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IN DRUG ABUSE

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Work Group

Highlights and Executive Summary

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This publication, Volume I, is based primarily on papers presented and data reported by CEWG representatives from 21 areas at the June 2002 CEWG meeting. The full edited text from those reports appears in Volume II. Volume II also contains the full edited text of special reports.

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FOREWORD

The Community Epidemiology Work Group (CEWG) is a drug abuse surveillance network established in 1976 by the National Institute on Drug Abuse, National Institutes of Health. It is composed of researchers from 21 sentinel areas of the United States who meet semiannually to present and discuss quantitative and qualitative data related to drug abuse. Through this program, the CEWG provides current descriptive and analytical information regarding the nature and patterns of drug abuse, emerging trends, characteristics of vulnerable populations, and social and health consequences to government officials and policymakers, community organizations, researchers and scientists, and the general public.

The 52nd meeting of the CEWG was held in Philadelphia, Pennsylvania on June 11–14, 2002 and provided a forum for presentation and discussion of drug abuse data in the United States and other countries and regions of the world, including Canada, Mexico, Africa, and the Middle East. CEWG members presented information on recent drug abuse patterns and trends in their areas. In addition, the meeting afforded the opportunity for a number of special presentations: Drug Enforcement Administration (DEA) officials described heroin identification programs—the Domestic Monitor Program and the Heroin Signature Program—which were established by DEA’s Intelligence Division; researchers from the Philadelphia area presented findings from local studies on patterns of substance abuse among the homeless and among criminal justice clients, on hepatitis C among injection drug users, on the human immunodeficiency virus (HIV) in eight local neighborhoods, and on creating a comprehensive HIV service system in a managed care environment; and a distinguished panel of researchers presented findings and discussed the effects of the September 11, 2001, terrorist attacks on drug abuse in New York City, Philadelphia, and Washington, DC.

The meeting also served to inform us, once again, of both the unique perspective and the contribution that the CEWG and other community-based epidemiology networks are able to offer. They provide the opportunity for timely assessments of current patterns and trends of drug abuse and identification of emerging problems, as well as the opportunity for presentations on the complex relationship of drug abuse to other health and social issues at their meetings. In so doing, they provide the opportunity for public health action in the form of policy development and preventive intervention based on the findings presented. These findings also provide the opportunity for research action by suggesting potential issues for inquiry to advance the base of scientific knowledge.

Nicholas J. Kozel

Division of Epidemiology, Services and Prevention Research

National Institute on Drug Abuse

National Institutes of Health

Department of Health and Human Services

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INTRODUCTION

The 52nd meeting of the Community Epidemiology Work Group (CEWG) was held in Philadelphia, Pennsylvania, on June 11–14, 2002. During this meeting, 21 CEWG representatives reported on current drug trends and patterns in their areas. The key findings and executive summary that follow are based on these reports.

Data Sources

To assess drug abuse patterns and trends, city- and State-specific data are gathered and compiled from a variety of drug abuse indicator sources. Sources include public health agencies, hospital drug treatment facilities, criminal justice and correctional offices, law enforcement agencies, surveys, and other sources unique to local areas, including those described below.

Drug-related emergency department (ED) mentions are reported by local EDs and by the Drug Abuse Warning Network (DAWN), Office of Applied Studies, Substance Abuse and Mental Health Services Administration (SAMHSA). DAWN data represent estimated numbers of mentions and rates per 100,000 population. DAWN data are obtained from a national probability sample of hospitals in 21 metropolitan areas; 20 are CEWG areas. DAWN collects information on “episodes” and “mentions” of illegal drugs or nonmedical use of legal drugs among persons seen in sampled EDs. (The number of episodes is not equivalent to the number of patients, because one person may make repeated visits to the ED. In each episode, a person may mention more than one drug, and each drug is counted in a discrete drug category.) The data adapted from DAWN in this volume represent revised estimates for 1994 through 2000 and prelim-

inary estimates for the first half of 2001. More detailed information on the DAWN data is presented in Appendix A.

Drug-related deaths are reported on death certificates by medical examiner (ME)/local coroner offices, by State public health agencies, or by SAMHSA in the DAWN ME data. DAWN ME data do not reflect all drug overdose deaths in an area because information is collected from only a selected group of medical examiners in an area. An episode report, including demographic information and circumstances of death for each decedent, is included in the DAWN report. While drug abuse deaths frequently involve overdoses, they also include deaths in which drug use was a contributing factor.

Primary substance of abuse of clients at admission to treatment programs is derived from local treatment agencies or State substance abuse agencies, most of which report data to the Treatment Episode Data Set, SAMHSA.

Arrestee urinalysis results are based primarily on data collected by the Arrestee Drug Abuse Monitoring (ADAM) program of the National Institute of Justice. (Additional information on ADAM is provided in Appendix B.)

Seizure, price, purity, distribution, and arrest data are obtained from the Drug Enforcement Administration (DEA); the National Drug Intelligence Center, “Drug Threat Assessment,” U.S. Department of Justice; the High Intensity Drug Trafficking Area (HIDTA), Office of National Drug Control Policy; Uniform Crime Reports, Federal Bureau of Investigation; State and local law enforcement agencies; and the U.S. Customs Service. Included in some reports are data from DEA’s Domestic Monitor

Program (DMP) on drug sources, types, cost, and purity of retail-level heroin, based on undercover heroin purchases by DEA in selected cities (see Appendix C for additional details on the Domestic Monitor Program).

Other sources of quantitative drug abuse indicator data include surveys (e.g., of the general and school populations), helplines, and poison control centers.

Quantitative data are enhanced with information obtained through qualitative research—field reports, focus groups, key informant interviews, and other methods. Qualitative data are interspersed throughout this document.

A Note to the Reader

The information in this report is typically organized by specific drug of abuse. Note, however, that multiple-drug abuse is a common pattern among a broad range of substance abusers. Furthermore, most indicators do not differentiate between powder cocaine and crack. Finally, local comparisons are limited, especially for some indicators listed below.

DAWN ED—Because the same individual may be represented in different episodes, and because each episode may result in a mention of more than one drug, these data cannot be used to estimate prevalence of use for any drug.

Mortality—Definitions associated with drug deaths vary. Common reporting terms include “drug-related,” “drug-induced,” “drug-involved,” and “drug detections.” These terms have different meanings in different areas of the country. In some cases, and in some data systems, every drug detect-

ed in a decedent’s body may be reported, so it cannot be assumed that a person died of an overdose of any particular drug (e.g., a death certificate may show that heroin was found in the body of a person who died from pneumonia).

Treatment admissions—Many factors affect treatment admission numbers, including program emphasis, slot capacity, data collection methods, and reporting periods. While most CEWG areas report citywide or county data, Colorado, Hawaii, Illinois, and Texas report statewide data. Also, some CEWG members use total admissions as a denominator in calculating percentages of primary admissions for a particular drug, some exclude “alcohol-only” but include “alcohol-in-combination,” while others exclude both alcohol-only and alcohol-in-combination.

Arrests and seizures—The numbers of arrests and seizures, and the quantity of drugs confiscated, often reflect enforcement policy rather than levels of abuse.

The following methods were used in making area comparisons in this document:

- The DAWN ED data are based on data files run by SAMHSA in 2001. These data reflect weighted estimates of the number of mentions based on a sample of hospital emergency departments.
- Long-term ED trend data typically cover the period of 1994 through the first half of 2001. All 2001 data are preliminary. Increases or decreases that meet statistical standards of precision at $p < 0.05$ are reported.
- Unless otherwise specified, all percentages for treatment program admissions exclude

alcohol-only and alcohol-in-combination. Comparisons are for 2000 versus 2001. Available data for 2001 on total admissions, including alcohol in most areas, are presented by CEWG area in Appendix D.

- ADAM adult arrestee urinalysis data are based on full-year figures for 2000 in most participating CEWG sites and for various quarters of 2001. Data may not be compared with earlier time periods because of substantial changes in data collection and reporting in 2000. Also, comparisons between gender are not valid because of differences in sampling and data collection methods for males and females (see Appendix C).
- Preliminary data on heroin purity levels per milligram were obtained from the DEA DMP, Intelligence Division, Domestic Unit. Data are for 2001.

- Cumulative totals of acquired immunodeficiency syndrome (AIDS) cases for the total United States are based on the *HIV/AIDS Surveillance Report* 13(1), 2001, from the Centers for Disease Control and Prevention (CDC).

Local areas and agencies vary in their reporting periods, e.g., some indicators are based on fiscal years while others are based on calendar years.

Some indicator data are unavailable in certain areas. The symbol “NR” in tables refers to data not reported. For ADAM data, dashes in a column mean that a particular group was not sampled in a particular area. In DAWN tables, a blank indicates that there was no significant change in the time period tested.

KEY FINDINGS

Major findings from the CEWG June 2002 reporting period are as follows:

Cocaine/crack indicators remained high, with a possible resurgence in Boston, increases in Miami and New York, and decreases or stabilization in other CEWG areas.

Marijuana indicators showed increases in Chicago, Hawaii, Minneapolis, New York, Philadelphia, Phoenix, St. Louis, and San Francisco, but leveled off in other CEWG areas.

Heroin indicators increased in Atlanta, Miami, Minneapolis, New Orleans, New York, Newark, and Philadelphia, and remained high in areas such as Boston, Baltimore, and San Francisco.

Methamphetamine indicators remained at elevated levels in Hawaii, and in the West and Southwest CEWG areas. High proportions of adult female arrestees tested methamphetamine-positive in Honolulu, San Diego, and Phoenix (45, 37, and 29 percent, respectively). Rates of DAWN ED methamphetamine mentions per 100,000 population were highest in San Francisco (14) and San Diego (13).

Narcotic analgesics indicators, especially narcotic analgesics containing hydrocodone and oxycodone, continued to rise. DAWN death mentions involving narcotic analgesics/combinations peaked in 15 CEWG areas and, in 8, exceeded the death mentions for cocaine and heroin.

MDMA (methylenedioxyamphetamine or “ecstasy”) indicators continued to rise in most CEWG areas and to spread beyond the young White populations frequenting “raves.” Several CEWG sites continue to report that ecstasy is often adulterated with drugs other than MDMA.

COCAINE/CRACK

Overview

Cocaine/crack indicators, while declining over the past several years, remain at high levels. In 2000–2001, indicators remained stable or mixed in 10 CEWG areas, decreased in 8, and increased in 2, with 1 (Boston) reporting a “possible resurgence.” Recent DAWN ED estimates (subject to revision) show that rates of cocaine/crack ED mentions per 100,000 population were higher than those for heroin in all CEWG areas except Baltimore, Newark, and San Francisco, and they clearly exceeded those for marijuana and methamphetamine in the 19 CEWG areas for which estimates could be made in the first half of 2001 (exhibit 1). Cocaine-related deaths, as reported by local MEs in nine CEWG areas, were highest in Detroit, Miami, Philadelphia, and Phoenix. Primary cocaine/crack treatment admissions also predominated in most CEWG areas (excluding alcohol admissions). More adult female arrestees tested positive for cocaine than for other drugs in most ADAM sites.

Increases in cocaine/crack indicators from 2000 to 2001 were reported in the following CEWG areas:

Miami

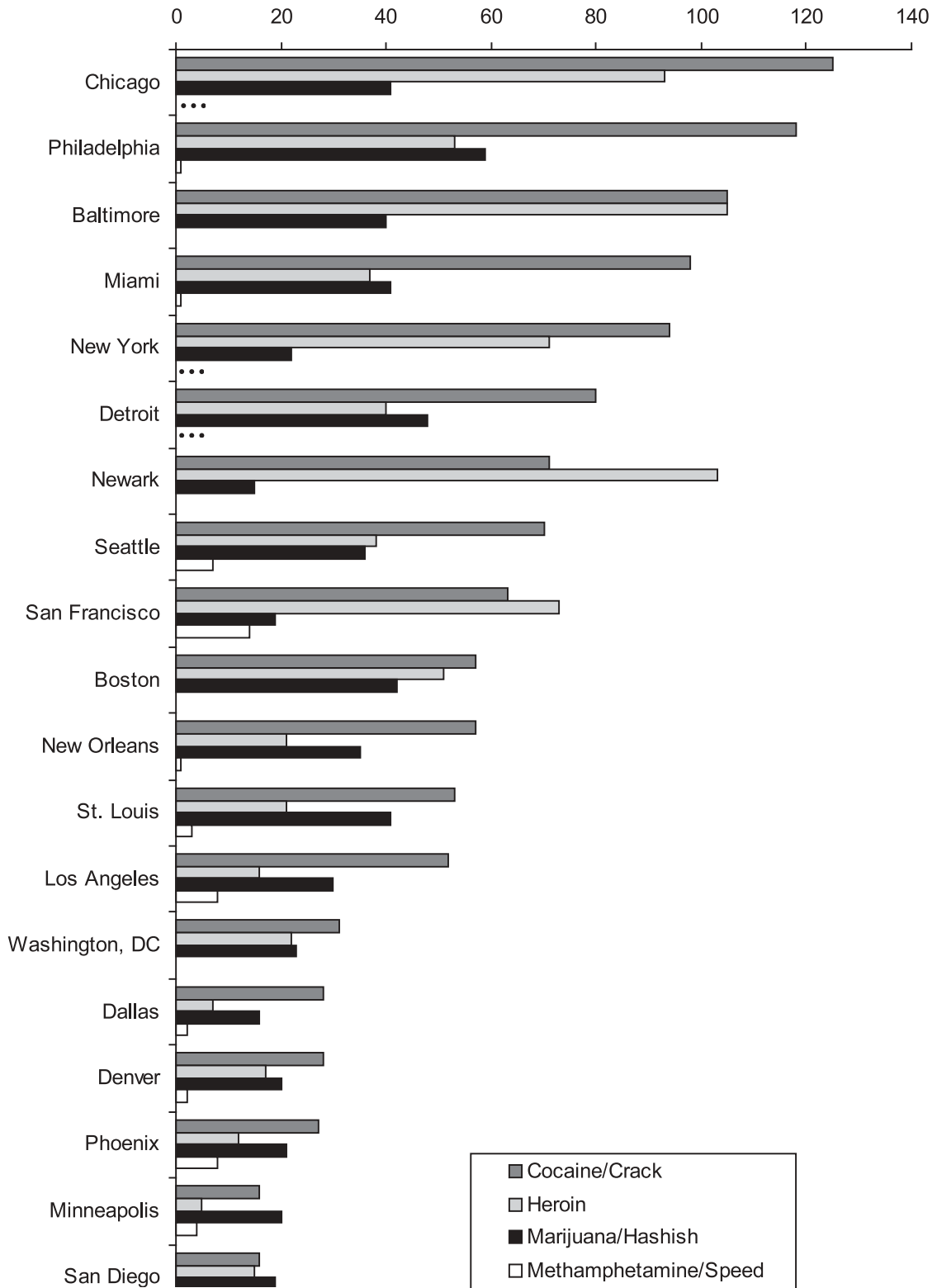
South Florida cocaine abuse rates continue to be among the highest in the Nation, as indicated by emergency department visits, crime lab data, and drug abuse treatment admissions.

New York

Cocaine trends, which had been declining, are beginning to show increases, and the drug still accounts for major problems in New York City.

Regarding cocaine-related treatment admissions in 2001, smoked cocaine (crack) accounted for a majority of the primary cocaine admissions, accounting for as high as 83 to 88 percent in four CEWG areas and between 64 and 78 percent in five.

