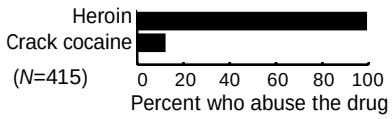
WASHINGTON, DC, PRIMARY METROPOLITAN STATISTICAL AREA PROFILE:

- Total population: . . . 4,923,153
- Median age: . . . . . 34.9 years
- Race (alone):
  - White: 60.1%
  - Black: 26.0%
  - American Indian/ Alaska Native: 0.3%
  - Asian/Pacific Islander: 6.8%
  - Other race: 3.9%
  - Two or more races: 2.9%
- Hispanic (of any race): 8.8%
- Unemployment rate: 3.0%
- Median household income: $62,216
- Families below poverty level with children <18 years: 7.2%

*Source: U.S. Census 2000**

What drugs do clients in a methadone program use?+ (Fall 2002)



+Includes any use, whether as a primary, secondary, or tertiary drug; the percentage for benzodiazepine abuse is "high" but not reported; the percentage for OxyContin® abuse was less than one; the percentages for all other drugs were zero.

Source: Methadone treatment respondent

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

Three of four *Pulse Check* respondents consider the illegal drug problem very serious,[L,E,N] and one considers it somewhat serious.[M] Three respondents consider the problem as stable,[L,E,M] and one considers it somewhat worse[N].

Sources report several positive changes:

- After reports of increases in the last few *Pulse Checks*, abuse of OxyContin® (oxycodone hydrochloride controlled-release) declined, availability declined, and it has become more difficult for users to buy.[E]
- After increasing for the past few half-years, methylenedioxymethamphetamine (MDMA or ecstasy) use and activity have leveled off, fewer raves are being held, and ecstasy use among non-methadone treatment admissions has declined.[E,N]
- Although most facilities have waiting lists, methadone treatment has become more available.[E]
- Hepatitis C among methadone clients declined due to more education and prevention.[M]
- Onsite lab tests (field tests) and the increased use of task forces have been highly successful in combating the drug abuse problem in Washington, DC.[L]

The use and sales of several drugs show signs of increasing:

- After a 15-year lull, phencyclidine (PCP) has returned to Washington, DC.[E]
- Heroin sales, availability, use, and treatment admissions have increased.[L,E,N,M]
- Five open-air markets, primarily for heroin, are new to the city since spring 2002.[E]
- Adolescent and young adult heroin sellers have increased and are associated with more violence.[L,E]
- South American and Mexican brown heroin have become easier to buy.[L]
- Crack use increased, and unemployment among crack users increased.[N]
- Marijuana use, in general, increased.[L, E]
- Methamphetamine is becoming easier to purchase.[L]

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

Changes between spring and fall 2002: Heroin replaced benzodiazepines in the methadone treatment program.[M]

Second most widely abused drug:
Crack[L,E]
Marijuana[N]
Benzodiazepines[M]

Changes between spring and fall 2002: Benzodiazepines replaced crack in the methadone treatment program.[M]

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

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

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

Changes between spring and fall 2002: Heroin replaced marijuana.[L]

New or emerging problems:
PCP
Methamphetamine and ecstasy use and activity are increasing.[L]

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

Heroin sales, availability, use, and treatment admissions are relatively high and have increased:[L,E,N,M]

- Five open-air markets are new to the city since fall 2002. Most of these markets are primarily for heroin sales and are run by adolescents (16–18 years).[E]
- Adolescent and young adult heroin sellers have increased, and more violence is associated with these younger dealers.[L,E]
- South American and Mexican brown heroin have become easier to buy.[L]

COCAINE

- Crack use remains high and has increased among non-methadone treatment admissions.
- Powder cocaine use remains relatively low in the Washington, DC, area.

