respondents—not including methadone treatment respondents—report heroin as the most commonly abused drug, and nearly half report marijuana as the most widely abused drug). The drugs relating to the most serious consequences in San Francisco remain methamphetamine and heroin. Ice, the high-purity, smokable form of methamphetamine, is an emerging drug in the city.<sup>L</sup>

*Between spring and fall 2002, drug use among clients in the methadone treatment program remained relatively stable with two exceptions: ecstasy use decreased slightly and methamphetamine and OxyContin® abuse increased slightly.<sup>M</sup>*

Most widely abused drug:

- Marijuana<sup>L,E</sup>
- Heroin<sup>N,M</sup>

*No reported changes between spring and fall 2002.<sup>L,E,N,M</sup>*

Second most widely abused drug:

- Methamphetamine<sup>L,N</sup>
- Heroin<sup>E</sup>
- Crack<sup>M</sup>

*No reported changes between spring and fall 2002.<sup>L,E,N,M</sup>*

Drug related to the most serious consequences:

- Methamphetamine<sup>L,N</sup>
- Heroin<sup>E,M</sup>

*No reported changes between spring and fall 2002.<sup>L,E,N,M</sup>*

Drug related to the second most serious consequences:

- Crack<sup>L,E,M</sup>
- Heroin<sup>N</sup>

*No reported changes between spring and fall 2002.<sup>L,E,N,M</sup>*

New or emerging problem:

- Ice

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

\*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

Two respondents report heroin as the most common drug of abuse<sup>L,M</sup> and the drug related to the most serious consequences<sup>E,M</sup>. Heroin use remains high and stable.

## COCAINE

Powder cocaine use and activity remain low, while crack cocaine use and activity remain high.

## MARIJUANA

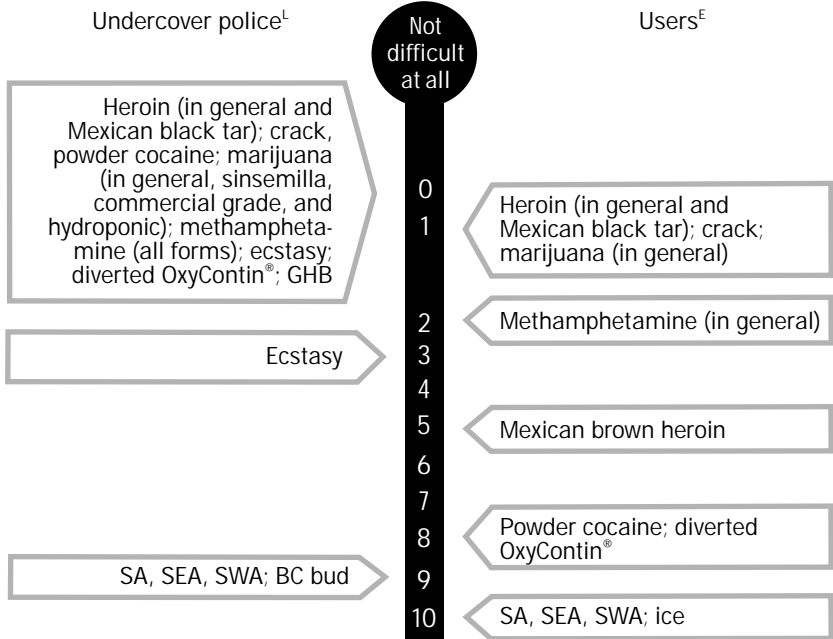
Marijuana use remains high and stable. Two sources report that it remains the most widely abused drug.<sup>L,N</sup>

## METHAMPHETAMINE

Methamphetamine use is at high levels, and use and activity are increasing:

- Two sources report it as the drug contributing to the most serious consequences in San Francisco.<sup>L,N</sup>
- Methamphetamine use among methadone treatment clients increased slightly between spring and fall 2002.<sup>M</sup>
- One source reports increased use, especially in the gay community.<sup>L</sup>
- Methamphetamine arrests increased between spring and fall 2002.<sup>L</sup>
- Methamphetamine injection may be on the rise.<sup>E</sup>
- Ice is considered an emerging drug of abuse.<sup>L</sup>

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



Extremely difficult

Note: SA=South American (Colombian) heroin; SWA=Southwest Asian heroin; SEA=Southeast Asian heroin; ice=highly pure methamphetamine in smokable form; BC bud=British Columbian marijuana  
Sources: <sup>L</sup>Law enforcement respondent; <sup>E</sup>Epidemiologic/ethnographic respondent

