Office of National
Drug Control Policy

Pulse Check
National Trends in Drug Abuse

Executive Office of the President
Office of National Drug Control Policy
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INTRODUCTION

This report is based on the latest round of contacts and interviews with information sources, contacts occurring during the months of August and September of 1995. These contacts were made by Abt Associates staff members under the direction of Dr. Dana Hunt for the Office of National Drug Control Policy as part of the continuing monitoring and information series known as the " *Pulse Check*." *Pulse Check* information provides a subjective picture of drug use in this nation and should not be confused with more detailed, time-consuming profiles derived from surveys of probability samples such as the National Household Survey on Drug Abuse or the annual survey of high school students, Monitoring the Future.

The name given this series—"*Pulse Check*"—captures its purpose: to provide a quick sense of what is happening with regard to drug abuse across the Nation. The Pulse Check uses quarterly conversations with police, ethnographers and epidemiologists working in the drug field, and providers of drug treatment services across the country to develop an up-to-date picture of what is going on in the world of illegal drug use. The police and ethnographic and epidemiologic reporters are generally the same from quarter to quarter. The sample of treatment providers, however, is randomly drawn, stratified by size from a listing of all treatment providers in each region; those called each quarter vary as the sample is refreshed. A further discussion of the sources used in development of the *Pulse Check* is included as Appendix A.

The following sections describe briefly the sources used and summarize findings for this latest *Pulse Check.*

SUMMARY OF FINDINGS

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The distribution of heroin and cocaine by the same dealers and in the same markets appears in more areas than ever before, adding to evidence that new heroin source areas and new distribution networks have emerged.

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Heroin use is reported to be increasing in most areas. While the majority of users are still reported to be older, established ones, the ethnographers in many areas report increased use among younger, suburban users. These new users are more likely to inhale than to inject the drug.

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Cocaine and crack use continue to level off and are reported to have stabilized in most areas. Despite relatively unchanged availability, cocaine and crack appear to be perceived as a less desirable drug than was

true several months ago, particularly among the young.

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Marijuana use continues to increase in all areas, particularly among teens and young adults.

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“Club drugs” like Ketamine, MDMA, and LSD remain popular among middle and upper income youth.

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Methamphetamine use appears to be spreading beyond the Western and Southwestern regions of the country into urban areas of the Northwest, the South and the Mid-Atlantic.

TRENDS IN DRUG USE

HEROIN

Ethnographers (Table 1)

All but one ethnographer (Los Angeles) reported that there are more heroin users in their teens and early twenties. Most of these younger users are inhaling or smoking their heroin, though injection among young users is reported in El Paso, Chicago, and Denver. In Denver, the ethnographer reported that all of the young users are injectors, and many use four or more days a week and as much as 1/4 gram each day. Most of the youths in this area who are using heroin are seasonal runaways or summer migrants to the Denver/Boulder area; heroin use among this group is reported as "doubled" since last summer.

In Chicago there is also increased heroin use by teens and young adults. Teens interviewed by the ethnographer say they prefer heroin over cocaine because they perceive it to be a drug which makes the user "calm, not crazy." These young users appear either to be misinformed about the ability of heroin to produce addiction, regardless of the method of ingestion; or they choose to deny that possibility. He reported that, while most of the young, new heroin users state emphatically that they would "never inject" (e.g, because it is dangerous, there is the risk of HIV, and they considered it to be "junkie" behavior), some confide privately that they indeed have begun to inject. He notes that many of these young, new heroin users have "no memory of the previous generation of addicts" and/or see their use, particularly because they are snorting the drug, as completely different.

The Miami ethnographer reported that there is an increased interest in heroin among the young Miami "club crowd" drug users, though drugs like MDMA and Rohypnol continue to be those used most often. He also reported that while heroin use is still relatively rare in that area, there is some increased use among older cocaine injectors.

Rising heroin use among middle income adults is reported in several areas. While the media account of the overdose death of an upper middle class young New York stockbroker who had been sniffing heroin with her husband stunned the nation in early August, several *Pulse Check* sources states that this was not surprising to them. Ethnographers in Chicago, New York, New Jersey, Denver and Connecticut stated that there is a significant increase in the number of white, suburban, upper income buyers of heroin in the dealing areas they observe. In urban neighborhoods like the area south of Columbia University; with its mix of collegiate, ethnic, and middle income populations, heroin is increasingly available from discrete street sellers. It was in this area that the young New York couple purchased the fatal supply.