Exhibit 1. Rates of ED Mentions Per 100,000 Population for Cocaine, Heroin, Marijuana, and Methamphetamine: January–June 2001¹



¹ Presented in order of highest to lowest rate. Dots (...) indicate that an estimate with a relative standard error greater than 50 percent has been suppressed. Data were not sufficiently complete to produce preliminary 1H-2001 estimates for Atlanta. SOURCE: Adapted from DAWN, Office of Applied Studies, SAMHSA

DAWN ED Data on Cocaine/Crack

Preliminary DAWN data for the first half of 2001 continue to show the predominance of cocaine/crack mentions in hospital emergency departments. The preliminary population-based rates of cocaine DAWN ED mentions in the first half of 2001 are depicted by CEWG area in the exhibit 2 map. As shown, the rates were highest in Chicago (125 mentions per 100,000 population) and Philadelphia (118), and lowest in Minneapolis/St. Paul and San Diego (16 each). Compared with data for the first half of 2000, Baltimore and Boston had a significant increase in the rate of cocaine/crack mentions in 2001, while Dallas, Denver, New Orleans, and San Diego had significant decreases.

Exhibit 3 depicts annual trends in cocaine ED mentions per 100,000 population in CEWG areas from 1994 to 2000, as derived from the February 2002 DAWN report. Between 1994 and 2000, the rates of cocaine ED mentions decreased significantly in Baltimore, New York, San Francisco, and Washington, DC, while they increased significantly in Chicago, Dallas, Los Angeles, Miami, Minneapolis/St. Paul, Phoenix, and

San Diego. Between 1998 and 2000, and 1999 and 2000, the significant declines continued in Baltimore and Washington, DC, while the significant increases continued in Los Angeles and Miami, with increases also reported for Atlanta, Boston, and Chicago.

Mortality Data on Cocaine

While mortality data are not comparable across sites because definitions associated with deaths vary, the acute medical consequences of cocaine abuse are apparent in drug-related death mentions in nine CEWG areas (exhibit 4). Cocaine detections in decedents in 2001 were highest in Detroit, where they steadily increased from 344 in 1997 to 406 in 2001. Philadelphia shows a similar pattern, although cocaine-related mentions decreased slightly from 311 in 2000 to 300 in 2001. The most dramatic rise in cocaine-related deaths occurred in Phoenix, where the projected increase from 1997 to 2001 was 843 percent. Cocaine-related deaths also climbed steadily in St. Louis, increasing more than 53 percent from 1997 to 2000. The decreases in cocaine-related deaths over time were most substantial in Miami (37 percent) and San Diego (53 percent).

Exhibit 4. Number of Cocaine-Related Deaths Reported by Local MEs in Nine CEWG Areas by Year¹: 1997–2001

CEWG Area	1997	1998	1999	2000	2001
Detroit	344	384	342	396	406
Honolulu	23	29	24	22	24
Miami	308	285	269	174	194
Minneapolis	58	44	48	60	48
Philadelphia	284	245	238	311	300
Phoenix	21	87	215	167	198 ²
St. Louis	43	47	51	66	NR ³
San Diego	60	54	44	58	28
Seattle	66	69	76	89	49

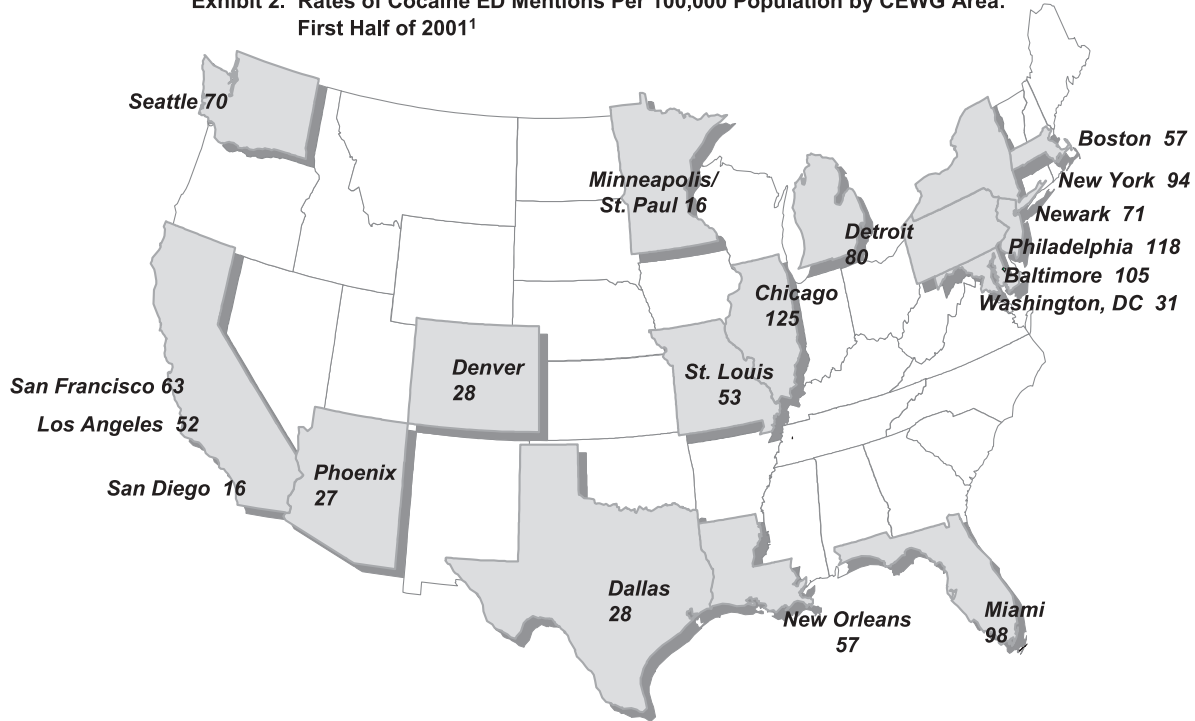
¹ Peak years are represented in boldface type.

² Projected from the first 9 months of data for 2001.

³ NR = Not reported.

SOURCE: Local CEWG reports from MEs/coroners

Exhibit 2. Rates of Cocaine ED Mentions Per 100,000 Population by CEWG Area: First Half of 2001¹



¹ Estimates for 2001 are preliminary; data were not sufficiently complete to produce 1H-2001 estimates for Atlanta.
SOURCE: Adapted from DAWN, Office of Applied Studies, SAMHSA

Exhibit 3. Trends in Rates of Cocaine ED Mentions Per 100,000 Population in CEWG Areas by Year¹: 1994–2000

CEWG Area	1994	1995	1996	1997	1998	1999	2000	Percent Change ²		
								1994, 2000	1998, 2000	1999, 2000
Atlanta	235	245	202	156	218	189	221			19.0
Baltimore	400	384	376	273	296	295	208	-44.3	-28.1	-28.6
Boston	136	147	114	91	123	95	108			15.1
Chicago	190	188	220	247	232	225	246	38.6		11.0
Dallas	62	62	58	74	106	86	87	51.2	-15.7	
Denver	84	75	53	69	73	87	83			
Detroit	203	212	250	192	202	178	179			
Los Angeles	62	61	69	56	68	79	105	79.4	57.4	34.4
Miami	152	168	168	174	187	210	225	59.5	23.4	9.1
Minneapolis	25	20	29	31	33	34	35	49.6		
New Orleans	164	174	202	199	199	176	162		-16.6	-6.6
New York	251	243	264	244	233	175	166	-29.3	-27.1	
Newark	246	268	253	201	208	172	147		-27.2	-12.7
Philadelphia	187	208	224	239	275	260	216			
Phoenix	54	59	69	66	73	91	85	67.9	19.4	
St. Louis	102	80	80	64	87	97	98			
San Diego	29	28	39	36	41	44	41	50.2		
San Francisco	211	166	148	126	116	120	126	-36.3		
Seattle	164	116	114	150	125	130	169		39.1	32.5
Washington, DC	132	96	104	85	97	81	72	-41.6	-23.9	-10.2

¹ Peak years are shown in boldface type.

² These columns denote statistically significant (p<0.05) increases and decreases between estimates for the time periods noted.

SOURCE: Adapted from DAWN, Office of Applied Studies, SAMHSA

Cocaine/Crack Treatment Data

As a percentage of admissions for treatment of illicit drugs, those for cocaine/crack remained relatively unchanged from 2000 to 2001 (exhibit 5). The percentages shown exclude alcohol admissions, and in three areas they include data for only the first 6 months of 2001. Percentage-point changes were small, with 14 areas showing declines ranging from 0.4 to 8.5 percentage points and 5 showing increases of between 0.2 and 6.7 percentage points. New Orleans had the largest increase (6.7 percentage points) and

Atlanta continued to have the highest proportion of cocaine/crack admissions in 2001 (69.9 percent of illicit drug admissions), followed by St. Louis (44.3 percent), and Washington, DC (42.0 percent). Statewide, primary cocaine/crack admissions (excluding alcohol) were high in Texas (38.9 percent) and Illinois (31.6 percent). Newark, San Diego, and Hawaii continued to have the lowest proportions of cocaine/crack admissions (between 7.0 and 12.1 percent).

Most treatment admissions for cocaine abuse involved crack, the smokable form of

Exhibit 5. Primary Cocaine/Crack Treatment Admissions (Excluding Alcohol) by CEWG Area, Year, and Percent Change: 2000–2001¹

CEWG Area	Percent of Illicit Drug Admissions		Percentage-Point Change
	2000	2001	
Atlanta ²	70.3	69.9	-0.4
Baltimore ²	15.5	15.1	-0.4
Boston	18.4	16.0	-2.4
Detroit	40.8	38.7	-2.1
Los Angeles	21.6	22.9	1.3
Minneapolis	29.8	26.6	-3.2
New Orleans	33.3	40.0	6.7
New York	28.5	29.3	-1.6
Newark	9.0	7.0	-2.0
Philadelphia	48.1	39.6	-8.5
St. Louis	44.1	44.3	0.2
San Diego	13.1	12.1	-1.0
San Francisco	24.2	21.4	-2.8
Seattle	21.1	21.9	0.8
Washington, DC	43.7	42.0	-1.7
Colorado	20.4	20.7	0.3
Hawaii	10.6	8.0	-2.6
Illinois ²	39.0	31.6	-7.4
Texas (excluding Dallas)	42.5	38.9	-3.6

¹ Represents either fiscal or calendar year.

² Includes only half-year data for 2001; change is indicated in italic typeface in these areas.

SOURCE: CEWG June 2002 reports/treatment forms and, for San Francisco, the California Drug Data System

Philadelphia the largest decrease (8.5 percentage points).

cocaine. Data from 13 CEWG areas reporting on route of administration indicate that the majority of primary cocaine admissions in 2001 smoked the drug (crack) (exhibit 6). As a percentage of all primary cocaine

Exhibit 6. Route of Administration of Cocaine Among Treatment Admissions in 13 CEWG Areas by Percent: 2001¹

CEWG Area	Smoked	Injected	Intranasal	Other
Atlanta ²	78.4	2.0	12.0	7.6
Baltimore ²	75.6	7.2	–	17.2
Los Angeles	88.0	–	9.0	3.0
Minneapolis	81.6	2.5	15.8	0.1
New York	64.4	–	32.5	3.1
Newark	68.7	–	28.5	2.8
Philadelphia	83.0	2.0	15.0	0.0
St. Louis	87.5	1.0	6.6	4.9
San Diego	85.0	–	–	15.0
Seattle	55.0	23.0	17.0	5.0
Washington, DC	75.3	–	21.6	3.1
Colorado	57.9	12.7	25.8	3.6
Texas (excluding Dallas)	74.0	9.0	17.0	0.0

¹ Represents either fiscal or calendar year.

² Represents half-year data.

SOURCE: CEWG June 2002 reports/treatment forms and, for San Francisco, the California Drug Data System

admissions, crack admissions were highest in Los Angeles, Minneapolis, Philadelphia, St. Louis, and San Diego, ranging from 81.6 to 88.0 percent, and were lowest in Seattle (55.0 percent) and Colorado (57.9 percent). Intranasal use among cocaine admissions was highest in New York (32.5 percent), Newark (28.5 percent), and Colorado (25.8 percent). Injection as the primary route was highest in Seattle (23 percent).

Cocaine Use Among Arrestees

ADAM adult male and female arrestee testing data for 2000 and 2001 are presented in exhibit 7. The male samples are based on probability sampling, and percentages represent weighted data. In contrast, the female samples are based on convenience sampling and different data collection methods, and the unweighted percentages represent much smaller sample sizes than those for males.

The ADAM data on adult male arrestees in 2001 show that the proportions testing positive for cocaine ranged from a low of 11.2 percent in Honolulu to 46.3 percent in New

York. Chicago had the second highest percentage (45 percent).

ADAM adult female arrestee data, typically available for the first half of 2001, show especially high proportions of women testing positive for cocaine in Philadelphia (80.0 percent) and Chicago (66.7 percent), followed by New York (60.8 percent) and Denver (46.5 percent).

In Washington, DC, 33 percent of the adult arrestees tested by the District of Columbia Pretrial Services Agency in the first quarter of 2002 were cocaine-positive.

Availability, Price, and Purity of Powder Cocaine

Cocaine hydrochloride (HCl), commonly referred to as powder cocaine, was readily available in almost all CEWG areas. Generally, prices remained stable, but they varied within and across CEWG areas.

Ounce-quantity cocaine prices in CEWG areas ranged from \$400 (lowest price) in

Exhibit 7. Percentages of Adult Arrestees Testing Cocaine-Positive by Gender and Site: 2000–2001¹

ADAM Site	Males ²		Females ²	
	2000	2001 ³	2000	2001 ⁴
Chicago	37.0 ⁵	45.0	59.2	66.7
Dallas	27.7	30.4	23.9	—
Denver	35.4	34.2	46.5	46.5
Detroit	24.4	21.7	42.4	—
Honolulu	15.8	11.2	19.4	11.9
Laredo	45.1	33.2	22.4	24.0
Minneapolis	25.7	27.2	33.3	—
New Orleans	34.8	37.2	41.1	30.7
New York	48.8	46.3	53.0	60.8
Philadelphia	30.9	35.6	40.7	80.0
Phoenix	31.9	27.5	35.2	33.9
San Diego	14.8	13.0	26.1	17.0
Seattle	31.3	30.7	39.1	20.0

¹ ADAM data can be found on the ADAM Web page—www.adam.nij.net.

² Male and female data are not comparable.

³ For most sites, the 2001 ADAM data on males are for quarters 1–3; the exceptions are Chicago (Q4), Detroit (Q3), New York (Q1–2), Philadelphia (Q2–3), and San Diego (Q1–4).

⁴ Female data in 2001 for San Diego are for all four quarters, while that for other sites represents only the first two quarters.

⁵ Chicago data for 2000 are only for the first three quarters.