◆ Drugs considered relatively easy to purchase by both undercover officers and buyers include heroin, crack, marijuana, methamphetamine, and ecstasy.<sup>L,E</sup>

- ◆ As in other western Pulse Check cities, Mexican black tar heroin is the most common type of heroin available.<sup>L,E</sup>
- ◆ Undercover officers have found it easier to purchase Mexican black tar in the last 6 months, but Mexican brown has been more difficult to purchase.<sup>L</sup>
- ◆ Several other drugs have become easier for undercover officers to purchase in the last 6 months: cocaine, marijuana (in general and hydroponic), methamphetamine (all forms, including ice), ecstasy, diverted OxyContin<sup>®</sup>, and gamma hydroxybutyrate (GHB).<sup>L</sup>

## MDMA (ECSTASY)

Ecstasy use has decreased among methadone treatment admissions.<sup>M</sup> Ecstasy sales are starting to take place in public housing developments.<sup>L</sup>

## DIVERTED OXYCONTIN<sup>®</sup>

Diverted OxyContin<sup>®</sup> sales increased.<sup>L</sup> Primary and secondary OxyContin<sup>®</sup> abuse has increased among methadone treatment admissions.



## 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 250 slots plus a waiting list, sees a variety of drug clients, most of whom use heroin, methamphetamine, or crack cocaine as their primary drug of abuse (see pie chart on the first page of this chapter).
- Limited slot capacity and lack of trained staff to treat comorbidity are the most common barriers to non-methadone treatment. Those problems are increasing due to budget and funding cuts. Furthermore, there is an increasing awareness of special needs populations, but the program doesn't have resources for higher staff salaries.<sup>N</sup>
- The methadone treatment respondent is with a facility that operates close to its maximum capacity of 700 methadone maintenance and 100 detoxification clients.<sup>M</sup> Many of its clients have secondary and tertiary drug problems (see bar chart on the first page of this chapter).
- Methadone maintenance treatment is available only in selected areas of the community, and public programs have large waiting lists.<sup>E</sup>
- The most common barrier to methadone treatment is the lack of funding: the *Pulse Check* methadone treatment source's program is private and for profit, so patients without medical insurance typically cannot afford treatment.
- The epidemiologic source states that the difficulty of obtaining public methadone treatment is "dramatic," and the demand has

increased over the years as the heroin users have aged. That source further states that the only way for potential clients to get on a waiting list is to present with multiple diagnoses, such as heroin addiction plus tuberculosis. Moreover, methadone treatment availability has declined in the past 6 months because the Department of Public Health is reducing treatment slots.<sup>E</sup>

#### Consequences of drug use

- The treatment sources note that drug abuse-related health consequences are relatively stable, but several are noted as high, including the following: HIV/AIDS<sup>N,M</sup> hepatitis C,<sup>N,M</sup> abscesses<sup>M</sup> (due to the decreasing purity and increasing adulterants of heroin), dental neglect<sup>M</sup>, poor nutrition<sup>M</sup>, and skin rashes<sup>M</sup>.
- Several co-occurring disorders have increased between spring and fall 2002, including the following: psychosis, which is related to methamphetamine and its wider availability,<sup>N</sup> and antisocial or conduct disorder, which is not that common but is time consuming for staff.<sup>M</sup> Mood disorders remain the most common comorbid diagnosis among non-methadone treatment clients.

#### Increased complications for drug treatment over the past 10 years

- Increasing availability of new drugs: Designer drugs, such as ecstasy and GHB, have complicated treatment drastically, according to one treatment source.<sup>N</sup> Increases in OxyContin<sup>®</sup> and other prescription drug abuse have made methadone treatment more difficult.<sup>M</sup>

- Increased treatment case loads: "Increases in treatment loads create less flexibility for staff to tailor treatment services to clients."<sup>N</sup>
- Lack of housing opportunities for recovering clients: According to the non-methadone treatment source, most post-treatment housing tends to be single-residency hotel rooms in low socioeconomic areas of the city where drug use is high, making it difficult for recovering addicts to abstain from drug use. The methadone treatment respondent reports a limited number of recovery home slots, especially slots that accept methadone treatment outpatients.
- Lack of jobs and job training opportunities for recovering clients: Treatment respondents report that "rents have increased, and the economy has worsened,"<sup>M</sup> and "there is a general lack of resources for drug treatment."<sup>N</sup>

### 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 depict any emerging user groups and to report on how the drugs are used. As shown on the following pages, user characteristics vary by drug. Further, because of the different perspective each brings, the three sources sometimes describe quite different populations and use patterns for each drug. For example, all methadone clients are primary opiate users who may use drugs other than opiates in a secondary or tertiary manner.