A recent overdose death of a middle class high school student in the college town of Amherst, Massachusetts, also highlights the availability of the drug to new young users in some non-urban areas. The student had snorted heroin frequently and obtained his supply from a local college student (also a user) who also supplied a number of other young users in the area. Shortly after the Amherst student's death, the heroin overdose

deaths of four middle class users in suburban Boston stunned the area, particularly since one of the victims was a popular local high school basketball coach.

One New York ethnographer reported that four of the heroin-related visits to New York City emergency rooms over the summer months are attributable to a single dealer who packages his product under the brand name “Black Magic.” In each of these cases, the dealer had adulterated the heroin with scopolamine, a drug used for the treatment of motion sickness. These cases highlight a phenomenon mentioned in the last *Pulse Check* report. As heroin availability increases, the opportunities for new street level dealers expands, often attracting individuals who have not previously dealt heroin. These dealers (in some cases former crack dealers) may not be users of heroin themselves or know much about the drug, so may cut or adulterate the supplies with dilutants not typically used. The result may be increased numbers of heroin users appearing at emergency rooms for problems related to the substances with which heroin is mixed, rather than for problems related to the quantity or purity of the heroin ingested.

In Bridgeport, Connecticut, heroin is dealt primarily from two deteriorated housing projects, and suburban buyers in large numbers drive in and buy from curbside sellers without leaving their cars. The price is reported to be higher for suburban customers than for heroin users who may live locally. There are also proportionately fewer suburban buyers, but they constitute an active part of the market.

Most of the ethnographers report that the majority of both young, new users and middle income users inhale heroin rather than inject it. Reports from ethnographers in Denver and Texas are the exception. In these two areas, injection is still the most common form of ingestion among all users. However, the ethnographer at the Texas/Mexican border describes a technique used by young users in that area which they call “shabanging.” This method involves dissolving heroin into liquid, drawing it up in a syringe and squirting it into the nasal passage; the membranes absorb the liquid in the same manner as administering nose drops. He notes that shabanging is seen among young users as a “partying” activity (which may also include injection) rather than as an alternative method of use among established users. This method is similar to one described a year ago in which young users dissolved black tar heroin in lemon juice and used the solution as nose drops. It should be noted that the predominate form of heroin in this area is the lower purity black tar, or Mexican, heroin. The lower purity requires injection or a similar "efficient" route of administration.

Both Texas reporters noted that there is an increase in the number of shooting galleries in Juarez, Mexico. This is seen as being in response to the effectiveness of a border crackdown on drug smuggling. With border patrol trucks stationed to block passage into El Paso, more heroin remains on the Mexico side. In response, prices in Juarez have dropped and shooting galleries have sprung up to allow “tecatos” from El Paso to cross the border, inject less expensive heroin there and then return home. Shooting galleries have also appeared in Denver. The Denver ethnographer noted that stricter law enforcement with Mexican nationals who are caught dealing (they are now jailed instead of deported) has encouraged more indoor dealing and perhaps explains the unusual number of shooting galleries. Similarly, the Miami ethnographer reported the appearance of “get-off” houses in the African American communities. “Get-off” houses are described as private places (homes, apartments) where heroin users can purchase and use heroin for a fee.

There was also an increase in the number of reports of heroin and cocaine or crack are being sold by the same dealers. This was reported in Atlanta, Chicago, and the Philadelphia area . Traditionally heroin and cocaine are dealt by separate distributors, even in different areas of a city or on different “corners.” This is still the case in New Jersey and New York. However, increasingly, sources are reporting what the Chicago ethnographer reported is termed “double-breasted” dealing; that is, dealing both drugs together. This may occur because there is a combined market for these drugs as more

cocaine users try heroin. Furthermore, there may be incentives to distribute both drugs and to increase the availability of both from a single supplier, as Colombian heroin increases its share of the market.