SOURCE: ADAM, NIJ

Exhibit 8. Powder Cocaine Prices and Purity in 14 CEWG Areas: 2001–2002

CEWG Area	Purity (%)	Gram	Ounce	Kilogram
Chicago	NR ¹	\$50–\$125	\$400–\$800	NR
Denver				
Metro	30–90	\$100–\$125	\$500–\$1,100	\$15,000–\$25,000
CO Springs	65			
Grand Junction	30		\$750	\$21,000
Los Angeles	80–85	NR	\$600–\$700 (retail)	\$80,000 (retail) \$14,000–\$16,000 (wholesale)
Miami	80	\$40–\$60	NR	\$1,800–\$20,000
Minneapolis	NR	\$100	\$700–\$800	\$22,000
New Orleans	NR	\$80–\$150	\$800–\$1,200	\$20,000–\$28,000
New York	NR	NR	\$900–\$950	\$22,000–\$30,000
Phoenix	NR	NR	\$400–\$800	\$14,000 (Tucson)
San Diego	68–90	\$40–\$80	\$500–\$800	NR
San Francisco	60–90	NR	NR	\$14,000–\$22,000
St. Louis	77	\$100–\$125	NR	NR
Seattle	57–68	NR	\$500–\$1,000	NR
Texas				\$10,000–\$23,000
Dallas	NR	\$50–\$100	\$500–\$1,200	
Houston	NR	\$60–\$100	\$400–\$800	
Washington, DC	NR	\$50–\$100	\$600–\$2,000	\$17,500–\$35,000

¹ NR = Not reported.

SOURCE: CEWG June 2002 reports

Chicago, Houston, and Phoenix to \$2,000 in Washington, DC (exhibit 8). Kilogram prices ranged from \$14,000 to \$35,000. Variations in price are related to purity of the drug, which also varied within and across CEWG areas.

Prices for other quantities of powder cocaine varied by area. "Eightballs" (one-eighth ounce) could be obtained in Chicago for \$125–\$150 and in Minneapolis/St. Paul for \$200.

Exhibit 8 summarizes available data on prices and purity of powder cocaine.

Excerpts from the CEWG reports provide additional details on the availability, price, and purity of powder cocaine.

Chicago

Compared to 5 and 10 years ago, current ounce prices are somewhat lower, gram prices are about the same or slightly higher, and bag prices are unchanged.

Denver

Prices show only small changes from the December 2001 CEWG reporting period.

Los Angeles

The wholesale price for 1 kilogram of cocaine has decreased slightly, but purity remains high and stable. There are indications that cocaine popularity has peaked and even declined in many regions throughout the Los Angeles High Intensity Drug Trafficking Area. In those areas, methamphetamine has supplanted cocaine in popularity.

Miami

The cocaine kilogram price range remained fairly stable according to law enforcement officials.

New York

To minimize conspicuous traffic, transactions are few but costs are high. Sources report that cocaine purity has been increasing over the last several months and match or exceed pre-September 11th levels. Following the World Trade Center tragedy, some cocaine sellers and users expected to have a problem obtaining cocaine because of heightened security, but that did not happen. The selling of powder cocaine is almost exclusively done through in-house connections; there are a few street sellers of powder cocaine. Law enforcement efforts have been especially successful in discouraging cocaine street selling. Of the cocaine street sellers who were observed, the majority were Black or Hispanic young males, with Hispanic sellers outnumbering Black sellers at a 2:1 ratio. Most worked alone, in pairs, or with very small drug crews.

Newark

Cocaine prices have been remarkably stable over the years, with the drug selling for \$5–\$30 per bag in the Newark PMSA in the first quarter of 2001. A recent New Jersey survey of clients in methadone clinics in Newark estimated the price of cocaine at \$5–\$35 per bag.

Philadelphia

Powder cocaine is available in \$10 and \$20 bags.

Phoenix

Wholesale cocaine is primarily sold in powder form in kilogram and half-kilogram pressed bricks wrapped in cellophane and packaging tape. Retail cocaine has historically been sold in gram to ounce quantities. Street-level quantities of cocaine are usually sold in folded papers called 'bindles,' small vials, or small plastic baggies. Prices in Phoenix for an 'eightball' returned to

\$120–\$150 after dropping to \$100–\$140 during the previous CEWG reporting period. It has been reported that a kilogram purchased for \$14,000 in Tucson is sold for \$30,000 in Philadelphia.

Seattle

Informants report that flake/powder cocaine sells for between \$35 and \$50 per gram.

Texas

In the first quarter of 2002, powder cocaine was reported by the DEA as being readily available. A gram costs \$50–\$100 in Dallas, \$60–\$100 in Houston, and \$100 in Alpine, Amarillo, and Lubbock. An ounce costs \$400–\$550 in Laredo, \$400–\$800 in Houston, \$500–\$1,200 in Dallas, \$600 in Alpine, \$500–\$750 in McAllen, \$400–\$600 in San Antonio, \$650–\$850 in Amarillo and Lubbock, \$700–\$1,000 in Tyler, and \$750 in Fort Worth.

Washington, DC

Prices for powder cocaine varied greatly, based on the level of purity. Grams of powder cocaine during the second quarter of 2002 sold for \$50–\$100, which was the same price as in fiscal year 2001, though this price was cheaper than grams of crack. A ‘31’ (grams) and a ‘62’ (grams) sold for \$1,100–\$1,200 and \$1,450–\$3,500, respectively.

Availability, Price, and Purity of Crack Cocaine

The price of a “rock” of cocaine varies across and within CEWG areas. It also varies by size and purity. Rocks sold on the street typically weigh from one-tenth to one-half a gram. In most CEWG areas, a rock or bag of crack can be purchased for \$10, the same unit price as when it was first intro-

duced in the United States in the mid-1980s. However, the size and quality of the \$10 rocks constantly change. In six CEWG areas—Chicago, Detroit, Minneapolis/St. Paul, New York, Philadelphia, and Seattle—rocks sold for as low as \$5. In Boston, Detroit, and Texas, there is considerable variability in price. Crack is most often sold in clear plastic bags or wrapped in aluminum foil, although it can be packaged and sold in a variety of ways, including unpackaged crack sold directly from the street dealer’s pocket. Exhibit 9 summarizes available data on prices and purity of crack cocaine.

Excerpts from CEWG reports provide additional information on crack prices and purity.

Boston

Most crack is converted locally. The preferred variety of crack, described as hard, white, and pure, is called ‘Mighty White.’

Chicago

Ounces of crack cocaine sell for about the same price as ounces of powdered cocaine. Grams and fractions of ounces are available, usually in off-street sales. The typical buyers are said to be crack smokers who support their drug use through small-scale selling.

Detroit

Crack availability, prices, and purity remain relatively stable. The most common unit price in Detroit neighborhoods is \$10; higher priced units are more typical outside Detroit. Small plastic bags or aluminum foil are the most common packaging.

Minneapolis

Mexican criminal organizations remained involved with cocaine trafficking, and gangs continued to be involved with street-level crack distribution.

Exhibit 9. Crack Cocaine Prices and Purity in 13 CEWG Areas: 2001–2002

CEWG Area	Purity (%)	Price/Unit
Boston	30–90	\$10–\$100 per rock \$10–\$50 per vial
Chicago	NR ¹	\$5–\$20 per rock/bag \$400–\$800 per ounce
Denver	NR	\$20–\$30 per rock \$950–\$1,200 per ounce
Detroit	NR	\$5–\$50 per rock
Minneapolis	NR	\$5–\$10 per rock
New York	NR	\$5–\$10 per bag
Philadelphia	NR	\$5 per “ready rock” \$3 per “trey” (3–5 milligrams)
Phoenix	NR	\$20 per “baggie”
St. Louis	NR	\$20 per rock \$300–\$400 per gram
San Diego	NR	\$10 per 0.1 gram
Seattle	40–85	\$2, \$5, \$10 per rock \$100 per gram
Texas Dallas Houston	NR	\$10–\$100 per rock (\$10 most common) \$500–\$2,800 per ounce \$375–\$900 per ounce
Washington, DC	NR	\$10–\$20 per bag (loose rock) \$80–\$100 per gram \$900–\$1,750 per ounce \$30,000 per kilogram

¹ NR = Not reported.
SOURCE: CEWG June 2002 reports

New Orleans

The price and purity of crack remained stable in 2001.

New York

Of the crack sales observed by the Street Studies Unit (SSU), most involved \$5 or \$10 packages. The \$3 bags that were seen last year have not been seen. Most sellers are packaging their product in clear plastic bags or aluminum foil, with clear plastic preferred because the standardized size of the bags makes accurate packing easier. Fears about the possibility of decreased purity and ‘beat’ (fake) crack after September 11th appear to be unfounded.

Philadelphia

‘Ready rock’ is the predominant form of crack sold in Philadelphia and ranges in size from 6 to 9 millimeters. The size has changed very little since 1996, when it was somewhat larger. Some dealers offer a smaller rock called a ‘trey.’ Shapes of crack range from circular to bumpy circular to parallelogram.

Phoenix

Crack cocaine remained readily available in Phoenix and Tucson, with sales occurring in public places such as shopping center parking lots. The typical transaction involved ‘baggies.’ Crack is usually packaged in clear

plastic. However, it is not unusual for crack to be held in a pocket with no packaging.

San Diego

Crack use continued to be prevalent in the inner cities of San Diego County and East San Diego.

Seattle

The unit of sale is generally \$2, \$5, or \$10 rocks. Homeless and street drug users are the primary consumers of crack.

St. Louis

Cocaine is readily available on street corners in rocks or grams. All cocaine in St. Louis is initially in the powder form and converted to crack for distribution.

HEROIN

Overview

Heroin indicators remained high overall in many CEWG areas, increasing in 7, remaining stable or mixed in 12, and decreasing in 2. DAWN heroin ED rates per 100,000 population in Baltimore, Newark, and San Francisco exceeded the rates in other CEWG areas for all major drugs. Heroin-related deaths reported from nine CEWG areas show such deaths are highest in Detroit and Philadelphia. Primary heroin treatment admissions continued to be especially high in eight CEWG areas, and injection of the drug remains a risk for many admissions. Adult male arrestees in Chicago, New York, and New Orleans were more likely than those in other ADAM/CEWG sites to test opiate-positive.

Concerns about rising heroin abuse indicators are illustrated below, with Miami, Minneapolis, and Philadelphia citing rises in heroin-related deaths reported by local medical examiners.

Chicago

Emergency department mentions, treatment admissions, and population-based survey data show a continued increase in heroin use in Chicago during 2001.

Miami

ED mentions and heroin-related deaths continue to rise in South Florida. Miami-Dade County has the highest number of heroin-related deaths in the State.

Minneapolis

Opiate-related deaths, most from accidental heroin overdose, continued upward trends that began in 2000, driven by an unprecedented steady supply of high purity, low-cost heroin.

New York

Heroin trends, which had appeared to be mixed, all showed signs of increasing.

Philadelphia

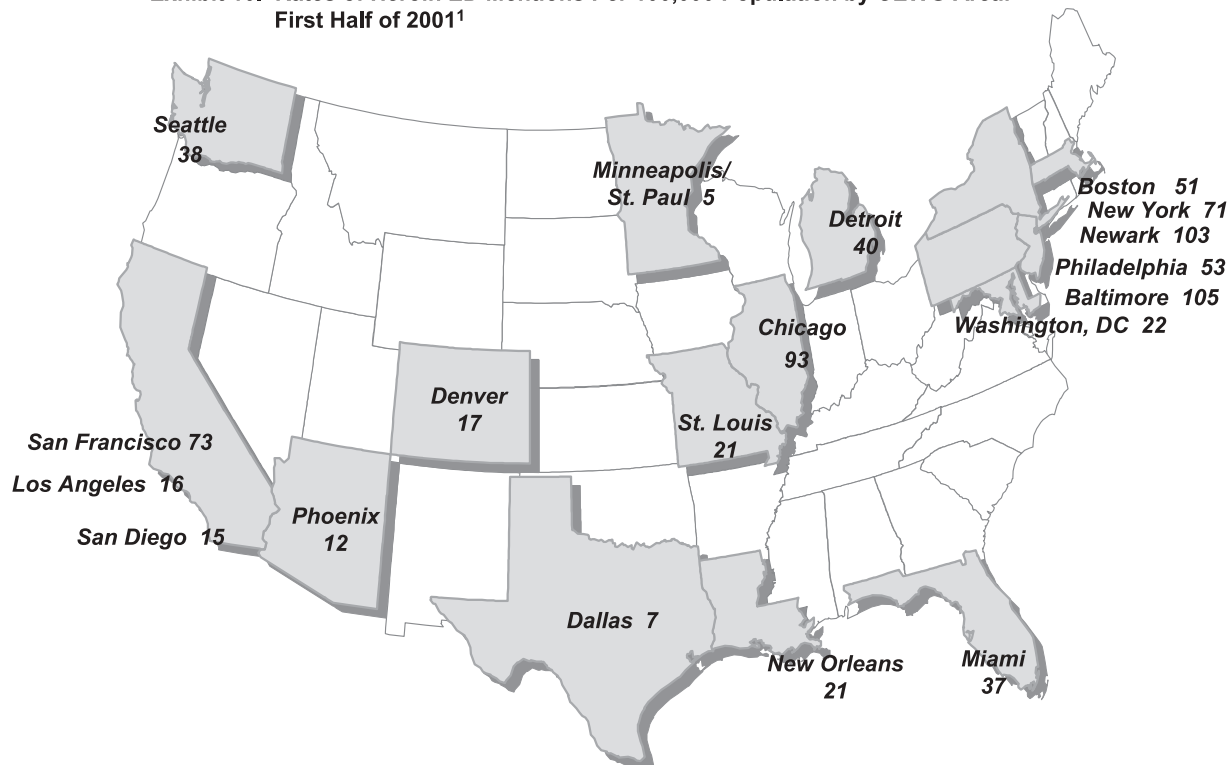
Heroin/morphine detections in decedents exceeded cocaine detections for the fifth consecutive half-year.

DAWN ED Data on Heroin

Preliminary ED data reported by DAWN for the first half of 2001 show that rates of heroin mentions per 100,000 population ranged from a low of 5 in Minneapolis/St. Paul to a high of 105 in Baltimore (exhibit 10). A comparison of the first halves of 2000 and 2001 show that statistically significant increases occurred in Miami and Minneapolis/St. Paul, while significant decreases in heroin ED rates occurred in five CEWG areas: Los Angeles, New Orleans, San Diego, San Francisco, and Seattle.

Between 1994 and 2000, DAWN reports statistically significant increases in rates of heroin ED mentions per 100,000 population in 11 CEWG areas, with increases being particularly high in Miami and New Orleans (exhibit 11). Decreases occurred only in Baltimore and San Francisco. Between 1998 and 2000, and 1999 and 2000, increases in the rates of heroin ED mentions continued in Miami and New Orleans, as well as Boston, Chicago, and Minneapolis/St. Paul. From 1999 to 2000, the rates of heroin ED mentions also increased significantly, in Atlanta and Detroit, while rates declined again in Baltimore and San Francisco. However, Baltimore continued to have the highest rate in both 2000 and the first half of 2001.