Who's most likely to use heroin?

Characteristic	E	N	M
Age group (years)	>30	>30	>18
Mean age (years)	38	NR	NR
Gender	75% male	60% male	60% male
Race/ethnicity	White	White	White
Socioeconomic status	Low	Low	Low
Residence	Central city	Central city	Central city
Referral source	N/A	Individual	Criminal justice, other alcohol/drug abuse care providers, and other health care providers
Level of education completed	N/A	High school	High school
Employment at intake	N/A	Unemployed	Varies widely

Sources: <sup>E</sup>Epidemiologic/ethnographic respondent; <sup>N</sup>Non-methadone treatment respondent; <sup>M</sup>Methadone treatment respondent

- ♦ Heroin users tend to be adults older than 30<sup>E,N</sup> and White males.<sup>E,N,M</sup>
- ♦ Most heroin use characteristics are stable between spring and fall 2002, with the following exceptions: Hispanic and Black users have decreased<sup>E</sup> female users have increased<sup>E</sup> and more users are unemployed.<sup>N</sup>
- ♦ Heroin users new to treatment are more likely than the general heroin-using population to be younger, of middle socioeconomic status, referred to treatment by the criminal justice system, better educated, and employed.<sup>N</sup>

How do users take heroin?

Characteristic	E	N	M
Primary route of administration	Injecting	Injecting	Injecting
Other drugs taken	Crack diluted with lemon (speedball)	Powder cocaine (speedball)	Crack cocaine (speedball); methamphetamine in combination
Publicly or privately?	Publicly	Privately	Privately
Alone or in groups?	In groups	Alone	Both

Sources: <sup>E</sup>Epidemiologic/ethnographic respondent; <sup>N</sup>Non-methadone treatment respondent; <sup>M</sup>Methadone treatment respondent

- ♦ In San Francisco, injecting is the most common route of heroin administration, and cocaine injected with heroin (speedball) is a common practice.<sup>E,N,M</sup>
- ♦ Smoking as a route of heroin administration has increased in the past several years.<sup>N</sup> Sources report no other changes in method of use since spring 2002.
- ♦ Methadone treatment clients often request sildenafil (Viagra<sup>®</sup>) because opiates tend to decrease sexual performance.<sup>M</sup>



Who's most likely to use crack cocaine?

Characteristic	E	N	M
Age group (years)	>30	>30	18–30
Mean age (years)	32	40	NR
Gender	60% male	70% male	60% male
Race/ethnicity	Black	Black	NR
Socioeconomic status	Low	Low	NR
Residence	Central city	Central city	NR
Referral source	N/A	Individual	NR
Level of education completed	N/A	High school	NR
Employment at intake	N/A	Unemployed	NR

Sources: <sup>E</sup>Epidemiologic/ethnographic respondent; <sup>N</sup>Non-methadone treatment respondent; <sup>M</sup>Methadone treatment respondent

- ♦ Crack users tend to be Black males older than 30.<sup>E,N</sup> Sources report no changes in crack use or user characteristics.
- ♦ Crack users new to non-methadone treatment are more likely than the general crack-using population to be female (70 versus 30 percent).<sup>N</sup>
- ♦ Sources report low use of powder cocaine in San Francisco.<sup>E,N,M</sup>