Prices for street level units of heroin remain the same. Most areas have "dime" or $10 and "twenties" or $20 glassine bags or balloons of heroin available. Larger quantities (1/8 ounces or more) show greater price variation, though the price per gram is approximately $80-$100. Purity is reported as high everywhere except Florida, though there is variation in quality reported in many places. Ethnographers in areas like New York or Chicago, where the purity has been consistently high, reported this quarter that there are noticeable differences in purity of street level units across their areas. Ethnographers in Texas, Colorado and Connecticut also noted that the unit sold to middle or upper income snorters is more expensive and of higher purity than that sold to established heroin injectors in inner city areas. This differential may help explain the appearance of more users at emergency rooms; they are both novices to heroin use and they are inhaling a higher purity product. If, for example, the model of inhaling cocaine is the users' point of reference --- repeatedly inhaling lines of cocaine over a short period of time --- they could quickly consume a lethal amount of high purity heroin.

Police (Table 2)

Five police sources (New York, Washington State, Washington, D.C., Los Angeles, and Miami) reported that heroin use is beginning to level off in their area. Three areas (Maryland, Delaware, and Massachusetts) reported use as still rising. Most police describe the most common users as older, established heroin addicts, though the appearance of more young or suburban users was cited by police in Maryland, the District of Columbia, and Southern California.

West Coast supplies of heroin are reported to be coming from Mexico, with much of the mid-level distribution in Los Angeles carried out by Mexican nationals. In D.C., police reported that "one plus one" sales (heroin and cocaine together) are more common and may indicate that the two markets are becoming linked, both at the source and at the street level. The heroin market is currently diverse including Iranian, Nigerian, Ghanian, Chinese, Colombian, and African American traffickers. Further, there are reports of increasing cooperation between Chinese and Colombian organizations. However, D.C. police contacts also report that there is strong and often violent competition between long-standing African American and newer Nigerian dealing organizations for street level markets.

Miami police described an increase in shipments into their area of white Colombian heroin. They suggested that much of these supplies are high purity heroin intended for transhipment to Northern cities, since most of the heroin available in Florida is the lower purity, Mexican brown variety.

Treatment Providers (Table 3)

Heroin is the primary drug of abuse for less than 20 percent of clients in treatment programs in all regions. While this represents little change in Regions II, III, and IV, 50 percent of programs reporting in Region I

(the Northeast) stated that they see an increase in heroin-abusing clients. Only in Region I is inhaling or smoking heroin as common as injection. In the South and Texas (Region II) there is an increase in the percentage of clients reporting that they snort or smoke heroin over what programs in that area reported last quarter, but injection is still the dominant mode of ingestion.

Most clients who enter treatment for heroin abuse are over thirty years old, though the Northeast and South appear to have more young (under 20 years of age) users. Two providers in Region I commented that they were seeing young heroin users for the first time in many years. Many of these users are snorting heroin and "take longer to get here" as a result, but they are seeking treatment with established habits, nonetheless.

In all regions, the majority of clients in treatment for heroin abuse have been in treatment before, though there appear to be more treatment novices in Region I.

COCAINE

Ethnographers (Table 4)

Cocaine remains a serious problem, though use is stabilizing in most areas and even declining in a few (Denver, Los Angeles). However, ethnographers in New York and Connecticut reported that cocaine use was increasing slightly, and the ethnographer in Atlanta, Georgia described it as "dominating the drug market." Smoking crack is the most common method of use and injection is confined primarily to users who combine it with heroin in a speedball. In some areas, like Texas and Colorado, crack use is more common among African Americans, though in most places it attracts a variety of ages and ethnicities. In Chicago, the ethnographer notes that crack use is not characterized by a typical drug subculture; purchases are made by both persons heavily involved in street life as well as by employed users who buy it on payday. Increasingly, some of these users are also users of heroin, either through inhalation or injection.

Ethnographers in Florida and Delaware noted a change in cocaine use among younger users. In Miami, "cocaine is not seen as fashionable" and is not as popular among adolescents and young adults as it once was. In Delaware, the ethnographer also described use as leveling. The "population is looking around for other drugs." While the supply of cocaine has been fairly constant in most areas for more than a year, attitudes toward the drug are reportedly changing. Several ethnographers also described an "aging" phenomenon among crack users, in particular, in that there are more older users (in their late 20s and 30s) and fewer new young users than was true a few years ago. In Texas, some older users are switching from cocaine to other drugs; in this area, the switch is likely to be to heroin or methamphetamine.