Exhibit 10. Rates of Heroin ED Mentions Per 100,000 Population by CEWG Area: First Half of 2001¹



¹ Estimates for 2001 are preliminary; data were not sufficiently complete to produce 1H-2001 estimates for Atlanta.
 SOURCE: Adapted from DAWN, Office of Applied Studies, SAMHSA

Exhibit 11. Trends in Rates of Heroin ED Mentions Per 100,000 Population in CEWG Areas by Year¹: 1994–2000

CEWG Area	1994	1995	1996	1997	1998	1999	2000	Percent Change ²		
								1994, 2000	1998, 2000	1999, 2000
Atlanta	17	15	14	14	17	15	17			16.9
Baltimore	337	366	357	256	289	299	227	-27.7	-19.5	-22.8
Boston	72	83	76	68	74	77	102	50.9	41.2	35.2
Chicago	84	83	109	148	158	162	206	162.9	33.7	29.3
Dallas	10	11	14	21	21	17	19	97.5		
Denver	31	30	22	30	31	40	41		35.4	
Detroit	53	58	76	72	67	61	76			25.4
Los Angeles	36	37	40	30	31	34	37		22.1	
Miami	14	18	21	32	40	48	74	462.8	89.3	58.3
Minneapolis	3	4	5	6	6	8	9	250.8	57.2	25.3
New Orleans	17	23	26	36	42	53	80	414.1	92.5	51.3
New York	139	132	136	115	110	110	128			
Newark	262	327	307	246	282	260	238		-13.3	
Philadelphia	53	84	83	79	73	85	96	95.4		
Phoenix	24	25	32	41	43	41	40	78.2		
St. Louis	17	16	21	19	26	35	44	176.5	74.3	
San Diego	30	29	41	39	41	44	42	50.1		
San Francisco	239	202	201	173	148	190	168	-24.6		-9.6
Seattle	116	109	128	152	126	127	126			
Washington, DC	34	35	41	45	55	46	49	55.2		

¹ Peak years are shown in boldface type.

² These columns denote statistically significant (p<0.05) increases and decreases between estimates for the time periods noted.
 SOURCE: Adapted from DAWN, Office of Applied Studies, SAMHSA

Mortality Data on Heroin

Data from local MEs in nine CEWG areas, presented in exhibit 12, are not comparable across sites. However, as with cocaine, Detroit (465 mentions), Philadelphia (316), and Phoenix (107) had the highest number of heroin-related deaths in 2001. From 1997 to 2001, however, Minneapolis and Phoenix had the greatest percentage increase in heroin-related deaths (133 and 123 percent, respectively), followed by Detroit (62 percent). Seattle had the largest decline (45 percent) from 1997 to 2001, followed by San Diego (25 percent).

Heroin Treatment Data

Excluding alcohol, the proportions of treatment admissions for primary heroin abuse in 2001 were particularly high in Newark (85.9 percent), Boston (74.1 percent), San Francisco (63.0 percent), and Baltimore (60.0 percent), and ranged between approximately 42.0 and 47.0 percent in Detroit, Los Angeles, New York, and Washington, DC (exhibit 13).

Across CEWG areas, the percentages of admissions for primary abuse of heroin (excluding alcohol) remained relatively sta-

Exhibit 12. Number of Heroin-Related Deaths Reported by Local MEs in Nine CEWG Areas by Year¹: 1997–2001

CEWG Area	1997	1998	1999	2000	2001
Detroit	287	308	383	473	465
Honolulu	22	20	24	22	25
Miami ²	52	68	58	61	32
Minneapolis	33	38	39	58	77
Philadelphia	353	271	236	332	316
Phoenix	48	90	106	137	107 ³
St. Louis	67	56	144	55	NA ⁴
San Diego ²	139	138	121	126	104
Seattle	111	143	117	102	61

¹ Peak years are represented in boldface type.

² Represents only heroin-induced deaths or accidental overdose deaths.

³ Projected from the first 9 months of data for 2001.

⁴ NA = Not available.

SOURCE: Local CEWG reports from medical examiners/coroners

Exhibit 13. Primary Heroin Treatment Admissions (Excluding Alcohol) by CEWG Area, Year, and Percent: 2000–2001¹

CEWG Area	Percent of Illicit Drug Admissions		Percentage-Point Change
	2000	2001	
Atlanta ²	6.6	8.0	1.4
Baltimore ²	64.3	60.0	-4.3
Boston	69.1	74.1	-5.0
Detroit	43.4	46.9	3.5
Los Angeles	56.8	46.3	-10.5
Minneapolis	6.9	6.4	-0.5
New Orleans	15.3	18.3	3.0
New York	42.9	43.2	-0.3
Newark	83.8	85.9	2.1
Philadelphia	24.1	33.8	9.7
St. Louis	16.4	15.0	-1.4
San Diego	14.6	12.3	-2.3
San Francisco	54.8	63.0	8.2
Seattle	29.0	23.7	-5.3
Washington, DC	44.7	44.6	-0.1
Colorado	14.0	13.9	-0.1
Hawaii	8.5	5.1	3.4
Illinois ²	22.8	24.7	1.9
Texas (excluding Dallas)	17.5	16.1	-1.4

¹ Represents either fiscal or calendar year.

² Includes only half-year data for 2001; change is indicated in italic typeface for these areas.

SOURCE: CEWG June 2002 reports/treatment forms and, for San Francisco, the California Drug Data System

ble in 16 areas, increasing or decreasing by less than approximately 5 percentage points. Philadelphia and San Francisco experienced percentage-point gains of 9.7 and 8.2 percent, respectively, while Los Angeles dropped 10.5 percentage points between 2000 and 2001.

In 14 CEWG areas that reported on route of drug administration, injection among heroin treatment admissions predominated in 9

(exhibit 14). The proportions of heroin admissions who injected the drug were highest in Seattle (96 percent), Los Angeles and Texas (each 89 percent), and San Diego (88 percent). Intranasal use among heroin admissions was highest in Newark (76.5 percent), Illinois (68.0 percent), New York City (59.9 percent), Baltimore (47.5 percent), and Minneapolis (42.7 percent). Only Boston reported a substantial proportion of heroin smokers (29 percent).

Exhibit 14. Route of Administration of Heroin Among Treatment Admissions in 14 CEWG Areas by Percent: 2001¹

CEWG Area	Injected	Intranasal	Smoked	Other
Atlanta ²	57.0	25.0	5.0	13.0
Baltimore ²	43.2	47.5	–	9.3 ³
Boston	65.0	–	29.0	6.0
Los Angeles	89.0	4.0	6.0	1.0
Minneapolis	54.7	42.7	2.6	0.0
New York	36.7	59.9	–	3.4
Newark	22.3	76.5	1.0	0.2
Philadelphia ³	59.6	30.9	2.5	7.0
San Diego	88.0	2.0	8.0	2.0
St. Louis	51.7	39.8	2.5	6.0
Seattle	96.0	–	–	4.0
Colorado	NR ⁴	–	9.5	–
Illinois ²	NR	68.0	–	–
Texas (excluding Dallas)	89.0	6.0	0.7	4.0

¹ Represents either fiscal or calendar year.

² Represents half-year data.

³ Includes 81 admissions for "other opiates."

⁴ NR = Not reported.

SOURCE: CEWG June 2002 reports/treatment forms and, for San Francisco, the California Drug Data System

Opiate Use Among Arrestees

Preliminary 2001 ADAM data on adult males show increases in opiate-positive tests in four CEWG areas, decreases in three, and little change in six, when compared to full-year data for 2000 (exhibit 15). The percentages testing opiate-positive in 2001 were highest in Chicago (24.0 percent), New York (17.7 percent), and New Orleans (15.3 percent).

ADAM data on adult female arrestees for the first half of 2001 show that Philadelphia, at 30 percent, had the greatest proportion testing opiate-positive.

In Washington, DC, 10.5 percent of the adult male arrestees tested by the District of Columbia Pretrial Services Agency in the first quarter of 2002 were opiate-positive.

Exhibit 15. Percentages of Adult Arrestees Testing Opiate-Positive by Gender and Site: 2000–2001

ADAM Site	Males ¹		Females ¹	
	2000	2001 ²	2000	2001 ³
Chicago	27.0 ⁴	24.0	40.0	—
Dallas	3.0	4.8	4.5	—
Denver	3.4	5.2	5.8	1.0
Detroit	7.8	7.9	24.2	—
Honolulu	6.8	3.3	8.3	2.4
Laredo	9.9	10.7	6.9	13.0
Minneapolis	3.0	6.0	5.6	—
New Orleans	15.5	15.3	8.5	7.3
New York	20.5	17.7	19.1	15.2
Philadelphia	11.8	11.1	11.1	30.0
Phoenix	6.6	5.8	6.5	9.0
San Diego	6.0	7.8	7.5	8.6
Seattle	9.9	10.2	17.4	10.0

¹ Male and female data are not comparable.

² For most sites, the 2001 ADAM data on males are for quarters 1–3; the exceptions are Chicago (Q4), Detroit (Q3), New York (Q1–2), Philadelphia (Q2–3), and San Diego (Q1–4).

³ Female data in 2001 for San Diego are for all four quarters, while that for other sites represents only the first two quarters.

⁴ Chicago data for 2000 represent the last three quarters.

SOURCE: ADAM, NIJ

Availability, Price, and Purity of Heroin

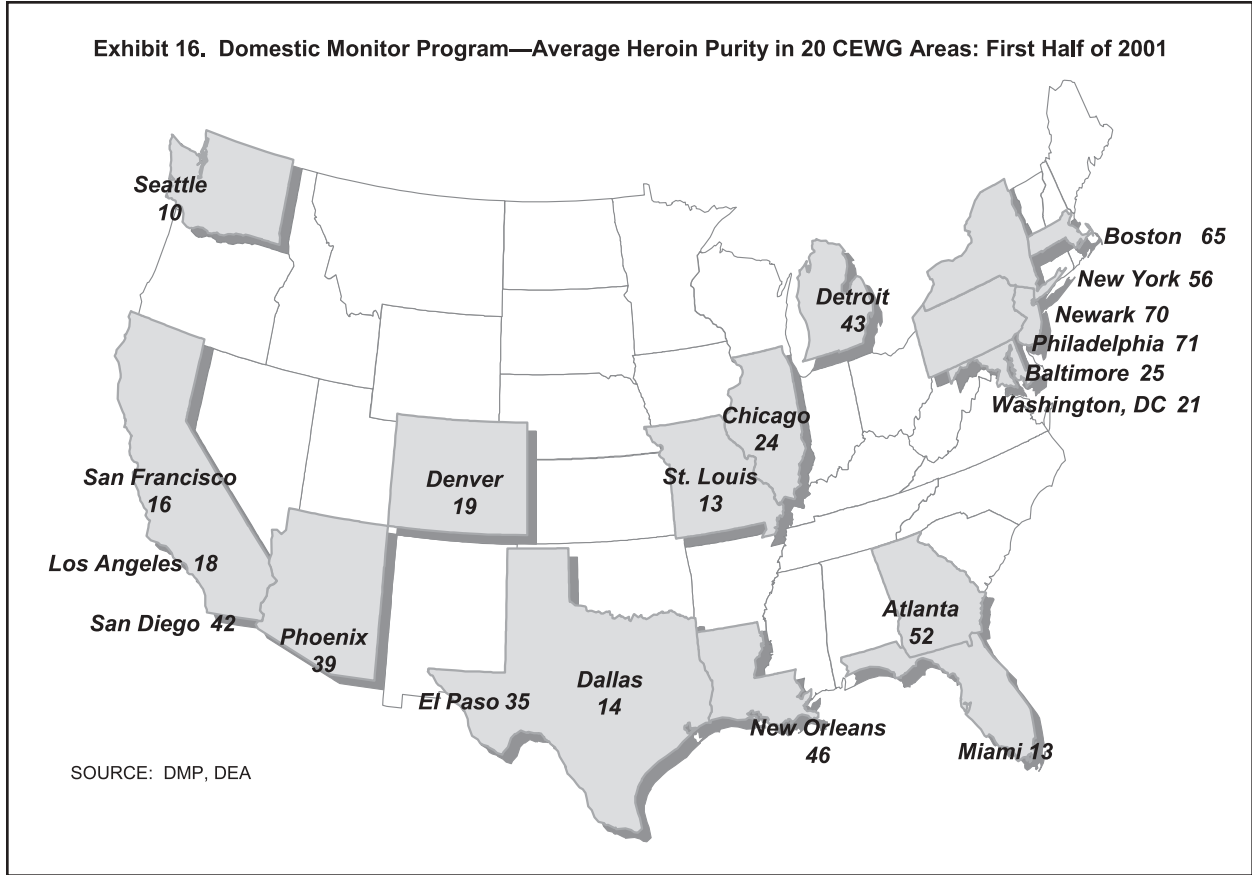
Heroin was readily available in almost all CEWG areas in 2001. Purity of the drug continued to increase in many areas. The price of heroin was generally stable but increased in San Francisco and Texas, where Mexican black tar was the primary type of available heroin.

Black tar heroin, and to a lesser extent brown powdered heroin, tends to predominate in areas west of the Mississippi River. White powdered heroin, most often from Colombia, is the other distinct type used in areas east of the Mississippi River.

Since the terrorist attacks on September 11, 2001, Colombian and Mexican traffickers have diversified their methods of transporting heroin into the United States. The U.S. Customs Service reported in December 2001 that Colombian drug traffickers were using alternative routes such as those in the Caribbean and on the Pacific Coast, to avoid tight security measures along the U.S.-Mexico border. Purity of heroin continued to be highest in CEWG areas where white heroin predominates.

Preliminary DMP data for the first half of 2001 in 20 CEWG areas show that the average purity of heroin was highest in Philadelphia and Newark (70 and 71 percent, respectively), followed by Boston, New York, and Atlanta (exhibit 16).

Exhibit 16. Domestic Monitor Program—Average Heroin Purity in 20 CEWG Areas: First Half of 2001



The price of heroin in 2001 was based on type of heroin, current availability, pricing practices, packaging, and geographic location (exhibit 17). The price per milligram pure ranged from \$0.30 in Newark to \$3.53 in St. Louis. In most CEWG areas, heroin was sold on the street in small bags, general-

ly for around \$10. Gram prices varied from \$75 in Colorado Springs to \$600 in New Orleans.

Although bags were the most common form of packaging, other types of packages were reported. In addition to small plastic bags

Exhibit 17. Heroin Prices and Purity in 17 CEWG Areas: 2001–2002

CEWG Area	Purity (%)	Price/Common Street-Level Unit	Milligram/Gram	Ounce	Kilogram
Baltimore	25	NR ¹	\$0.39 per milligram pure	NR	NR
Chicago	NR	\$5, \$10, \$20 bags (black tar, Mexican neighborhoods)	\$125–\$200 per gram (white and brown)	\$2,000	NR
Denver Metro	19 (avg. Mexican heroin)	NR	\$100–\$150 per gram \$1.31 per milligram pure	\$2,000–\$3,000	NR
CO Springs	40		\$75–\$300 per gram	\$1,800–\$3,500	
Detroit	43 (average)	Packets (“hits”) \$10; bundles of 10 hits \$75–\$100	\$0.95 per milligram pure	NR	NR
Honolulu	20–40 (black tar)	\$50 ¼ ounce	\$200 per gram	\$5,000	NR
Los Angeles	16–18 (black tar)	NR	\$90–\$100 per gram	NR	\$18,000–\$22,000 (wholesale); \$32,000–\$50,000 (retail)
Miami	17–23 per bag	\$10 bag (1/10 gram)	\$1.03 per milligram pure	NR	\$60,000–\$65,000
New Orleans	46.2	NR	\$1.26 per milligram; \$300–\$600 per gram	\$4,500–\$9,000	\$80,000–\$100,000
New York	NR	\$10 “package” (1/10 gram) \$100 per 10 bundles	NR	NR	NR
Newark	NR	NR	\$0.30 per milligram pure	NR	NR
Philadelphia	NR	\$10 bag (1 “hit”); \$5–\$20 bags available	NR	NR	NR
Phoenix	42	NR	\$0.37 per milligram pure	NR	\$42,000–\$48,000
St. Louis	10 (mostly black tar)	\$40 per “bindle” (1/10 gram) \$10 bag	\$3.53 per milligram pure \$250 per gram	NR	NR
San Diego	12–60 (gram) up to 70 (larger quantities)	\$5–\$16 (.02–.06 grams, black tar)	NR	NR	NR
San Francisco	15 (Mexican) 20–60 per kilogram	\$20 (1/2 gram)	\$2.11 per milligram pure	NR	\$18,000–\$80,000
Texas	NR	\$10 cap (Mexican) \$10–\$20 per capsule (black tar)	\$100–\$350 per gram (black tar)	\$800–\$4,800 (black tar); \$2,000 (Colombian)	\$35,000–\$60,000 (black tar); \$75,000–\$800,000 (Colombian)
Washington, DC	21	\$8, \$10, \$20 per bag	\$1.05 per milligram pure	NR	NR

¹ NR = Not reported.
SOURCE: CEWG June 2002 reports

(commonly used in Washington, DC), heroin was sold in other types of bags, including paper called “bindles.” Aluminum foil was another popular material commonly used to package heroin for street sales. In Texas, black tar heroin is sold in caps or capsules. Drug dealers in Detroit package heroin in tin foil, lottery paper, coin wrappers, and small plastic bags.