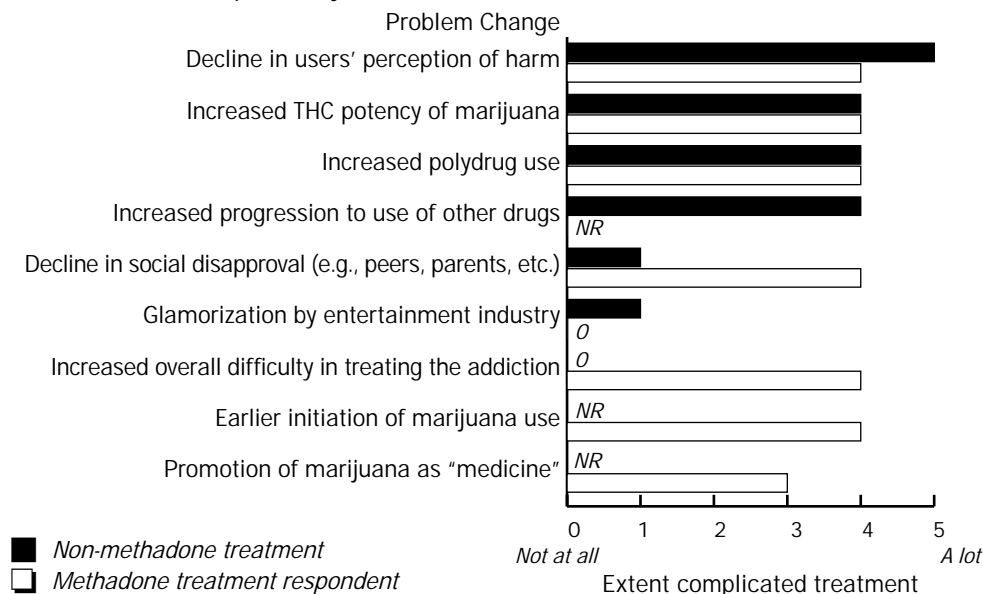
Who's most likely to use marijuana?

Characteristic	N
Age group (years)	18–30
Gender	70% male
Socioeconomic status	Middle
Residence	Central city
Referral source	Criminal justice
Level of education completed	2-year college
Employment at intake	Full time

Source: <sup>N</sup>Non-methadone treatment respondent

- ♦ Non-methadone treatment clients for primary marijuana use are more likely than their other drug-using counterparts to be adolescents or young adults.<sup>N</sup>
- ♦ Marijuana is most often smoked in joints, blunts, and pipes.<sup>E,N</sup>
- ♦ Sources report no changes in marijuana use or user characteristics since spring 2002.

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

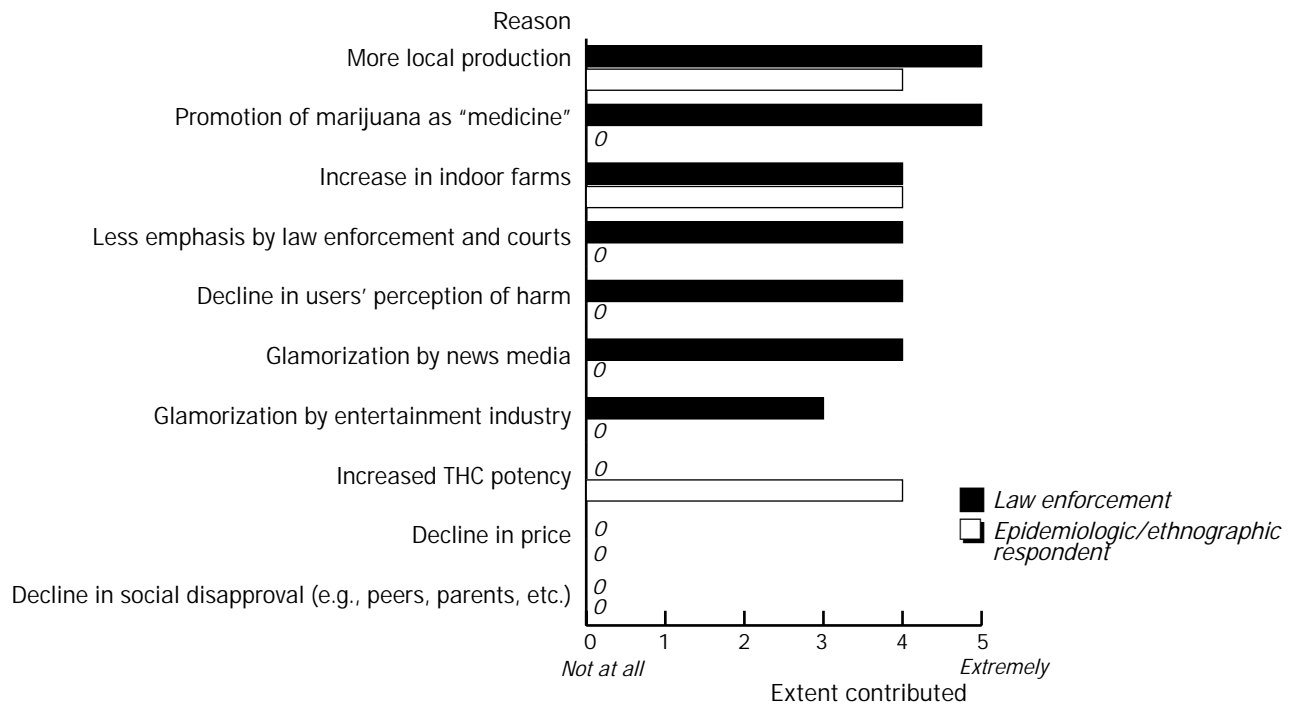


What they have to say...