Cocaine and crack dealing involves gang members in many areas (Denver, Bridgeport, El Paso, Chicago), while in others (New York) the drugs may be dealt out of small stores, or through older, established neighborhood sellers (New Jersey). As was described above, in some areas cocaine is dealt by the same people who deal heroin. These individuals often began by selling cocaine or crack and have switched to or added heroin. Unlike the typical heroin dealer who is often an addict who takes his/her "pay" in drugs, these "double-breasted" sellers may not be users of either drug.

Prices range from $50/gram in Florida to $80-$100/gram in Texas and Georgia. Street level units of sale are

generally $10/bag or $5-10/vial or small rock of crack.

Police (Table 4)

Police reported that cocaine use is stable in most areas, though contacts in Washington state and Maryland reported it may be increasing somewhat in their areas. Police reported the same wide range of cocaine users which ethnographic sources describe. They reported that while sources may be Colombian (Florida, New York, D.C.) or Mexican (Los Angeles, the northwest), sellers on the neighborhood level match the demographics of the area in which they sell. In the Maryland, D.C. area, dealing activity was widespread. For example, state police sources in Maryland reported that cocaine is found during random traffic checks and that open cocaine dealing markets are evident in the state's urban areas.

The recent arrests of major Colombian cocaine cartel leaders has produced speculation about the supply of cocaine and the effect on price and purity in U.S. cities. Calls this quarter did not find reports of changes. Cocaine is as available as was reported one year ago, though use has continued to stabilize almost everywhere. Prices range from $40 to $100 per gram for cocaine HCl and from $3 to $20 per vial or piece of crack across the country, and purity is reported as high everywhere except Los Angeles. Police contacts in Miami speculate that adequate quantities of cocaine have been stockpiled on both sides of the border. This speculation is substantiated by a New York City source who reported that dealers can purchase cocaine at "warehouses" (central locations) where quantities are not restricted if the buyer has the capital to purchase them.

Treatment Providers (Table 5)

Cocaine abusers remain a significant portion of persons in treatment in most regions, though treatment providers also report seeing some signs of stabilization. Less than one-fourth of programs in any region report that the proportion of cocaine abusing clients in their programs increased this quarter. As one provider in Region II states, "Crack is settling down and snorting is definitely out." Over 70 percent of clients in all regions smoke or inhale cocaine rather than inject it. Alcohol is the most frequently mentioned companion drug for cocaine users, followed by marijuana and heroin.

The ratio of male to female users seeking treatment for cocaine abuse is approximately 2:1, except in Region 3 where the gender ratio is closer to 50/50. Many of these clients have no prior treatment experience.

MARIJUANA

Ethnographers (Table 6)

Ethnographers from all areas of the country (except New York City) reported increasing marijuana use. In

New York, where ethnographers have reported high levels of marijuana use for almost two years, it appears to have stabilized.

Marijuana is used by a wide range of people, young and old and of all ethnicities. The Atlanta ethnographer reported an increase in the number of adolescent users; the Los Angeles source reported more women using marijuana, and Texas sources reported more use among both middle income and professional users and older African Americans.

In most areas, sources of marijuana are both local and imported, most often from Mexico and the Caribbean. Sales occur in the street, in small stores and through neighborhood networks of friends. It is not reported as linked to gang activity nor associated with the sale of heroin or cocaine, except in Georgia and Delaware. In Atlanta, the ethnographer reported that, while some marijuana sellers deal only marijuana, others also sell crack. In Newark and Delaware, marijuana may be one of a number of drugs offered by young dealers (LSD, methamphetamine, tranquilizers, MDMA, even heroin) who work in the beach areas during the summer.

These reports mirror data from the recently released 1994 Monitoring the Future Survey (high school senior survey) and the National Household Survey of Drug Abuse. The high school survey data show that, in 1994, 31 percent of high school seniors reported using marijuana in the prior year, compared with 22 percent in 1992. Data from the household survey also indicate that in the last two years marijuana use among teens has been increasing.

The availability and price of marijuana are more variable than for heroin or cocaine. This is true in part because of the many types of marijuana available from both domestic and foreign sources. Some areas like Texas, New York, Connecticut, and Illinois reported high availability and low prices; others, like Florida and Southern California, reported scarce supplies at high prices. The ethnographer in Delaware reported that marijuana is available, but that the quality is poor and often tainted by insecticides. He states that users complain that much of the marijuana supply appears to have been "stored" for lengthy periods of time or so carelessly stored that they have become moldy.