Excerpts from the CEWG reports provide additional insight into the patterns of heroin marketing and prices, as well as variations in purity of the drug across areas.

Baltimore

Heroin purity remained low (25 percent) in the first half of 2001. Ethnographic research suggests that there are two grades of heroin sold in Baltimore. ‘Raw dope,’ said to be of higher purity and preferred by inhalers, is sold in west Baltimore City. ‘Scramble’ (heroin of lower purity, containing a higher proportion of adulterants and diluents) is preferred by injectors and is sold in east Baltimore City.

Chicago

Sunday sales of two bags for the price of one were reported. Unlike much of the 1990s, differences between the cost of white and brown heroin were small. This apparent merging of prices may be related in part to increases in the purity of Mexican brown heroin so the product will remain competitive (Illinois Drug Threat Assessment) and to heroin users making less of a distinction between white and brown heroin. White heroin ranges in color from white to tan, and some users consider the latter to be brown heroin. Several reports suggested that when high quality brown heroin is available, sellers of white heroin sometimes cook the milk sugar ‘cut’ to make it brown before mixing it with heroin. The process results in heroin

with a brownish color and is said to make the product more desirable.

Denver

In the Denver metro area, the majority of heroin sales take place in the lower downtown area. Marketing is controlled by Mexican nationals. They also control the street-level heroin market in the form of small autonomous distribution cells.

Detroit

Heroin street prices have remained stable and relatively low in Detroit. Packaging is often tin foil, lottery papers, coin envelopes, or small plastic baggies. South America (Colombia) remains the dominant source, although in the past 2 years or so, heroin originating from both Southeast Asia and the Middle East has been identified. Heroin originating in Mexico is available in some parts of Michigan outside the Detroit metropolitan area.

Honolulu

Black tar heroin monopolized the heroin market of Hawaii and is readily available in all areas of the State. ‘China white’ is uncommon, but present. According to the Hawaii Police Department, heroin prices are now stable in Honolulu.

Los Angeles

The LA HIDTA reports that Mexican black tar heroin has a purity level of 16–18 percent, which is approximately 10 percent lower than the purity reported by the Los Angeles Police Department in the last CEWG reporting period. Law enforcement officials are uncertain of why the purity level diminished so much. One speculation is that the former (higher) purity was related to competition between the Colombian traffickers and other trafficking groups (the purity level of the drug was increased to get new users).

Miami

Colombian heroin is widely available in South Florida. Ethnographers report that it became more available and more pure between 2000 and 2001.

New York

In New York City, heroin is sold in plastic bags. Alternative packaging methods (pyramid paper and aluminum foil) have been largely phased out. Sellers are again offering package deals. For bundles of 10, the cost is \$100. An 11-bag bundle can be purchased for \$90.

Newark

The price per milligram pure of heroin has continued to fall in recent years.

Philadelphia

The spring 2002 focus group participants identified 74 percent of the heroin packaging brands identified by the autumn 2001 group.

Phoenix

Black tar heroin remains the most frequently encountered form of heroin used by the well-established 'traditional' community of heroin abusers in the Phoenix and Tucson metropolitan areas. Current street prices for heroin throughout Arizona are relatively unchanged with the exception of the price of a kilogram.

San Francisco

Heroin prices have increased again: half-grams of 'street' heroin are quoted at \$20, which is twice the price of last year's low point.

St. Louis

Most heroin is purchased in aluminum foil. In addition, it is sold in bundles (one-tenth gram packages in plastic wrap and aluminum foil known as 'bindles') for \$40. The

number-5 gel capsule is also available. Most available heroin is dark brown or black tar and of consistent quality and availability. Mexican heroin is generally the only type available. Most business is handled by cellular phone; this has decreased the seller's need to have a regular location, thus reducing the risk of being arrested. In St. Louis and other smaller urban areas, heroin is sold by small distribution networks, as well as by many small entrepreneurs. Wide sampling of the available drug quality can be difficult because identification is more difficult in this compact, free enterprise distribution pattern. Heroin has also become available in the smaller rural cities of Springfield and Joplin, each of which has a small injection drug user population using heroin and methamphetamine.

Seattle

Buying larger quantities has become less expensive over the past several years.

Texas

In the Dallas area, according to the DEA, black tar heroin is reported to be more expensive, and street-level 'deals' take longer to acquire. Heroin is reported as readily available in El Paso, and availability is stable in the Houston area. The predominant form of heroin in Texas is black tar. The cost of an ounce of black tar heroin has narrowed. Southwest and Southeast Asian heroin were not reported as available.

Washington, DC

Across the District, street-level heroin is packaged in small plastic bags, paper packets, or capsules (a recent trend), and sold for \$8, \$10, and \$20 per bag. The price depends on the drug's purity, the number of bags purchased, and the amount of heroin in each bag.

OTHER OPIATES/NARCOTICS

Overview

The most recent indicators for opiates/narcotics other than heroin point to a continued increase in the nonmedical use of drugs containing hydrocodone and oxycodone. The number of drug abuse-related death mentions in DAWN for narcotic analgesics peaked in 15 CEWG areas and exceeded those for cocaine and heroin in 8 areas.

DAWN ED Data on Narcotic Analgesics

DAWN ED data for the coterminous United States in 2000 show that narcotic analgesics and narcotic analgesics/combinations were the most frequently mentioned central nervous system agents in drug-related visits. These mentions represent nonmedical use of narcotic analgesics. Most often mentioned were narcotic analgesics containing hydrocodone (20,098 mentions), oxycodone (10,825), methadone (7,819), propoxyphene (5,485), codeine (5,295), and meperidine (1,085). A review of data for the first halves of 2000 and 2001 show a 44-percent increase in oxycodone/combinations mentions (from 5,437 to 7,831), and a 38-percent decrease in codeine/combinations mentions (from 2,578 to 1,593). Between 1994 and 2000, increases in narcotic analgesics ED mentions were significant for hydrocodone/com-

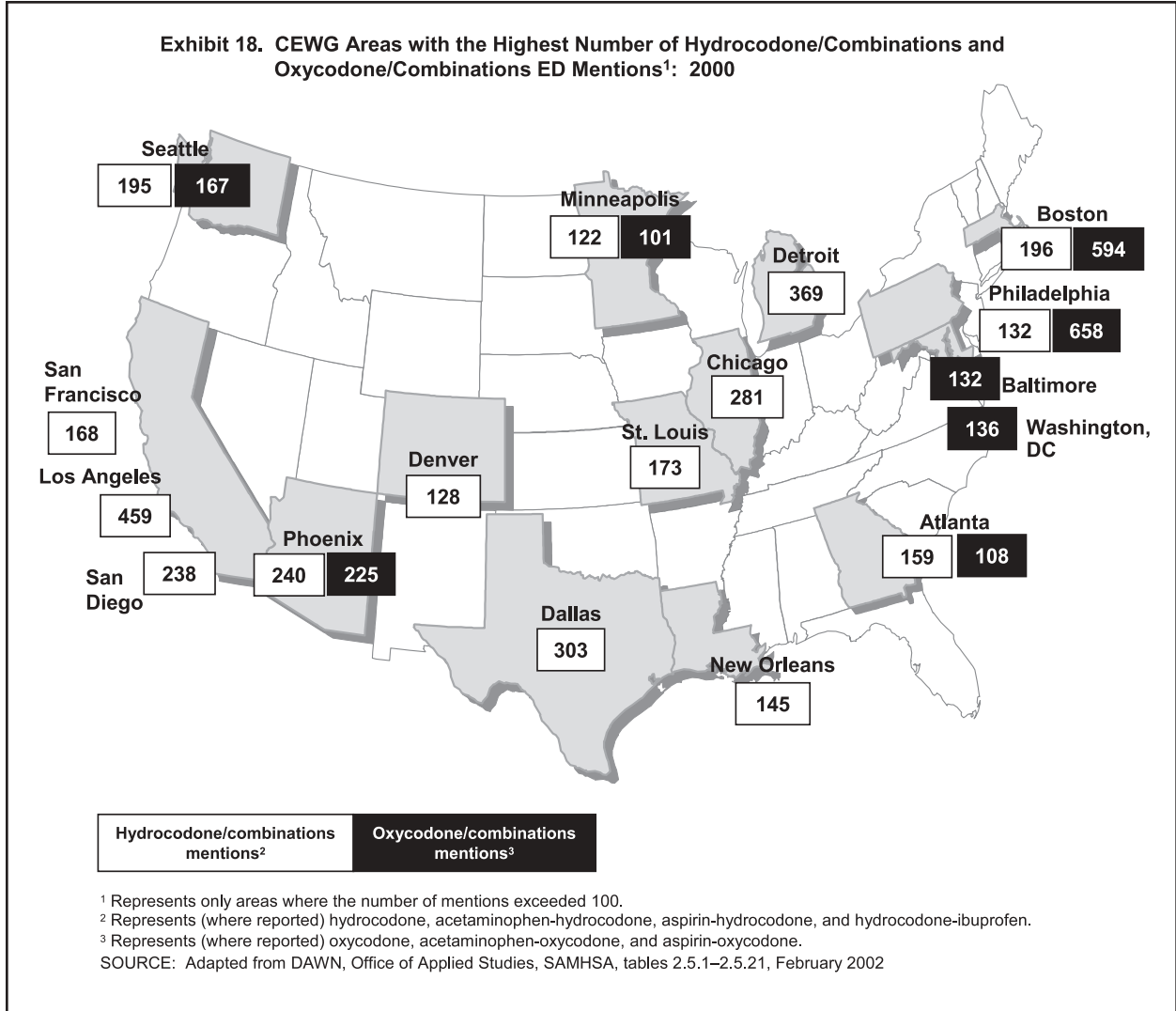
binations (116 percent), oxycodone/combinations (166 percent), and methadone (140 percent).

Across CEWG sites in 2000, the estimated number of ED mentions for specific narcotic analgesics/combinations varied considerably, as indicated in the February 2002 DAWN report. It should be noted, however, that large proportions of the mentions were “not otherwise specified.” Hydrocodone/combinations accounted for more mentions than any other narcotic analgesics/combinations across 12 CEWG areas. These were highest in Los Angeles (459 mentions), followed by Detroit (369), Dallas (303), Chicago (281), and Phoenix (240). CEWG areas with more than 100 hydrocodone/combinations mentions in 2000 are depicted in exhibit 18.

In four CEWG areas, oxycodone/combinations accounted for the largest number of narcotic analgesics/combinations mentions. These numbers were highest in Philadelphia (658), followed by Boston (594).

Other narcotic analgesics predominated in three CEWG areas. In Chicago, the number of ED mentions in 2000 was highest for acetaminophen-codeine (442 mentions) and methadone (307). Methadone also accounted for the highest number of narcotic analgesics mentions in New York (1,095) and Newark (152).

Exhibit 18. CEWG Areas with the Highest Number of Hydrocodone/Combinations and Oxycodone/Combinations ED Mentions¹: 2000



Mortality Data on Narcotic Analgesics

DAWN data on drug abuse-related deaths show increases in narcotic analgesics mentions in 19 CEWG areas from 1997 to 2000 (exhibit 19). In 2000, narcotic analgesics mentions peaked in 15 CEWG areas; however, relatively few of these mentions involved only a narcotic analgesic.

- Hydrocodone—Los Angeles (80 mentions), Detroit (48), Dallas (25), and San Diego (22)
- Oxycodone—Philadelphia (87 mentions) and Boston (21)
- Codeine—Philadelphia (216 mentions), Los Angeles (201), Phoenix (124), Detroit (103), San Francisco (92), and Chicago (88)

Exhibit 19. Number of Narcotic Analgesics Mentions in DAWN Drug Mortality Data by Year¹ and CEWG Area: 1997–2000²

CEWG Area	Year				Involved Only
	1997	1998	1999	2000	1 Drug 2000
Atlanta	27	54	57	90	2
Baltimore*	154	179	122	147	2
Boston	97	108	74	118	12
Chicago	136	155	175	171	12
Dallas	71	61	61	101	1
Denver*	38	40	71	64	25
Detroit	206	245	284	298	3
Los Angeles*	292	315	530	407	2
Miami	28	49	54	126	0
Minneapolis	34	29	37	47	15
New Orleans	63	78	130	135	5
New York	335	252	271	590	12
Newark	14	54	44	75	4
Philadelphia	410	310	376	503	2
Phoenix	110	200	291	318	2
St. Louis	58	55	76	80	4
San Antonio	48	38	90	95	3
San Diego*	191	145	137	179	3
San Francisco*	156	185	198	164	1
Seattle	40	66	43	75	16
Washington, DC	47	62	55	72	15

¹ Peak years are represented in boldface type.

² These are raw counts that have not been adjusted for population differences and distribution.

* An asterisk indicates 100 percent representation of jurisdictions in this DAWN system.

SOURCE: Adapted from DAWN, Office of Applied Studies, SAMHSA

Other data from the 2000 DAWN mortality system show specific narcotic analgesics that ranked among the 10 most commonly reported drugs in different CEWG areas:

- Methadone—New York (146 mentions), Phoenix (47), and Chicago (46)

Selected excerpts from CEWG papers illustrate the increasing concern about the non-medical use of narcotic analgesics, especially hydrocodone and oxycodone.

Atlanta

Treatment staff noted a continued rise in admissions for OxyContin abuse.

Boston

Of note is the significant rise in narcotic analgesics mentions in Boston ED data. Also, mentions of hydrocodone-acetaminophen rose from 94 in 1999 to 196 in 2000, while mentions of oxycodone and oxycodone-acetaminophen rose from 290 in 1999 to 590 in 2000.

Detroit

Oxycodone (OxyContin) is beginning to appear in some indicators [and] since about 2000, the drug has been increasingly reported by law enforcement agencies in arrests, primarily in the western and northern lower Michigan areas. Codeine abuse remains predominant and stable.

Los Angeles

According to local law enforcement officials, diverted pharmaceuticals, specifically OxyContin, hydrocodone, Xanax, and Valium, continue to pose a tremendous abatement challenge. There exist numerous Internet chat rooms devoted to abusers seeking to illegally obtain legitimate pharmaceuticals.

Miami

Oxycodone was the cause of more fatalities than heroin, cocaine, or any other substance reported by local medical examiners in 2001. Oxycodone and other narcotic analgesics continue to be substituted for heroin.

Minneapolis

Growing abuse of OxyContin by seasoned abusers escalated, particularly in rural Minnesota. Law enforcement agencies suggest that OxyContin abuse is at an epidemic level.