- ♦ Increased court referrals involving marijuana possession and sales have had a positive effect of getting people into treatment earlier.<sup>N</sup>
- ♦ Marijuana-using clients who report problems with being able to stop using or with side effects have increased over the past 10 years.<sup>N</sup>
- ♦ More dangerous marijuana combinations (especially marijuana plus methamphetamine or ecstasy) have increased over the past 10 years.<sup>N</sup>



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



What they have to say...

- ◆ *Increase in indoor farms: Indoor farms have made it easier for people to conceal marijuana growth.<sup>L</sup>*
- ◆ *More local production, less emphasis by law enforcement and courts, and promotion of marijuana as "medicine": The law enforcement source believes that each of these problems has increased marijuana use and activity over the past 10 years and that each is related to the introduction of Proposition 215 ("medical" marijuana legislation).<sup>L</sup>*
- ◆ *Decline in social disapproval: Unlike the majority of respondents in other Pulse Check cities, sources in San Francisco either believe that this decline has not had an impact or that it has not taken place at all.<sup>L,E</sup>*

Who's most likely to use methamphetamine?

Characteristic	E	N
Age group (years)	18–30	18–30
Mean age (years)	27	NR
Gender	60% male	75% male
Race/ethnicity	White	White
Socioeconomic status	Low	Middle
Residence	Central city	Central city
Referral source	N/A	Individual
Level of education completed	N/A	2-year college
Employment at intake	N/A	Part time

Sources: <sup>E</sup> Epidemiologic/ethnographic respondent; <sup>N</sup> Non-methadone treatment respondent

- ◆ *Most methamphetamine users are young adult White males.<sup>E,N</sup>*
- ◆ *New methamphetamine non-methadone treatment clients are more likely to be female than the general methamphetamine-using population (50 versus 25 percent).<sup>N</sup>*
- ◆ *Methadone treatment clients who use methamphetamine have similar characteristics to those who use heroin only. That source reports some increase in methamphetamine use.<sup>M</sup>*



How do users take methamphetamine?

Characteristic	E	N
Primary route of administration	Injecting followed by oral use	Injecting followed by smoking
Other drugs taken	NR	Benzodiazepines
Publicly or privately?	Publicly	Publicly and privately
Alone or in groups?	In groups	Alone

Sources: <sup>E</sup>Epidemiologic/ethnographic respondent; <sup>N</sup>Non-methadone treatment respondent

- ◆ The most common route of methamphetamine administration in San Francisco is injecting, followed by smoking and oral use.<sup>E,N</sup>
- ◆ Methamphetamine clients new to treatment are more likely than the general methamphetamine-using population to smoke the drug and to take it in public and in groups.<sup>N</sup> That source reports that new methamphetamine users often start using the drug in nightclubs, but often move to use alone and in private.
- ◆ The epidemiologic source notes that methamphetamine injection may be increasing.<sup>E</sup>

- ◆ Between spring and fall 2002, ecstasy use decreased among methadone treatment clients.<sup>M</sup>
- ◆ Among non-methadone treatment clients, all ecstasy use is secondary or tertiary.<sup>N</sup>
- ◆ Ecstasy users tend to be White young adults and evenly split between genders.<sup>E,N</sup> However, the epidemiologic source notes that ecstasy use in San Francisco spans social classes and includes "street gang members as well as upper class kids."
- ◆ Marijuana is often taken in combination with ecstasy.<sup>E,N</sup>
- ◆ Respondents report no changes in ecstasy use or user characteristics since spring 2002.

Who's most likely to use ecstasy?

Characteristic	E	N
Age group (years)	18–30	18–30
Mean age (years)	22	NR
Gender	55% male	Split evenly
Race/ethnicity	White	White
Socioeconomic status	Low and middle	Middle
Residence	Central city	Central city
Level of education completed	N/A	2-year college
Employment at intake	N/A	Full time

Sources: <sup>E</sup>Epidemiologic/ethnographic respondent; <sup>N</sup>Non-methadone treatment respondent

Who's most likely to abuse OxyContin®?