Storage of large amounts of marijuana is also described by the ethnographer at the Texas border. Growers and marketers have warehoused large supplies of marijuana in the El Paso and Laredo areas for release to distributors in other areas of the country. He also noted that a large crop of marijuana from Veracruz, Mexico will be harvested in October and will be available for distribution early next year. Prices change significantly as the product moves from the border to parts of the U.S. A pound of marijuana in Juarez sells for $300. The same pound is sold in El Paso for $450-$500 and for $1,000 outside Texas. Domestically grown marijuana is also available in this market. Another Texas source reported that the DEA seized 7,800 local (Texas-grown) marijuana plants early this summer.

Police (Table 7)

Marijuana use is increasing in all areas, according to police contacts. Hashish, "virtually non-existent for

years," was also found in seizures in the D.C. area.

Arrest data compiled for juveniles in the Maryland/D.C. area show marijuana arrests for juveniles at a thirteen year high---higher than the rate of increase for any other drug. It is the highest level reported from the twelve cities collecting urinalysis data on juveniles.

Treatment Providers (Table 8)

Treatment providers reported little change in the number of clients entering treatment with marijuana as the primary drug of abuse. As was true in prior reports, several treatment providers pointed out that marijuana is rarely the primary drug of abuse, except in programs for juveniles, so that heavy marijuana users may enter treatment but for problems related to cocaine, alcohol or other drugs rather than for marijuana. Alcohol is the other drug used most frequently, followed by cocaine. However, in Region IV, 60 percent of the programs reported concurrent use of amphetamines among their clients (with marijuana as their primary drug of abuse.)

Clients in treatment for problems with marijuana use are young (more than a third are under 20 years old), most often male and have little prior treatment experience.

EMERGING DRUGS

Methamphetamine, LSD and the benzodiazepine **Rohypnol** are the emerging drugs this quarter. **PCP** is also mentioned in Connecticut, Maryland, New York, and Washington, D.C.

Ethnographers and/or police in Los Angeles, Atlanta, El Paso, Denver, Newark, Trenton and D.C. mentioned problems associated with increased **methamphetamine** use. Some users are young, often middle income and use methamphetamine as part of a battery of "party drugs" which often include LSD, marijuana, Ketamine, and alcohol. Methamphetamine is available in powdered form and either injected or snorted like cocaine. While methamphetamine has been a serious problem in the West and Southwest for a number of years, its increasing availability from domestic laboratories and the abundant supply of the drug and/or its chemical precursors from Mexico, have encouraged markets outside those areas. In areas like New York, New Jersey, and Delaware methamphetamine use has in the past been confined to a small but dedicated group of older users, referred to as "bikers users" because of a frequent association with motorcycle clubs. In the past year, however, methamphetamine is reported as part of raves (all night dancing parties) and as part of a number of drugs used by college aged students.

Even in areas like Southern California, the popularity and availability of methamphetamine was still rising. Emergency room deaths in Los Angeles related to methamphetamine use have increased dramatically in the last year; and police sources in Los Angeles reported that the street-level price of methamphetamine has been dropping steadily as Mexican sources flood the market.

Hallucinogens continued to be popular among teens and young adults in New York, Denver, Newark, and Washington D.C. The popularity of hallucinogens is particularly high in suburban areas and among young adults active in "the club scene," i.e., those who frequent music clubs catering to young adults. Drugs such as MDMA, LSD, and ketamine ("Special K") may also be used as part of the "club scene" activity; and in Delaware, New York, Atlanta, and Chicago, heroin was mentioned as increasingly acceptable as one of the drugs used by this group. The Miami ethnographer noted that while LSD was popular among these young adults months ago, it has been replaced by MDMA and Rohypnol.

According to the Delaware ethnographer, LSD was still popular among teens and young adults in that area. LSD users there were reported to take two to five "hits" or doses at a time to achieve a drunken and highly hallucinogenic effect. They also were combining or sequencing LSD with MDMA ("candy flipping") to produce different effects over the course of an evening.