Philadelphia

Spring 2001 focus groups reported the spread of use for oxycodone products to all racial/ethnic groups, an even split between male and female users, the youngest age of new users as 15, and oxycodone use in combination with heroin and crack. Hydrocodone mentions reported by local medical examiners have increased as well.

Phoenix

ED mentions for narcotic analgesics continue to increase dramatically. In a survey of 24 Arizona methadone programs, approximately 2.5 percent of admissions were individuals addicted to OxyContin. Use of the Internet to purchase pharmaceutical controlled substances continues to be reported.

St. Louis

OxyContin abuse remains a concern for treatment and law enforcement personnel. Abuse of oxycodone (Percocet and Percodan) by prescription is growing in popularity.

Seattle

DAWN ED mentions show recent increases in oxycodone and hydrocodone.

Texas

Hydrocodone is a larger problem in Texas than oxycodone. The poison control centers reported there were 1,866 calls concerning misuse or abuse of hydrocodone in 2000 and 1,239 in 2001. In comparison, there were 62 calls about the misuse or abuse of OxyContin or oxycodone reported in 2000, and 105 calls reported in 2001.

Washington, DC

The illegal use of OxyContin has emerged as a substantial threat to residents of the region. Addicts use this and other pharmaceuticals to ease the symptoms of withdrawal and to heighten the effects of heroin.

Availability and Price of Other Opiates/Narcotics

Ten CEWG reports provided some detailed information on the availability and street prices of narcotic analgesics and opiates other than heroin. Most often mentioned were oxycodone (derived from modifying the phenanthrene alkaloids of opium) and the long-acting form of oxycodone, OxyContin, which is used by physicians to treat pain.

OxyContin was sold on the streets in Boston and Washington, DC, for \$1 per milligram in 2001–2002. Forty-milligram tablets were the most popular dosage unit of OxyContin sold in the Washington, DC area. In other cities, the price of OxyContin varied, based on the number of milligrams in the tablets sold. In Detroit, the cost of OxyContin tablets ranged from \$0.50 to \$1.50 per milligram. In the Phoenix area, 10-milligram OxyContin tablets sold for \$6–\$10 each, while a 40-milligram tablet ranged in price from \$20 to \$25 in Phoenix. An 80-milligram tablet sold for \$40 in St. Louis. In the Dallas/Fort Worth area, OxyContin tablets could be purchased for \$15–\$40. The abuse of other types of tablets containing oxycodone was reported in New Orleans and Phoenix. Tablets ranged in price from \$5 to \$15 in New Orleans and sold for \$5 in Phoenix.

Oxycodone tablets sold on the street were obtained by legal prescription, diversion, and robbery. In Minnesota, drug abusers sold tablets they obtained by prescription from

physicians at inflated prices to support their own habits. OxyContin was the drug most frequently stolen from pharmacies in St. Louis.

A variety of other semisynthetic narcotics were sold in CEWG areas. Hydrocodone was sold in Dallas/Fort Worth for \$4–\$10 per tablet, and in Phoenix (Vicodin) for \$5 per tablet. Hydromorphone (Dilaudid) tablets were sold in Atlanta for \$1 per milligram, in Chicago for \$25 per tablet, and in Dallas/Fort Worth for \$20–\$80 per tablet.

Methadone, the synthetic narcotic used primarily to treat heroin addicts, was also available as a street drug in many CEWG areas.

The following excerpts from CEWG reports provide additional details on the availability and price of narcotic analgesics and opiates other than heroin.

Atlanta

Ethnographic information supports the idea that people continue to seek out opiates, particularly those users who can afford the average of \$1 per milligram for pills. The most commonly mentioned opiate among users appears to be Dilaudid (hydromorphone), although it is unclear whether this is a matter of preference or is related to the ease of obtaining it as opposed to other pills.

Boston

Boston police, treatment providers, and outreach workers continued to report OxyContin as a major street drug of abuse, especially among young White residents. Users often crush and snort the drug. Street prices are reportedly in the range of \$1 per milligram. Some who develop an OxyContin habit reportedly shift to heroin, a much cheaper and more widely available opiate drug.

Chicago

Hydromorphone (Dilaudid), the pharmaceutical opiate once preferred by many Chicago IDUs, is available, though in limited quantities (typical sources are said to be cancer patients). The drug sells for approximately \$25 per tablet. Street sales of methadone are more common and typically are priced at \$1 per milligram. On the street, codeine pills are available for \$1–\$4, and some dealers on the South Side specialize in their sale. These pills are used primarily by heroin users to moderate withdrawal symptoms or to help kick a drug habit.

Detroit

OxyContin pills sell for between \$0.50 and \$1.50 per milligram. In early May 2002, a lab was seized by Michigan State Police that was potentially attempting to manufacture oxycodone. Over 500 pills were seized by Michigan State Police in the first 3 months of 2002.

Phoenix

The Phoenix Diversion Group reported an ongoing investigation of an OxyContin prescription drug ring in the Phoenix area. Sources stated that 10-milligram tablets sold for \$6–\$10 and a 40-milligram OxyContin tablet sold for \$20–\$25. Percocet sells for \$5 per tablet; Vicodin ES sells for \$5 per tablet; Valium sells for \$4 per 10-milligram tablet; and methadone sells for \$5 per 10-milligram tablet.

St. Louis

OxyContin is the most frequently stolen drug in pharmacy robberies and costs \$40 for an 80-milligram tablet on the street. Although there are a small number of treatment admissions in this category, they reflect oxycodone abuse in the area. The use of hydromorphone (Dilaudid) remains common among a small population of White chronic addicts. The drug costs \$45–\$75 per 4-milligram pill. Abuse of oxycodone (Percocet and Percodan) by prescription is growing in popularity.

Texas

In the Dallas-Fort Worth Field Division, Dilaudid sells for \$20–\$80 per tablet, depending on its strength. Soma sells for \$2–\$5 per tablet, and hydrocodone sells for \$4–\$10 per tablet. OxyContin sells for \$15–\$40 per tablet, and methadone sells for \$10 per tablet. In Houston, promethazine or phenergan with codeine sells for \$50 for four ounces, \$100–\$120 for eight ounces, and \$1,600 for a gallon. Hydrocodone sells for \$3–\$5 per pill.

Washington, DC

According to District narcotics officers, 40-milligram tablets of OxyContin sell for \$20, 20-milligram tablets are \$10, and 80- and 60-milligram tablets, although available, are much harder to obtain. These prices represent a 50-percent reduction in cost for OxyContin from the previous \$1 per milligram cost. The 40-milligram tablets are considered the most popular dosage unit sold in the region, and, at these prices, they are affordable.

MARIJUANA

Overview

After trending up in the 1990s, marijuana indicators continued to increase in 8 CEWG areas and leveled off in 12, with Atlanta reporting a “general decline.”

Boston

Marijuana remains widely available. According to focus groups with teens, blunts remain the most popular form of smoking cannabis. However, one contact reported that tobacco control efforts in Boston are reducing the availability of cigars for making blunts, prompting more use of rolling papers.

Chicago

Marijuana use, alone and in combination with other drugs, appears to be increasing throughout the Chicago metropolitan area.

Honolulu

Statewide, marijuana treatment admissions are the second highest in the 10 years of data recorded by the Hawaiian CEWG. Deaths involving marijuana also increased.

Minneapolis

Marijuana use among Minnesota youth has increased since 1992. Marijuana was the primary drug of abuse for one out of five people who entered addiction treatment programs in 2001, and, of those, one-half were younger than 18.

New York

Marijuana indicators continue to reach new peaks.

Philadelphia

The rate of marijuana ED mentions in Philadelphia in the first half of 2001 was the

highest among CEWG cities. Focus groups reported the increased availability and use of commercial blunt wrappers made of cigar tobacco leaves as an alternative to buying cigars.

St. Louis

Marijuana indicators have been trending up for some time. Primary treatment admissions more than doubled between 1997 and 2000.

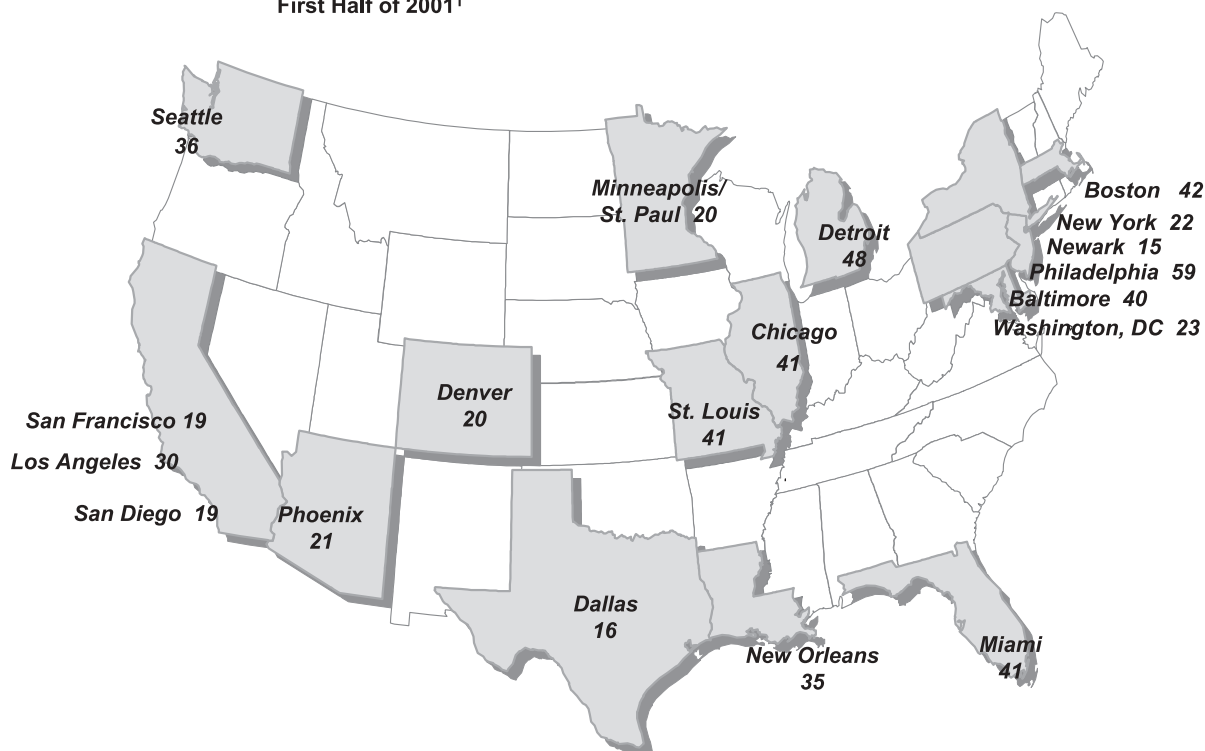
DAWN ED Data on Marijuana

Rates of marijuana/hashish ED mentions per 100,000 population are depicted in exhibit 20. As shown, the rates were highest in Philadelphia (59 mentions per 100,000 population), followed by Detroit (48), Boston (42), and Chicago, Miami, and St. Louis (all reporting 41 mentions).

DAWN comparisons of ED data for the first halves of 2000 and 2001 show that rates of marijuana ED mentions per 100,000 population increased significantly in Baltimore, Minneapolis/St. Paul, Philadelphia, Phoenix, and Seattle, while decreasing significantly in Dallas.

From 1994 to 2000, several CEWG areas experienced significant increases in the rates of ED marijuana mentions per 100,000 population (exhibit 21). Between 1994 and 2000, as well as from 1998 to 2000 and from 1999 to 2000, increases in marijuana ED rates were significant in Denver, Miami, Minneapolis/St. Paul, and Seattle. From 1998 to 2000, significant increases also occurred in Los Angeles, Phoenix, St. Louis, and San Francisco, with San Diego showing a significant decline. From 1999 to 2000, significant increases in rates of marijuana ED mentions also occurred in Boston, Chicago, and San Francisco.

Exhibit 20. Rates of Marijuana ED Mentions Per 100,000 Population by CEWG Area: First Half of 2001¹



¹ Estimates for 2001 are preliminary; data were not sufficiently complete to produce 1H-2001 estimates for Atlanta.
SOURCE: Adapted from DAWN, Office of Applied Studies, SAMHSA

Exhibit 21. Trends in Rates of Marijuana ED Mentions Per 100,000 Population in CEWG Areas by Year¹: 1994–2000

CEWG Area	1994	1995	1996	1997	1998	1999	2000	Percent Change ²		
								1994, 2000	1998, 2000	1999, 2000
Atlanta	59	63	57	58	96	91	86			
Baltimore	35	42	53	61	64	72	68	110.4		
Boston	52	67	59	48	79	53	78			50.3
Chicago	39	51	61	76	85	77	89	142.5		18.5
Dallas	20	23	23	38	62	48	49	160.6		
Denver	26	33	19	32	37	43	51	106.8	41.3	20.7
Detroit	72	94	101	89	101	95	99			
Los Angeles	20	21	26	25	40	64	67	253.0	70.8	
Miami	39	53	55	55	59	67	91	148.0	58.8	37.8
Minneapolis	18	20	23	26	21	26	33	95.4	63.9	28.5
New Orleans	77	88	106	113	99	86	87	20.8		
New York	32	37	44	46	44	41	41			
Newark	37	43	36	28	30	29	29			
Philadelphia	46	67	74	97	112	114	101	136.2		
Phoenix	23	24	31	37	36	50	51	137.9	47.6	
St. Louis	39	37	40	47	56	68	72	96.5	31.8	
San Diego	22	21	27	41	47	38	39	86.5	-15.3	
San Francisco	33	33	27	25	25	29	38		60.4	33.7
Seattle	49	53	48	87	49	42	72	55.4	51.1	75.0
Washington, DC	74	55	58	63	62	65	64			

¹ Peak years are shown in boldface type.

² These columns denote statistically significant (p<0.05) increases and decreases between estimates for the time periods noted.
SOURCE: Adapted from DAWN, Office of Applied Studies, SAMHSA

Marijuana Treatment Data

Marijuana continues to be the primary illicit drug problem for many people entering addiction treatment programs. Excluding alcohol, the proportions of primary marijuana treatment admissions in 2001 were highest in Minneapolis (49.2 percent) and

Colorado (40.6 percent), followed by New Orleans (37.5 percent), Seattle (34.4 percent), and St. Louis (33.5 percent) (exhibit 22). Primary marijuana admissions accounted for between 19 and 29 percent of illicit drug admissions in eight other CEWG areas (Atlanta, Baltimore, Hawaii, Illinois, New York, Philadelphia, San Diego, and Texas).

Exhibit 22. Primary Marijuana Treatment Admissions (Excluding Alcohol) by CEWG Area, Year, and Percent: 2000–2001¹

CEWG Area	Percent of Illicit Drug Admissions		Percentage-Point Change
	2000	2001	
Atlanta ²	16.0	20.2	4.2
Baltimore ²	19.0	20.4	1.4
Boston	8.2	7.7	-0.5
Detroit	9.2	10.4	1.2
Los Angeles	8.8	11.3	2.5
Minneapolis	49.4	49.2	-0.2
New Orleans	36.9	37.5	-0.6
New York	24.1	25.2	1.1
Newark	6.0	6.1	0.1
Philadelphia	21.7	19.7	-2.0
St. Louis	32.3	33.5	1.2
San Diego	20.5	25.9	5.4
San Francisco	5.9	6.5	0.6
Seattle	31.0	34.4	3.4
Washington, DC	10.2	10.2	0.0
Colorado	40.9	40.6	-0.3
Hawaii	27.8	28.6	0.8
Illinois ²	25.8	25.9	0.1
Texas (excluding Dallas)	25.5	26.1	0.6

¹ Represents either fiscal or calendar year.