Characteristic	N	M
Age group (years)	>30	>18
Gender	80% male	60% male
Race/ethnicity	White	White
Socioeconomic status	Low and middle	Low
Residence	Central city	Central city and suburbs

Sources: <sup>N</sup>Non-methadone treatment respondent; <sup>M</sup>Methadone treatment respondent

- ◆ Between spring and fall 2002, diverted OxyContin® use among methadone treatment admissions increased somewhat.<sup>M</sup>
- ◆ Treatment sources report that most OxyContin® abusers take the drug orally and do not use other drugs; however, the methadone source states that OxyContin® abusers often switch to heroin use.



THE MARKET PERSPECTIVE

WHERE ARE DRUGS USED AND SOLD?

Most drugs (including heroin, crack, marijuana, methamphetamine, ecstasy, and diverted OxyContin®) are available in streets and open-air markets located in the central city areas of San Francisco.<sup>L,E</sup>

Heroin, crack, and marijuana are also sold in the following locations:

- ▶ Inside cars<sup>L,E</sup>
- ▶ Crack houses/shooting galleries<sup>L,E</sup>
- ▶ Private residences<sup>E</sup>
- ▶ Playgrounds and parks<sup>E</sup>
- ▶ Hotels/motels<sup>L,E</sup>
- ▶ Around supermarkets<sup>L</sup>
- ▶ Public housing developments<sup>L,E</sup>

Drugs commonly sold at nightclubs and bars, raves, concerts, and private parties include marijuana, methamphetamine, and ecstasy.<sup>L,E</sup>

Additionally, marijuana and ecstasy are often sold in or around schools and college campuses.<sup>L,E</sup> Ecstasy sales in public housing developments have emerged in the past 6 months.<sup>L</sup>

Diverted OxyContin® sales occur around public housing developments, over the Internet, and inside cars.<sup>L</sup>

HOW DO ILLEGAL DRUGS GET FROM SELLER TO BUYER?

To purchase heroin, crack, marijuana, and ecstasy, buyers typically go to a neighborhood known for drug sales, locate a street dealer, and purchase the drug hand to hand on the street.<sup>L,E</sup> Typically dealers nod or say a code phrase indicating that they are selling drugs.<sup>L</sup>

To buy methamphetamine, buyers typically contact dealers via cell phones or the Internet to arrange a meeting, at which the drug is exchanged hand to hand.<sup>E</sup>

Internet communication and sales between buyers and sellers of both methamphetamine and ecstasy have increased over the past 6 months.<sup>L,E</sup> Diverted OxyContin® is also sold over the Internet.

Who sells illegal drugs?

*According to the law enforcement source...*

- Heroin, powder and crack cocaine, and ecstasy sellers tend to be 18–30-year-olds who are organized, often into street gangs. Dealers who sell primarily heroin or crack often sell other drugs

(including marijuana and methamphetamine). Dealers who sell primarily ecstasy often sell methamphetamine and sildenafil as well.

- Marijuana sellers may be organized or independent; in Haight-Ashbury, most are independent heroin addicts who sell marijuana to support their heroin addiction.
- Sellers of methamphetamine and diverted OxyContin® are independent young adults.

*According to the epidemiologic source...*

Most drug dealers (heroin, crack, marijuana, and ecstasy) are young adults who operate independently. They tend to sell only one type of drug. Heroin and crack dealers are somewhat likely to use their own drugs, while marijuana and ecstasy dealers are very likely to do so.

- ◆ *Violent criminal acts associated with drug sales include homicides, turf wars, and assaults.<sup>L</sup>*
- ◆ *As in many cities where methamphetamine is widely available, criminal acts associated with methamphetamine sales vary widely; in San Francisco, sales are particularly associated with sex work.<sup>L,E</sup>*

Which drug sellers are associated with which crimes?