Police in the D.C. area reported that LSD is in limited supply in most parts of the district, but is plentiful in the surrounding suburban areas of Maryland and Virginia. It sells for approximately $5 a dose and is available in $100 units. D.C. police also reported the appearance of a new form of LSD paper, which is a variant on the more common blotter paper. The new "tape" on which doses of LSD are sold, is approximately 1/4 inch wide and twenty inches long; a single dose is contained on a 1/4 inch square of the tape. Maryland police noted that uncovering LSD dealers is particularly difficult due to the nature of the market. Since most transactions occur among young, suburban users known to each other, older police officers working undercover automatically appear suspicious.

PCP (phencyclidine) , a drug whose use had been generally confined to the D.C. area for several years, is reported by ethnographers and police contacts in the Northeast this quarter. In New York, PCP has appeared in $10 units with brand name markings like "Crazy Eddie." In D.C., police report that New York, Canada, and California are sources of PCP to their area. Prices in the D.C. area are stable at $3-5/treated cigarette, $30-40/gram, $300-500/ounce and $350-500/ounce of treated marijuana.

Ketamine hydrochloride (Ketamine, Ketalar or "Special K") is a tranquilizer used in veterinary medicine chemically similar to phencyclidine. While there are some uses in humans as an anesthetic, inappropriate doses produce sedation and hallucinogenic effects. In large doses it can produce vomiting and convulsions. While it has been reported in New York for over two years, it is now reported as a "club drug" popular in New Jersey, Delaware, D.C., Florida and Georgia.

According to police and DEA sources, Ketamine is diverted to the illicit market from veterinary sources. It may be in liquid or powdered form, packaged in baggies or capsules for sale. While it is possible to inject Ketamine, it is generally snorted in a powdered form. Because of its appearance, Ketamine is often mistaken for cocaine or crystal methamphetamine. A "hit" or dose costs approximately $20.

Rohypnol, discussed in the last Pulse Check, is again reported in Texas, Florida and Delaware. Ethnographers in Texas and Florida report that local law enforcement agents are seizing more Rohypnol tablets, often still in the manufacturers' packaging. The Delaware ethnographer reported that area young users advertise the popularity of Rohypnol on T-shirts with the formula for Rohypnol and Ketamine emblazoned on the front.

Appendix A

Description of the Sources

Ethnographic Sources

Twelve ethnographers, epidemiologists, and other ethnographic sources from urban areas were interviewed for this issue of *Pulse Check*. Ethnography is a qualitative research technique which has been used for many years in drug research. Unlike highly structured observation methods, ethnography describes activity "on its own terms," that is, without predetermined ideas about the activity. It is important to understand that ethnography is not undercover work. The ethnographer, a social scientist fully revealed as someone doing research, enters the drug user's world, records and describes it. Because of relationships established with subjects and the confidentiality of all information given, the ethnographer is often privy to types of information not available to police or treatment providers.

The ethnographic sources contacted for *Pulse Check* include some of the best-known drug researchers in the country. In most cases, they are trained ethnographers; in other cases, they are epidemiologists with access to ethnographic information or are social researchers working in a field site collecting ethnographic data. Most work in large urban areas, though some work in more suburban settings.

Police Sources

Police sources are derived from the Abt staff's existing contacts within law enforcement and from contacts developed through the recommendations of law enforcement agencies. These sources are typically officers working on special squads, narcotics task forces, and DEA agents. Over the last three years, police contacts in some cities have changed as officers take on new duties in other areas. Replacements are most often made on the recommendation of the officer who had served as *Pulse Check* reporter. This round of calls reached police sources in eight cities.

Treatment Providers

The sample of treatment providers is derived from the files of the National Drug Abuse Treatment Unit Survey (NDATUS) maintained by the National Institute on Drug Abuse. We divide NDATUS programs into four geographic regions. The states comprising each region are listed on the Treatment Provider Summary Tables for each drug (Tables 3, 6, and 9). Each region has approximately the same number of treatment programs, and the four regions are treated equally for sampling. Twenty programs are identified from each region. We attempt to contact 10-15, and the remainder serve as replacements. Samples are stratified in the attempt to include equal numbers of small (under 100 clients) and large programs. Programs which deal exclusively or even predominantly with alcohol abusers only are excluded. This quarter 52 treatment providers were interviewed.