MARIJUANA

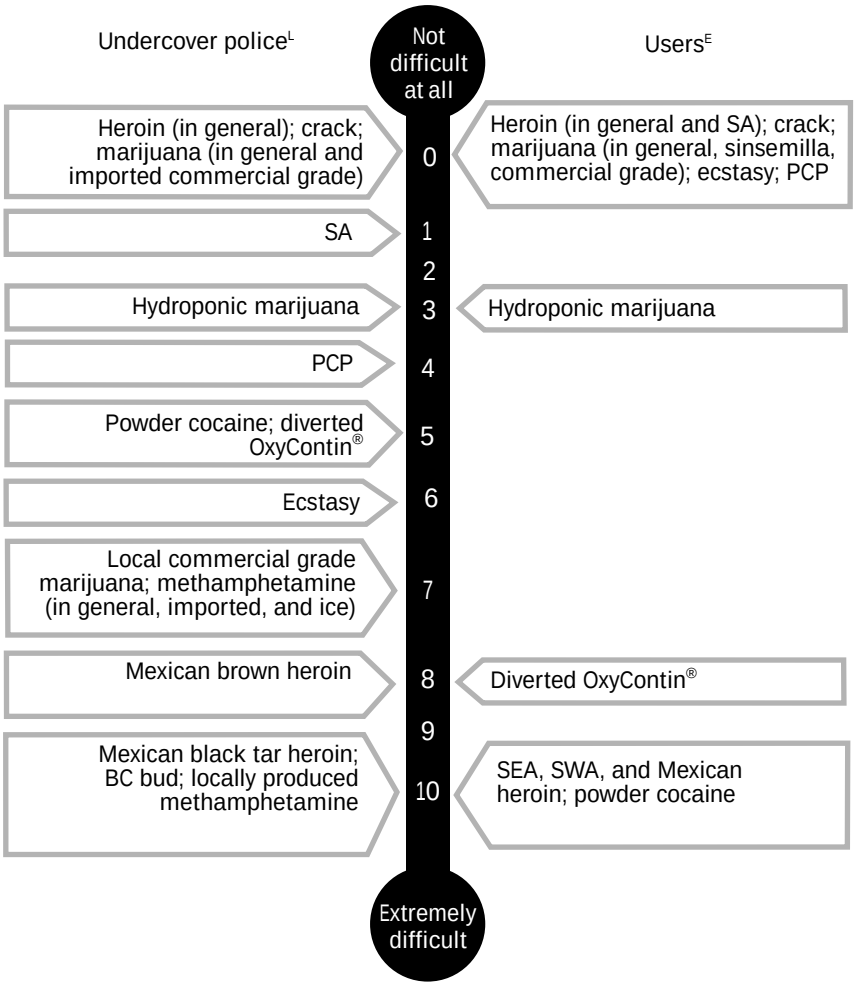
Marijuana use remains high and has increased.

- Adults older than 30 are increasingly using the drug.[E]
- Hydroponic marijuana has become easier to purchase.[E]

METHAMPHETAMINE

- Methamphetamine activity and use remain relatively low.
- One source, however, regards it as an emerging drug that is becoming more readily available.[L]

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



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

- *Respondents agree that heroin (in general and South American), crack cocaine, and marijuana (in general, commercial grade, and hydroponic) are relatively easy to buy.*[L,E]
- *As in three other* Pulse Check *cities (Boston, Cleveland, and Miami) between spring and fall 2002, diverted OxyContin® has become more difficult for abusers to buy.*[E]
- *Respondents report that several drugs are easier to buy since spring 2002:*
  - *South American and Mexican brown heroin*[L]
  - *Hydroponic marijuana*[L]
  - *Methamphetamine (in general, imported, and ice)*[L]
  - *Ecstasy*[L]
  - *PCP*[L,E]

MDMA (ECSTASY)

- After increasing for the past few half-years, ecstasy use and activity have leveled off, fewer raves are being held, and ecstasy use among non-methadone treatment admissions has declined.[E,N]
- On the other hand, ecstasy is easier to purchase, is considered an emerging drug by one source, and street or open-air market sales have increased.[L]