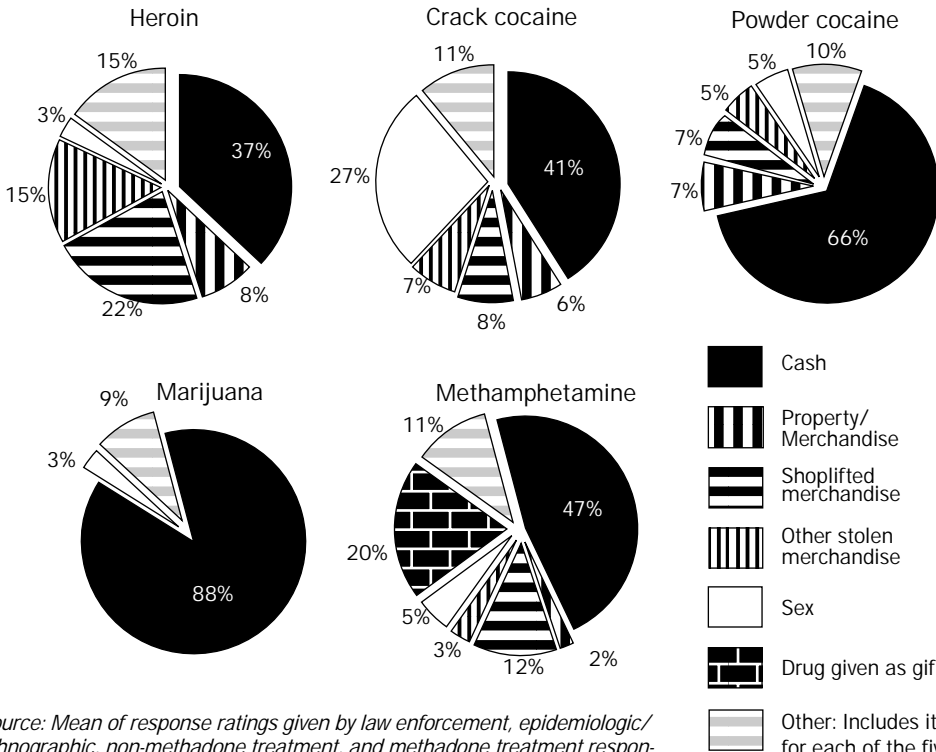
Crime	Heroin	Powder cocaine	Crack cocaine	Marijuana	Methamphetamine	Ecstasy	Diverted OxyContin®
Prostitution		✓			✓		
Gang-related activity	✓	✓	✓	✓	✓	✓	✓
Violent criminal acts	✓	✓	✓	✓	✓		
Nonviolent criminal acts					✓		
Domestic violence				✓	✓		
Drug-assisted rape					✓	✓	

Source: Law enforcement and epidemiologic/ethnographic respondents.





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



- ♦ Cash remains the most common means of exchange for illicit drugs; however, it is much less dominant in San Francisco than in most other Pulse Check cities. Other common modes of exchange vary by drug.
- ♦ For the most part, the means of exchange for drugs have remained stable over the past 10 years, with one exception: sex exchanged for crack cocaine has decreased.<sup>E</sup>
- ♦ The epidemiologic source states that begging or panhandling is the single biggest supplier for cash to buy heroin, crack, and methamphetamine.<sup>E</sup>

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

Other: Includes items accounting for 4 percent or less of transactions for each of the five drugs, such as guns, other drugs, transporting the drug, stealing the drug, food stamps, drug buying services, injecting services, lookout services, and forged checks

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

Drug	Unit	Purity	Price
Mexican black tar heroin	One bag (0.1–0.25 g)	17%	\$10 <sup>L</sup>
	0.25 g	NR	\$10–\$20 <sup>E</sup>
	1 g	17%	\$60 <sup>L</sup>
Crack	One rock (0.1 g)	74%	\$6–\$10 <sup>L</sup>
	One rock	NR	\$5–\$20 <sup>E</sup>
	0.25 g	74%	\$25 <sup>L</sup>
	One packet, 10 rocks (1 g)		\$80 <sup>L</sup>
Powder cocaine	One bindle (0.13–0.25 g)	64%	\$15–\$25 <sup>L</sup>
	1 oz		\$400–\$600 <sup>L</sup>
Marijuana	Dime bag	1–6% THC	\$10 <sup>L</sup>
	0.13 oz		\$60 <sup>L</sup>
Methamphetamine	1 g	57–80%	\$130 <sup>L</sup>
	0.13 oz		\$170 <sup>L</sup>
	0.06 oz		\$300 <sup>L</sup>
Ecstasy	One tablet	NR	\$10–\$20 <sup>L</sup>
Diverted OxyContin <sup>®</sup>	40-mg pill	N/A	\$10 <sup>L</sup>
	80-mg pill	N/A	\$20 <sup>L</sup>

Sources: <sup>L</sup>Law enforcement respondent; <sup>E</sup>Epidemiologic/ethnographic respondent

Between spring and fall 2002, the purity of most drugs remained relatively stable.<sup>L,E</sup> The epidemiologic source states that Mexican black tar heroin purity increased slightly in 2002.