² Includes only half-year data for 2002; change is indicated in italic typeface.

SOURCE: CEWG June 2002 reports/treatment forms and, for San Francisco, the California Drug Data System

Primary marijuana admissions as a proportion of all illicit drug admissions remained relatively stable from 2000 to 2001. Percentage-point increases were greatest in San Diego (5.4), Atlanta (4.2), and Seattle (3.4).

Marijuana Use Among Arrestees

Available ADAM data for 2001 show that Minneapolis had the highest percentage of adult male arrestees testing positive for marijuana (54.0 percent), followed by Chicago (52.0 percent), New Orleans (46.2 percent), Detroit (45.7 percent), and Philadelphia (42.9 percent) (exhibit 23). Assuming that the male data for the full year of 2001 will not differ substantially from that for partial quarters in 12 sites, only Phoenix will show a notable increase from 2000.

In the smaller samples of ADAM female arrestees in 2001, the highest proportions of women testing marijuana-positive were in Chicago (33.3 percent), New York (32.0 percent), and Denver (31.3 percent). The percentages for most sites do not differ substantially from those for the year 2000; the exceptions are Honolulu and Laredo, where the percentages are notably lower for the first half of 2001, and Chicago, where the percentage is higher.

In Washington, DC, 51 percent of juvenile arrestees tested positive for marijuana in the first quarter of 2001, down from 61 percent in the first quarter of 2000, according to the District of Columbia Pretrial Services Agency.

Exhibit 23. Percentages of Adult Arrestees Testing Marijuana-Positive by Gender and Site: 2000–2001

CEWG Area	Males ¹		Females ¹	
	2000	2001 ²	2000	2001 ³
Chicago	45.0 ⁴	52.0	25.4	33.3
Dallas	35.8	32.9	20.9	—
Denver	40.9	37.9	33.8	31.3
Detroit	49.8	45.7	24.2	—
Honolulu	30.4	29.8	19.4	9.5
Laredo	28.6	27.2	17.2	11.1
Minneapolis	54.2	54.0	44.4	—
New Orleans	46.6	46.2	28.0	28.5
New York	40.6	39.0	28.2	32.0
Philadelphia	49.4	42.9	22.2	24.0
Phoenix	33.7	39.4	23.3	24.4
San Diego	38.7	36.0	27.2	28.0
Seattle	37.7	34.4	31.5	—

¹ Male and female data are not comparable.

² For most sites, the 2001 ADAM data on males are for quarters 1–3; the exceptions are Chicago (Q4), Detroit (Q3), New York (Q1–2), Philadelphia (Q2–3), and San Diego (Q1–4).

³ Female data in 2001 for San Diego are for all four quarters, while that for other sites represents only the first two quarters.

⁴ Chicago 2000 data are for the last three quarters.

SOURCE: ADAM, NIJ

Availability, Price, and Purity of Marijuana

Marijuana is widely available in all CEWG areas in a variety of forms, and at varying prices and purity levels. Most often mentioned in CEWG reports are “commercial grade” marijuana; “BC Bud,” a seedless hybrid form of marijuana from British Columbia; sinsemilla, a high-grade marijuana with a high tetrahydrocannabinol (THC) content; and “hydro,” a high-quality marijuana grown indoors hydroponically (without soil). While advancements in cultivation, including hybridizing, have made it possible to produce marijuana with higher concentrations of THC, the quality of marijuana varies not only by type and quantity (number of grams) but also by the types of adulterants added. The forms of use most often mentioned in CEWG reports are hand-rolled joints, blunts, and marijuana smoked in pipes or bongs. Among the most popular forms in CEWG areas are blunts—marijuana placed in cigar wrappers. These may contain six times more marijuana than a joint. Both joints and blunts may be laced with other substances, including embalming fluid, phencyclidine (PCP), and crack cocaine. Domestic outdoor and indoor growers continue to have their share of local markets, and marijuana continues to be smuggled into the United States from British Columbia and countries such as Colombia, Jamaica, and Mexico. Marijuana smuggled from Colombia and Mexico is generally compressed in the form of bricks, making it easier to conceal.

Regardless of the quality and wholesale cost of marijuana, it is usually possible to buy \$5

and \$10 bags on the street in CEWG areas. Five-dollar bags were reportedly available in Chicago, Newark, New York, Phoenix, and Washington, DC. Joints could be purchased even cheaper—\$3–\$5 in Minneapolis and \$2–\$5 in Newark.

The cost for a pound of marijuana in CEWG areas varied from \$155 to \$9,000, depending on its quality, where it was purchased, and whether the price was wholesale or retail. For example, at the wholesale level, larger quantities of marijuana could be purchased for \$300 to \$400 per pound in Los Angeles in 2001 (exhibit 24). At the retail level, the same type of marijuana sold for about \$2,500 per pound. Domestically grown middle-grade marijuana sold for \$1,000–\$1,200 per pound at the wholesale level in Los Angeles. Sinsemilla and BC Bud cost considerably more—\$2,500 to \$6,000 per pound in Los Angeles. The price of BC Bud was between \$3,000 and \$5,000 in San Diego in 2002.

In Texas, the cost of marijuana can vary considerably by city. In McAllen, near the Mexican border, commercial marijuana can be purchased for \$155–\$400 per pound. In El Paso, another border city, commercial marijuana costs \$250–\$500 per pound. The prices of marijuana in Dallas (\$400–\$800 per pound) and Houston (\$300–\$600 per pound) were slightly higher.

The cost of a pound of commercial marijuana is somewhat higher in Boston (\$800–\$1,500), New York City (\$1,000–\$5,000), San Diego (\$1,000–\$4,000), and Washington, DC (\$700–\$1,400) than in other CEWG areas.

Exhibit 24. Marijuana Prices by Type and Amount (Pounds and Ounces) in CEWG Areas: 2001–2002

CEWG Area/Type	Pound	Ounce
Boston		
Commercial	\$800–\$1,500	\$200–\$250
Sinsemilla	\$1,000–\$6,000	\$100–\$600
Chicago	\$900–\$4,000	\$80–\$200
Denver		
Commercial	\$500–\$1,000	
BC Bud	\$3,000–\$5,000	\$600
Domestic grown	\$1,000–\$3,000	\$200–\$300
Hawaii		\$250–\$500
Higher quality	\$6,000–\$9,000	\$400–\$800
Los Angeles		
Wholesale (low-grade)	\$300–\$400	\$60–\$80
Retail	\$2,500	
Domestic (middle-grade)	\$1,000–\$1,200	\$200–\$250
Sinsemilla	\$2,500–\$6,000	\$400–\$600
BC Bud	\$6,000	
Miami		
Sinsemilla	NR ¹	\$100–\$120 (¼ ounce)
Minneapolis		
Commercial	\$600–\$900	\$80
Hydro		\$400
New Orleans	\$500–\$1,000	\$100
New York		
Commercial	\$1,000–\$5,000	\$200–\$2,000
Phoenix	NR	\$75–\$100
San Diego		
Commercial	\$1,000–\$4,000 (13% THC)	\$60–\$100
BC Bud	\$3,000–\$5,000 (30% THC)	
San Francisco	\$2,500	NR
Texas		
Laredo	\$200–\$250	
McAllen	\$155–\$400	
El Paso	\$250–\$500	
Houston	\$300–\$600	
Dallas	\$400–\$800	
Dallas/El Paso (DEA)		NR
Indoor-grown sinsemilla	\$750–\$1,200	
Washington, DC		
Commercial	\$700–\$1,400	\$100
Bud/Hydro	\$1,200–\$6,000	\$480

¹ NR = Not reported.
SOURCE: CEWG June 2002 reports

Boston

According to the DEA, marijuana continues to be readily available. Some local grows continue, but most marijuana seems to be shipped overland or via delivery services from Mexico and the U.S. Southwest, as well as from Jamaica and Colombia. Good profit margins and relatively weak penalties are incentives to traffic in marijuana, according to police contacts. According to focus groups with teens, blunts remain the most popular means of smoking cannabis, followed by bong, pipes, and hand-rolled joints. However, one contact reported that tobacco control efforts in Boston are reducing the availability of cigars for making blunts, prompting more use of rolling papers.

Chicago

In general, currently available marijuana is of high quality. The abundance and popularity of marijuana across the city has led to an increased array of varieties and prices.

Denver

DEA indicates that high THC seedless marijuana from British Columbia, known as ‘BC Bud’ or ‘Triple A,’ continues to be available in Colorado at prices of \$600 per ounce and \$3,000–\$5,000 per pound. Further, according to the DEA, locally grown marijuana is almost always grown indoors by independent operators with grow equipment that varies from basic to elaborate operations, with sophisticated lighting and irrigation systems.

Honolulu

Updated marijuana prices show modest increases.

Los Angeles

Mexican low-grade marijuana is prevalent throughout the LA HIDTA. It has been noted that prefabricated ‘blunts’ are currently

being sold in local gas station markets and other types of convenience stores. Domestic middle-grade outdoor and indoor growers continue to increase their share of the local marijuana market. There are indications that BC Bud, a hybrid type of cannabis grown in Canadian British Columbia, continues to be smuggled into Southern California.

Miami

Marijuana is still reported to be widely available throughout Florida, with commercial sinsemilla and hydroponic grades available.

Minneapolis

Marijuana costs \$3 to \$4 per individual cigarette or ‘joint,’ and more for ‘dipped’ ones.

New Orleans

Mexican-produced, commercial-grade marijuana is the most widely available type in Louisiana.

New York

There are two basic types of marijuana packages—marijuana-laced cigars/cigarettes in plastic bags and in manila envelopes. Plastic bags are the favored packaging method since the buyer can examine the product. The two most sought after varieties are ‘hydro,’ which is grown hydroponically, and ‘skunk,’ which is grown organically.

Philadelphia

The combination of marijuana and PCP, frequently mixed in blunts, is commonly called a ‘love boat’ or ‘wet’ (which is also a term for PCP). Users who were new to treatment in the spring of 2002 estimated that 30 percent of blunts are laced with PCP and 20 percent with crack (called ‘Turbo’). In autumn 2001 focus group session participants, for the first time, mentioned the

availability and use of commercially marketed cigar tobacco leaves, known as 'blunt wraps,' for wrapping marijuana (and other additives) into a blunt. This product is attractive to users because it is available in several different flavors; is less costly than cigars; and eliminates the effort of cutting off the ends of a cigar, splitting it open lengthwise with a sharp object or fingernails, and emptying the contents. Participants in the spring 2002 focus groups indicated that blunt wraps were far more available than they were in the previous autumn. Businesses that are open into the late evening have become increasingly popular as outlets for blunt wraps. The spring 2002 focus groups estimated that 40 percent of marijuana users smoke blunts made from cigars, 39 percent use blunt wraps, and 21 percent use cigarette rolling papers and smoke joints.

Phoenix

Because of the steady availability, the price fluctuation of wholesale and retail quantities of marijuana is minimal.

Washington, DC

According to ethnographic data, HIDTA, District of Columbia police officials, and DEA sources, marijuana continues to be abundant and easily obtained throughout the Washington, DC, metropolitan region. There are reports that hydroponic marijuana is now prevalent in the District and is 'extremely potent.' According to District narcotics officers, 'blunts (marijuana rolled in cigar paper) are not as common' in the District as they once were. Flavored cigar papers are now the favorite for younger marijuana smokers in their early teens through mid-twenties. Marijuana prices in the District are generally thought to be the highest in the metropolitan region. This may be the result of the fact that roughly 12 or more different branches of Federal and local law enforcement agencies patrol the District independently and in tandem of one another. The majority of marijuana found in the District results from commercial and Postal Service trafficking, commonly referred to as 'drip trafficking,' which involves mass mailing of small amounts of marijuana in numerous packages. Drip trafficking offers the distinct benefit of avoiding stiff legal penalties and significantly reducing financial liability. DEA data show that Jamaican drug trafficking groups represent one of the largest subgroups involved in the importation and distribution of marijuana to the area. The two most common types of indoor-grown marijuana found are hydro, which refers to plants grown in water (hydroponically), and kind bud (or bud, KB), which is grown with enhanced soil and lighting.

METHAMPHETAMINE

Overview

As in previous time periods, methamphetamine indicators continue to be relatively high in western regions of the country. Although still relatively low, methamphetamine indicators increased in Detroit, Miami, Minneapolis, St. Louis, and Washington, DC.

DAWN ED Data on Methamphetamine

Preliminary rates of DAWN ED methamphetamine/speed mentions per 100,000 population for the first half of 2001 are shown in exhibit 25 for all CEWG areas. The rates of methamphetamine ED mentions were highest in San Francisco (14 per 100,000 population), San Diego (13), Los Angeles and Phoenix (8 each), and Seattle (7). A significant increase from the first half of 2000 to the first half of 2001 occurred in Miami, while significant decreases occurred in Dallas, Denver, San Diego, and Seattle.

In 2000, only 10 CEWG areas had rates of methamphetamine ED mentions that exceeded 3 per 100,000 population. Exhibit 26 shows trends in methamphetamine ED rates from 1994 to 2000 in the 10 CEWG areas where the rate was 4 or higher in 2000. From 1994 to 2000, rates of methamphetamine ED mentions decreased significantly in San Francisco, but they increased signifi-

cantly in Minneapolis/St. Paul, St. Louis, and Seattle. From 1998 to 2000, and from 1999 to 2000, rates of methamphetamine ED mentions increased significantly in Los Angeles, Phoenix, and Seattle. From 1999 to 2000, methamphetamine ED rates also increased significantly in Atlanta and Dallas (after decreasing significantly from 1998 to 2000) and also in San Diego. Despite declines, rates of methamphetamine ED mentions remain highest in Phoenix, San Diego, and San Francisco, with Seattle running a close fourth after peaking in 2000.

Mortality Data on Methamphetamine

Methamphetamine-related mortality mentions appear to be low relative to cocaine, heroin, and marijuana in most CEWG areas. However, medical examiners in Hawaii (Oahu) and Phoenix, as well as those participating in DAWN in Los Angeles and San Diego, report increases since 1998. In Oahu, methamphetamine-related deaths rose from 35 in 2000 to 54 in 2001. In Phoenix, methamphetamine-related deaths rose progressively from 51 in 1998, to 105 in 2000, to 118 in the first 9 months of 2001. In Los Angeles, methamphetamine-related DAWN death mentions increased from 111 in 1998 to 155 in 2000, while in San Diego mentions rose from 84 to 112 over the same time period. DAWN figures for San Francisco show that methamphetamine-related death mentions rose from 45 in 1998 to 58 in 1999, only to level off to 45 in 2000.