DIVERTED OXYCONTIN®

- After reports of increases in the last few issues of *Pulse Check*, OxyContin® abuse has declined.
- Availability has declined, and it has become more difficult for users to buy, particularly around methadone clinics, where it used to be sold.[E]

PCP

Several reports show increased PCP use and activity:

- PCP use has increased dramatically.[E]
- PCP-related arrests are up.[L,E]
- The drug is easier to buy.[L,E]
- The number of sellers has increased.[L]
- Small, local PCP labs have increased—unlike 15 years ago, when the drug was popular in Washington, DC, and most was imported from outside the city.[E]

THE USE PERSPECTIVE

WHAT'S HAPPENING IN TREATMENT?

Treatment capacity

- The *Pulse Check* non-methadone treatment respondent reports that among the 300 clients in that program, crack is the most common drug of abuse, followed by marijuana. That source further reports increases in heroin and crack use and a decline in ecstasy use among treatment clients.[N]
- The methadone treatment respondent is with a facility that operates at 90 percent capacity (415 of 460 slots filled) (*see bar chart on the first page of this chapter*). Beyond that specific facility, methadone maintenance treatment is available throughout the area, but programs (public and private) have large waiting lists.[E] However, methadone treatment is reportedly more available during fall 2002 than it was during spring 2002.[E]

Barriers to treatment and consequences of drug use

- The most common barrier to methadone treatment remains limited slot capacity.
- Another common barrier is the inability of the methadone treatment program to test for OxyContin® abuse, which makes it difficult to know if a client abuses the drug and what type of treatment is appropriate.[M]
- The most common health-related consequences of drug abuse among methadone treatment admissions remain HIV/AIDS and hepatitis C; however, hepatitis C has declined in the past 6 months due to more education and prevention. Renal failure, most likely related to alcohol abuse among heroin addicts, increased between spring and fall 2002.[M]

Increased complications for drug treatment over the past 10 years

- The lack of housing opportunities for people on methadone maintenance treatment makes recovery difficult. Many transitional housing and "sober living" environments do not accept tenants who are on methadone maintenance treatment.[M]
- Other changes in drugs and drug use over the past 10 years that have made treatment more difficult include the following: the declining cost of drugs (related specifically to the low cost of crack),[N] the earlier first use of more dangerous drugs (related specifically to PCP use),[N] the spread of drug use among all age groups (related specifically to the use of marijuana blunts among adolescents and young adults),[N] and the lack of jobs and job training opportunities for recovering clients.[M]

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)	35+	NR	46
Gender	Male	Split evenly	66% male
Race/ethnicity	Black	Black	Black
Socioeconomic status	Low	Low	Low
Residence	Central city	Central City	Central city
Referral source	N/A	Criminal justice, individual, alcohol/drug abuse care provider, employer	Individual
Level of education completed	N/A	High school	High school
Employment at intake	N/A	Part time	Unemployed

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

- *Between spring and fall 2002, heroin use increased among non-methadone clients and new drug users.*[E,N]
- *Most heroin users are Black adults older than 30 who are of low socioeconomic status.*[E,M]
- *New heroin users display different characteristics than the general heroin-using population: they are younger (18–30 years versus older than 35), more likely to be White and of higher socioeconomic status, and more likely to reside in the suburbs.*[E]

How do users take heroin?

Characteristic	E	N	M
Primary route of administration	Injecting	Snorting	Injecting
Other drugs taken	Crack (speedball)	NR	Benzodiazepines; crack
Publicly or privately?	Privately	Privately	Privately
Alone or in groups?	Alone	In groups	Alone

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

- *Most heroin users in Washington, DC, inject the drug.*[E,M]
- *New heroin users tend to snort or inject the drug, and they do not take any other drugs.*[E]
- *Crack used in combination with heroin (speedball) remains a common practice.*[E,M]
- *Between spring and fall 2002, heroin combinations have changed: marijuana plus heroin used to be a common combination, but methadone treatment admissions have switched to alcohol use with heroin.*[M]

Who's most likely to use cocaine?