Between spring and fall 2002, drug prices remained relatively stable, with two exceptions:

- ♦ Heroin prices declined from \$95–\$100 per gram to \$60 per gram.<sup>L</sup>
- ♦ Powder cocaine and crack prices declined at ounce levels.<sup>L</sup>

New marketing and buying phenomena include the following:

- ♦ Heroin dealers now sell cocaine and heroin packaged together for speedball use.<sup>N</sup>
- ♦ Crack users tend to pool their money to buy the drug.<sup>N</sup>



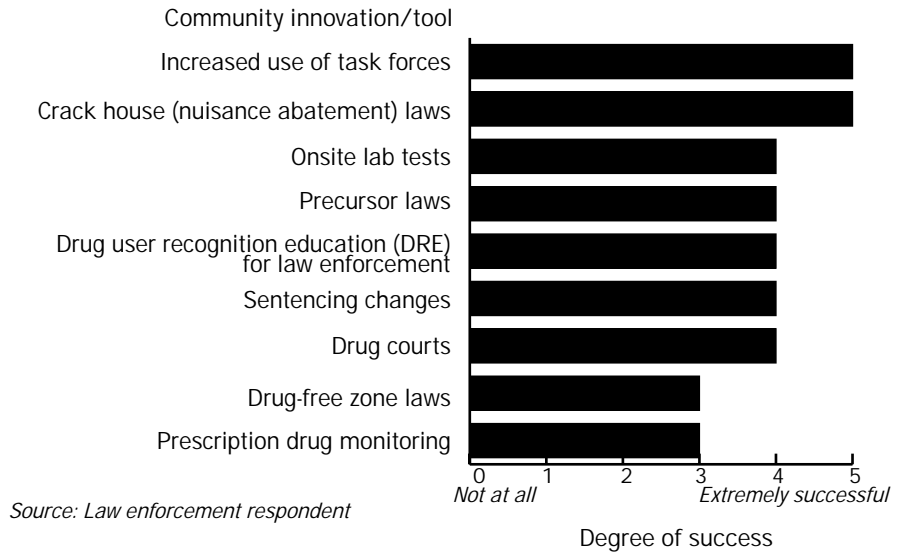
THE CHANGING DRUG MARKET: THE LAST 10 YEARS

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

What they have to say...

- ♦ *Task forces: Increased cooperative efforts between local, State, and Federal offices over the past 10 years have successfully combated illegal drug activity.<sup>L</sup> In particular, local police help in lab processing gives task forces more time for narcotics investigations. Other task forces mentioned include the Campaign Against Drug Abuse (CADA) and Project Safe Neighborhood. The law enforcement source further suggests more task force use for interdiction programs to target the importation of drugs via parcels, buses, and trains. High Intensity Drug Trafficking Area (HITDA) funding for radios, police cameras, and other equipment and the increased cooperation between local, State, and Federal agencies and the National Guard have been directly responsible for large "crack sweeps."<sup>L</sup>*

- ♦ *Drug courts: Pulse Check respondents rate drug court programs as very successful in combating drug use and activity.<sup>L,E</sup> One limitation is the lack of treatment programs to which a judge can refer offenders.<sup>E</sup>*
- ♦ *Onsite lab tests: The law enforcement source views onsite lab tests, including chemical field and phosphine gas meter tests, as extremely helpful tools.*
- ♦ *Crack house laws: The U.S. Department of Housing and Urban Development (HUD) and law enforcement practice of evicting drug users and sellers and closing crack houses for health violations, fire noncompliance, and excessive garbage has proved extremely helpful in combating crack activity in certain San Francisco neighborhoods.<sup>L</sup>*
- ♦ *Prescription drug monitoring program: The law enforcement source sees the prescription drug monitoring program in San Francisco as somewhat successful. He suggests increased manpower in the diversion program and increased arrests of street sellers and buyers of diverted prescription drugs.<sup>L</sup>*



SEPTEMBER 11 FOLLOWUP

With one exception, the San Francisco *Pulse Check* sources believe that the September 11 attacks and their aftermath have not had any effects on the drug abuse problem. The non-methadone treatment respondent reports an increase in admissions who are self-treating anxiety with benzodiazepines.