	Crack			Powder cocaine
Characteristic	E	N	M	N
Age group (years)	18–30	>18	>30	NR
Gender	Female	Split evenly	Male	Split evenly
Race/ethnicity	Black	White and Black	Black	Black
Socioeconomic status	Low	Middle	Low	Middle
Residence	Central city	Central city	Central city	Central city
Referral source	N/A	Criminal justice, individual, and other alcohol/drug abuse care provider, employer	Individual	Criminal justice, individual, alcohol/drug abuse care provider, employer
Level of education completed	N/A	High school	NR	High school
Employment at intake	N/A	Part time	NR	Part time

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

- *Among non-methadone treatment admissions, crack use increased between spring and fall 2002. Unemployment among crack users also increased.*[N]
- *After methadone clients who use crack undergo treatment, they stop using crack with heroin (speedball) and smoke crack alone.*[M]
- *Powder cocaine use is relatively low in Washington, DC.*[E,N,M] *Sources report no changes in user characteristics.*

Who's most likely to use marijuana?

Characteristic	E	N
Age group (years)	18–30	All
Gender	Male	Split evenly
Race/ethnicity	Black	Black
Socioeconomic status	All	Low
Residence	Central city and suburbs	Central city
Referral source	N/A	Criminal justice, individual, alcohol/drug abuse care provider, employer
Level of education completed	N/A	Junior high
Employment at intake	N/A	Part time

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

- *Marijuana use, in general, has increased, and adults older than 30 years are increasingly using the drug.*[E]
- *As in many* Pulse Check *cities, marijuana user characteristics span a wide range of ages and socioeconomic statuses.*[E,N]
- *New users are more likely than the general marijuana-using population to be adults older than 30 and of middle socioeconomic status.*[E]
- *Marijuana is most often smoked in blunts and joints.*[E,N]

WHAT ARE THE NEGATIVE CONSEQUENCES OF MARIJUANA USE?

Marijuana, used either alone or with other drugs, is associated with the following consequences, which remained stable between spring and fall 2002:

- Drug-related deaths[N]
- Drug-related arrests[E,N]
- Automobile accidents[N]
- High-risk pregnancies[N]
- Short-term memory loss[N]
- Deteriorating family and social relationships[N]
- Poor academic performance[N]
- School absenteeism, truancy, or dropping out of school[N]
- Poor workplace performance[N]
- Workplace absenteeism[N]

SEVERAL CHANGES OVER THE PAST 10 YEARS HAVE GREATLY COMPLICATED TREATMENT FOR MARIJUANA-USING CLIENTS:[N]

- Increased severity of addiction among clients
- Increased overall difficulty in treating the addiction
- Earlier initiation of marijuana use
- Decline in users' perception of harm
- Decline in social disapproval
- Glamorization by the entertainment industry
- Increased court referral involving marijuana possession and sales

WHO'S MOST LIKELY TO USE METHAMPHETAMINE?

Methamphetamine use is low in Washington, DC, and no changes in user characteristics are reported.[E,N,M]

OTHER DRUGS

- Diverted OxyContin®: Most OxyContin® abusers are heroin addicts who take OxyContin® as a heroin substitute.[E] They tend to be older than 30, male, White and Black, of low socioeconomic status, and they inject the drug. OxyContin® use has decreased dramatically between spring and fall 2002.
- PCP: PCP use has increased dramatically between spring and fall 2002. Most users are 13–30 years old, male, Black, of low to middle socioeconomic status, and live in the central city. Arrests are up for PCP, which is sold as a liquid in vials. Users dip menthol cigarettes or cigars in the liquid and smoke the cigarette or cigar, known as "big dipper."[E]
- Alprazolam (Xanax®): Methadone treatment clients often use benzodiazepines sequentially with heroin and alcohol.[M]

Who's most likely to use ecstasy?

Characteristic	E	N
Age group (years)	18–30	18–30
Gender	Male	Split evenly
Race/ethnicity	White	Black
Socioeconomic status	Middle and high	Middle
Residence	Central city	Central city
Referral source	N/A	Criminal justice
Level of education completed	N/A	High school
Employment at intake	N/A	Full time

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

- *After increasing for the past few half-years, ecstasy use and activity leveled off between spring and fall 2002 and are now fairly stable. The rave scene has also "quieted down."*[E]
- *Among non-methadone treatment admissions, ecstasy use decreased.*[N]
- *Ecstasy users tend to be young adults of middle to high socioeconomic status who reside in the central city.*[N,E]
- *Respondents report no changes in user or use demographics since spring 2002.*

THE MARKET PERSPECTIVE

WHERE ARE DRUGS USED AND SOLD?

Most drugs are used and sold in the central city, and most (heroin, crack and powder cocaine, marijuana, ecstasy, diverted OxyContin®, and PCP) are sold at open-air markets and on street corners. The law enforcement source estimates there are 50 open-air markets in Washington, DC. The epidemiologic respondent reports five new open-air markets in the city since spring 2002. Most of these markets are for heroin sales in particular and are run by adolescents (16–18 years).[E] Besides open-air markets, heroin is also sold at the following locations:

- Inside private residences[L]
- Around public housing developments[L,E]
- Schools[L]
- Drug treatment clinics[L,E]

Crack is sold in similar locations, including the following:

- Crack houses[L,E]
- Inside private residences[L]
- Public housing developments[L,E]
- Schools[L]
- Playgrounds and parks[L,E]
- Inside cars[L,E]

Powder cocaine, which is not very available in Washington, DC, is sold in nightclubs and bars.[L]

Marijuana is sold at a wide variety of locations:

- Private residences[L,E]
- Public housing developments[L,E]
- Schools[L,E]
- College campuses[L]
- Nightclubs and bars[L]
- Playgrounds and parks[L,E]
- Private parties[L,E]
- Raves and concerts[L]
- Inside cars[L]

Most methamphetamine sales are confined to private residences, nightclubs, and bars.[L]

Ecstasy sales occur in private residences,[E] nightclubs and bars,[L,E] and raves.[L,E] However, the number of raves has leveled off since spring 2002.[E]

In addition to open-air market sales, OxyContin® (most of which is diverted from pharmacies outside the city) is sold around drug treatment clinics. PCP sales are out in the open and nearly all occur on the street.[L]

HOW DO ILLEGAL DRUGS GET FROM SELLER TO BUYER?

Typically, heroin and crack buyers search for open-air markets and buy the drugs hand to hand. Drugs sold with heroin include diverted OxyContin®, methadone, other prescription opiates, and sometimes crack. Dealers who sell primarily crack tend to sell no other drugs.[L]

Marijuana is also sold out in the open, often on street corners. Dealers approach buyers for hand-to-hand exchanges of the drug.[L,E] Additionally, buyers may call marijuana dealers to arrange a meeting for exchanging the drug.[E]

Most ecstasy sales are venue oriented (in nightclubs or raves). Buyers approach known dealers or are directed to dealers by acquaintances at these venues.[L,E] Some ecstasy is sold similarly to heroin (in open-air markets), and these types of ecstasy sales increased between spring and fall 2002.[L] Other drugs sold by ecstasy dealers include gamma hydroxybutyrate (GHB) and lysergic acid diethylamide (LSD).

WHO SELLS ILLEGAL DRUGS?

Sellers of most drugs in Washington, DC, are independent young adults (18–30 years) and adults (>30 years). Crack sellers tend to be more organized (typically into loose neighborhood groups, known as "crews") than their other drug counterparts.[L,E]

Older heroin dealers are likely to be heroin addicts, and most diverted OxyContin® dealers tend to be prescription drug or heroin addicts.[E]

Respondents report several changes in sales groups between spring and fall 2002:

- Young adult heroin sellers have increased, and more violence is associated with these younger dealers.[L,E]
- Young adult Blacks (as opposed to Whites) are increasingly selling ecstasy.[L] Furthermore, nightclub owners, bartenders, or bouncers tend to know ecstasy dealers and allow them to sell the drug in their establishments.[E]
- The number of PCP dealers has increased.[L,E] Most dealers manufacture the PCP in their own small, local labs.[E]

BEYOND CASH: WHAT ELSE IS ACCEPTED IN EXCHANGE FOR DRUGS?

The law enforcement source states that over the last 10 years, 99 percent of transactions for all drugs have used cash. Property and merchandise exchange accounts for the other 1 percent.[L]

Which drug sellers are associated with which crimes?

Crime	Heroin	Crack	Powder cocaine	Marijuana	Methamphetamine	Ecstasy	PCP
Prostitution		✓					
Gang-related activity	✓	✓					
Violent criminal acts	✓	✓		✓			✓
Nonviolent criminal acts	✓		✓				✓
No crimes associated					✓	✓	

Sources: Law enforcement respondent; epidemiologic/ethnographic respondent

- *Heroin and crack cocaine sellers are involved in a wide variety of crimes, including gang-related crimes, assaults, petty theft, and larceny.*[L,E]
- *Violent crimes associated with PCP sales increased between spring and fall 2002.*[L]
- *Diverted OxyContin® is not generally associated with criminal activity.*

How pure are illegal drugs and much do they cost?

Drug	Unit	Purity	Price
South American heroin	1 mg (highly adulterated)	23%	$1.05[E]
	Dime bag (50–75 mg)	10–15%	$10[L]
	1 g	60–70%	$120–$140[L]
	1 g (highly adulterated)	23%	$120–$150[E]
Crack cocaine	One rock	NR	$10[E]
	Dime bag (75 mg)	30–60%	$10[L]
	1 g	30–60%	$100[L]
Powder cocaine	Dime bag (100–150 mg)	30%	$10[L,E]
	1 g	30–60%	$50–$100[L,E]
Marijuana (commercial grade)	One bag (three joints)	NR	$5–$10[E]
	One blunt	NR	$10–$20[E]
	One bag (750 mg)	NR	$20[L]
Marijuana (hydroponic)	1 oz	NR	$480[E]
Methamphetamine (powder or ice)	1 g	NR	$140[L]
Ecstasy	One pill	NR	$18–$35[L,E]
Diverted OxyContin®	20-mg pill	N/A	$30–$40[L]
	40-mg pill	N/A	$40–$80[L,E]
PCP (liquid)	One vial	NR	$20–$50[E]
	One dipped cigarette	NR	$25[L]
	1 oz	NR	$350–$500[L]

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

- *South American (Colombian) heroin is sold in two forms in Washington, DC: highly adulterated ("scramble" at about 23 percent pure) and unadulterated ("bone" at 40–80 percent pure).*[E]
- *PCP is typically sold in vials (referred to as "dippers") with ounces of marijuana. Menthol cigarettes dipped in PCP are also sold.*[L]
- *Between spring and fall 2002, drug purity and prices remained stable with one exception: diverted OxyContin® prices declined.*[E]

COMMUNITY INNOVATIONS AND TOOLS OVER THE PAST 10 YEARS: HOW SUCCESSFUL HAVE THEY BEEN?

The law enforcement respondent rates two law enforcement tools as highly successful in combating the drug abuse problem in Washington, DC: onsite lab tests (field tests) and the increased use of task forces. The newest task force is a homicide-narcotics task force that has already been quite successful.[L]

SEPTEMBER 11 FOLLOWUP

None of the four *Pulse Check* respondents in Washington, DC, believes that the September 11 attacks and their aftermath have had any long-term effects on the drug abuse problem. The law enforcement source states that although drug dealers continue to avoid airplanes for transporting drugs into Washington, DC, they find other ways to import drugs, and the drug supply is stable.

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