Exhibit 25. Rates of Methamphetamine ED Mentions Per 100,000 Population by CEWG Area: First Half of 2001¹



¹ Estimates for 2001 are preliminary; estimates for 1H-2001 were not available for Atlanta.
² Dots (...) indicate that an estimate with a relative standard error greater than 50 percent has been suppressed.
 SOURCE: Adapted from DAWN, Office of Applied Studies, SAMHSA

Exhibit 26. Trends in Rates of Methamphetamine ED Mentions Per 100,000 Population in 10 CEWG Areas by Year¹: 1998–2000

CEWG Area	1994	1995	1996	1997	1998	1999	2000	Percent Change ²		
								1994, 2000	1998, 2000	1999, 2000
Atlanta	4	6	5	8	6	3	4		-32.7	31.3
Dallas	6	9	5	7	8	4	5		-27.4	35.0
Denver	9	11	7	19	8	6	7			
Los Angeles	17	16	15	15	9	11	16		74.9	51.1
Minneapolis	3	4	5	9	5	5	6	168.4		
Phoenix	41	39	36	40	22	17	29		34.5	76.0
St. Louis	2	3	2	3	3	4	7	217.6	145.5	
San Diego	40	30	28	41	30	24	31			27.9
San Francisco	85	72	60	64	39	34	36	-54.6		
Seattle	17	14	10	25	14	18	27	74.8	103.0	53.0

¹ Peak years are shown in boldface type.
² These columns denote statistically significant (p<0.05) increases and decreases between estimates for the time periods noted.
 SOURCE: Adapted from DAWN, Office of Applied Studies, SAMHSA

Methamphetamine Treatment Data

Excluding primary alcohol, the proportions of primary methamphetamine treatment admissions in 2001 were highest in Hawaii (49.0 percent), where crystal methamphetamine (“ice”) predominates, followed by San Diego (47.3 percent). Excluding alcohol, methamphetamine admissions increased in Los Angeles (from 10.6 to 16.7 percent). Further east, methamphetamine accounted

Methamphetamine Use Among Arrestees

The preliminary 2001 ADAM data on adult male arrestees show that 38.1 percent tested positive for methamphetamine in Honolulu, as did 32.1 percent in San Diego and 25.0 percent in Phoenix (exhibit 27). Figures for CEWG areas not included in exhibit 27 ranged from zero to less than 6 percent.

Exhibit 27. Percentages of Adult Arrestees Testing Methamphetamine-Positive by Gender and Selected CEWG Areas: 2000–2001

CEWG Area	Males ¹		Females ¹	
	2000	1st–3rd Q-2001	2000	2001 ³
Denver	2.6	3.2	5.3	—
Honolulu	35.9	38.1	47.2	45.2
Phoenix	19.1	25.0	24.1	29.0
San Diego	26.3	32.1 ²	28.7	37.1
Seattle	9.2	11.0	21.7	—

¹ Male and female data are not comparable.

² Male data for San Diego are for all four quarters of 2001, while that for other sites are for only the first three quarters.

³ Female data in 2001 for San Diego are for all four quarters, while that for other sites represents only the first two quarters.

SOURCE: ADAM, NIJ

for 15.6 percent of Colorado’s treatment admissions for primary abuse of an illicit drug, and for 10.6 percent in Minneapolis. Injection of methamphetamine characterized 49 percent of the methamphetamine admissions in Hawaii and nearly one-third of those in Colorado. Smoking was the preferred route of administering methamphetamine in San Diego (62 percent), Colorado (43 percent), and Los Angeles (60 percent). Sniffing tended to be the preferred route of administration among methamphetamine admissions in Minneapolis (42 percent), followed by smoking (31 percent).

ADAM data on females show high proportions testing methamphetamine-positive in Honolulu, Phoenix, and San Diego in 2000 and 2001.

Manufacture, Trafficking, Price, and Purity of Methamphetamine

Like other illicit drugs, the quality and price of methamphetamine varies by source, levels of distribution, and geographic location. Large-scale labs in Mexico and California are capable of producing large quantities of methamphetamine. To avoid problems associated with transporting the drug, Mexican and California-based trafficking organizations have established or helped to establish smaller laboratories in remote (mostly rural) areas in the United States.

During the past 6 years, there has been a proliferation of independent small-scale labs in the United States that are not connected to the large Mexican-California trafficking organizations. For example, most of the 589 labs seized by the Narcotics Vice Unit in Missouri in 2000 were small labs with no connections to the Mexican-California trafficking organizations. Unlike most other illicit drugs, methamphetamine is relatively easy to produce locally. From recipes on the Internet, untrained individuals in small clandestine labs can convert ephedrine or pseudoephedrine to high-quality methamphetamine.

Excerpts from CEWG reports provide insight into the manufacturing, trafficking, and seizures of methamphetamine.

Boston

Most methamphetamine in New England is found in Maine and New Hampshire, according to DEA reports.

Chicago

The most recent data from the Illinois State Police indicate that in December 2001, more methamphetamine was seized than cocaine or heroin in nearly 50 percent of Illinois counties.

Detroit

Michigan State Police reported seizing 40 methamphetamine labs in 2000 (all outside Detroit), compared with 14 labs in 1999. During 2001, a total of 120 labs were seized by the State Police, DEA, and local police departments combined. Through early June 2002, State Police seized 105 labs; at this rate, the year-end total will double that of 2001. Also, Michigan's border with Canada has been the focus of efforts to stop the flow of large amounts of pseudoephedrine and ephedrine entering the country. The U.S.

Customs Service in Detroit reported seizures of more than 10,000 kilograms of pseudoephedrine in the 6 months after September 2001, compared with 50 kilograms in the 6 months prior. Such imports have been destined for the western part of the United States.

Los Angeles

'Ice,' a potent form of methamphetamine, is frequently encountered in the Los Angeles area. Anecdotal evidence suggests, however, that ice is being smuggled to Hawaii from California by Asian organized criminal groups. The price for a double case of pseudoephedrine increased in the aftermath of the September 11th terrorist attacks. Most of the pseudoephedrine is imported or smuggled into the United States from Canada and transshipped to the West Coast. Anecdotal evidence also suggests that 1,000-count bottles are being smuggled into the United States from Canada by Middle Eastern groups who, in turn, are brokering bulk quantities to Mexican national methamphetamine traffickers.

Minneapolis

In 2001, 236 methamphetamine labs were dismantled with the assistance of the DEA in Minnesota, compared with 138 in 2000, 109 in 1999, and 46 in 1998.

Phoenix

The DEA reported on alleged 'bubblegum' methamphetamine that appeared similar to a cube of pink bubblegum. The substance was described as having a tacky or 'goopy' consistency, which could have been because it was not yet dried. The Tucson Police Department made a buy of an eightball of this substance for \$260. The normal street price for an eightball is \$140–\$160. Some have questioned whether the bubblegum appearance is a deliberate marketing effort

to appeal to a younger group of users. It was reported that knowledgeable methamphetamine users tend to avoid methamphetamine with a pinkish cast, assuming that it contains excess red phosphorus.

St. Louis

Locally produced methamphetamine purity fluctuated between 70 and 80 percent, while methamphetamine from Mexico was only 20–30 percent pure. In the new methamphetamine scene, Hispanic traffickers, rather than the old network of motorcycle gangs, are the predominant distributors; however, individual entrepreneurs are also involved. Shipments from superlabs in the Southwest are trucked in via the interstate highway system.

San Diego

Methamphetamine prices increased at the 'eightball' level, one-fourth ounce level, and pound level in 2002. Gram purity levels averaged 30–40 percent. At the pound level, high-grade methamphetamine purity levels averaged 80–90 percent, while low-grade methamphetamine purity ranged from 18 to 20 percent.

Seattle

Documented methamphetamine seizures throughout Washington State numbered 939 in 2001 (ranking the State third in the Nation). This surpassed the total of 831 seizures in 2000, which in turn reflected a 60-percent increase from 1999. Overall, from 1996 to 2001, the number of labs seized increased threefold across the State, with a fivefold increase in King County.

Texas

According to the DEA, methamphetamine availability is high, with the number of local labs growing. In the Houston Division, domestically produced methamphetamine is manufactured by motorcycle gangs and independent producers, but the primary type of methamphetamine in the division is from Mexico. Crystallized methamphetamine (ice) is being sold in local clubs in Houston. In north Texas, precursor chemicals are reported as difficult to obtain locally, so they are purchased in Oklahoma.

Washington, DC

The DEA reports that Washington, DC, is a transshipment center for trafficking methamphetamine by Mexican drug trafficking organizations. It arrives by automobile; by couriers who body-carry the drug on planes, trains, and buses; and through express mail services. During the first quarter of 2001, police seized 70 grams in a package mailed from California, and couriers have been identified by the DEA as carrying several pounds on commercial airlines from California to the DC metropolitan area. There are a number of gradations in the quality of methamphetamine, largely related to the substances and techniques used in the manufacturing process. The DEA reports that most methamphetamine available in DC is of 70 percent purity and is produced through the hydriotic acid/red phosphorus method that produces high-quality methamphetamine. This type of methamphetamine is sent from the Southwest and California through Mexican drug trafficking organizations. Methamphetamine of lower quality produced by the p2p (phenyl-2-propanone) method can be found, though in lesser quantities, and it is associated with its distribution by motorcycle gangs.

In CEWG areas in 2001, methamphetamine was being sold at the street level by the gram and by the ounce. The prices per gram ranged from \$45 in northern Arizona to \$900 in Hawaii. In most CEWG areas where prices of methamphetamine were reported, a gram could be purchased for \$100. In San Diego, where methamphetamine is reported to be “plentiful,” prices for one-eighth of an ounce increased in 2002 to \$110–\$130. Variations in the cost of an ounce of methamphetamine within and across CEWG areas are shown in exhibit 28. Prices per ounce ranged from a low of \$400 in Dallas to a high of \$3,000 in Hawaii for white and brown ice known as “wash.”

Because the price for an ounce of methamphetamine is relatively high for street sales, the drug is often converted to smaller sizes, such as one-eighth or one-sixteenth of an ounce (a “teener”). Prices for one-eighth of an ounce, called an “eightball,” ranged from \$100–\$120 in Los Angeles to \$240–\$280 in Minneapolis/St. Paul. A “teener” (one-sixteenth of an ounce) sold for \$60 in Los Angeles and \$200 in Minneapolis/St. Paul.

At the wholesale level, methamphetamine was sold by the pound. Again, the prices varied by CEWG area. In Dallas, Mexican methamphetamine sold for \$5,800–\$9,000 per pound, while domestic methamphetamine sold for \$5,000–\$10,000 in northern Texas.

Exhibit 28. Cost of Methamphetamine in CEWG Areas: 2001–2002

CEWG Area	Less than 1 Gram	Gram	Ounce	Pound
Boston	NR ¹	\$70–\$200	\$800–\$1,900	\$8,000–\$24,000
Denver	NR	\$90–\$110	\$700–\$1,200	NR
Hawaii	White ice \$75 (0.1 gram) Brown (“wash”) \$50 (0.1 gram)	\$600–\$900 \$100–\$200	\$2,200–\$3,000 \$2,200–\$3,000	NR
Los Angeles	\$60 (1/16 ounce) \$100–\$120 (1/8 ounce)	NR	\$500–\$700	\$32,000–\$50,000
Minneapolis	\$200 (1/16 ounce) \$240–\$280 (1/8 ounce)	\$90–\$100	\$600–\$800	\$10,000
New Orleans	NR	NR	\$1,400–\$1,600	\$16,000–\$20,000
Phoenix Tucson Northern AZ	\$100–\$125 (1/8 ounce)	\$48–\$55 \$60–\$100 \$45–\$120	NR	NR
San Diego	\$150–\$400 (1/4 ounce) \$110–\$130 (1/8 ounce)	NR	NR	\$3,500–\$11,500
San Francisco	NR	NR	\$500–\$1,000	\$4,500–\$10,000
Texas: Dallas (Mexican) El Paso Houston McAllen Northern Texas	NR	NR	\$400–\$1,200 \$960 \$500–\$800 \$500 \$400–\$1,200	\$5,800–\$9,000 \$10,600 \$6,000–\$11,000 \$5,000–\$10,000
Washington, DC	\$60–\$140 (1/2 gram)	NR	\$1,100–\$2,900	\$13,000

¹ NR = Not reported.

SOURCE: CEWG June 2002 reports

DEPRESSANTS

Prescription depressant drugs are widely available in the illicit street market in almost all CEWG areas. These drugs, which include barbiturates and benzodiazepines, are used by different populations and for a variety of purposes. Three patterns of depressant-in-combination use have been common in Chicago and throughout the State of Illinois:

- *Depressants are taken with narcotics to potentiate the effects of opiate use. Pharmaceutical depressants, generally known in the streets as ‘beans,’ are frequently combined with heroin.*
- *Depressants are taken with stimulants to moderate the undesirable side effects of chronic stimulant abuse. Chronic cocaine and speed abusers often take depressants along with stimulants, or when concluding ‘runs,’ to help induce sleep and to reduce the craving for more stimulants (especially in the case of cocaine).*
- *Pharmaceutical depressants are taken with alcohol (also a central nervous system depressant).*

Benzodiazepines are the most commonly sold depressant in the United States on the illicit drug markets. In 2000, benzodiazepines accounted for 8 percent of the DAWN ED mentions in the coterminous United States, totaling 91,078 mentions.

In high doses, benzodiazepines act as hypnotics, in moderate doses as anxiolytics (relieving tension or anxiety), and in low doses as sedatives. Benzodiazepines differ from one another in how quickly they take effect and the duration of the effects. The longer acting benzodiazepines, primarily

used to treat anxiety, include alprazolam (Xanax), chlordiazepoxide (Librium), diazepam (Valium), lorazepam (Ativan), and clonazepam (Klonopin), an anticonvulsant medication used to treat seizure disorders. Clonazepam has been reportedly used by methadone clients in some CEWG areas. Clonazepam ED mentions in 2000 totaled 18,005. Indicators of clonazepam abuse were reported in four CEWG areas:

Atlanta

In 2000, Klonopin emergency department mentions remained steady at 4 per 100,000 population.

Boston

Prescription drugs such as Klonopin, Valium, Xanax, and Ativan were mentioned in 3 percent of all calls in the Massachusetts Substance Abuse Information Helpline that specified particular drugs, with Klonopin the most frequently mentioned.

Los Angeles

Once again, local law enforcement officials report that Klonopin, a legal anticonvulsive medication, has been encountered with increased frequency in Los Angeles area raves and clubs.

New York

Klonopin ED mentions have been increasing since the mid-1990s.

Benzodiazepines are sometimes self-administered by drug abusers to treat the adverse effects of stimulants such as cocaine and methamphetamine. They are also used by some addicts to ease the symptoms of heroin withdrawal. Clonidine, an antihypertension medication used clinically to reduce opiate withdrawal symptoms, is also sold on the street in some CEWG areas for the same purpose.

In 2000, alprazolam accounted for the largest number of DAWN ED mentions in the benzodiazepine category—22,105 mentions. In some CEWG areas, alprazolam was identified as one of the most widely used depressants.

Atlanta

The use of prescription drugs Valium and Xanax remain common, as indicated by ethnographic reports as well as DAWN emergency department data.

Chicago

Consistent with emergency department mentions, alprazolam appears to be the benzodiazepine that is most readily available on the street, closely followed by lorazepam and clonazepam, with variations in different areas of the city.

Miami

Alprazolam seems to be popular among opioid abusers. It was involved in 21 of the 34 Broward County oxycodone deaths in the second half of 2001, as well as many of the heroin deaths. Alprazolam also seems to be very popular among high school students. According to Broward high school substance abuse counselors, the most common drugs of abuse among high school youth are alcohol, marijuana, and Xanax. Students refer to Xanax pills as ‘Zany Bars’ or just ‘bars.’

New York

According to the Street Studies Unit, a variety of psychoactive prescription drugs are increasingly available on the street, such as amitriptyline (Elavil or ‘sticks’), alprazolam (‘footballs’), and diazepam. The three most popular are Xanax, Klonopin, and Elavil. Alprazolam (Xanax) ED mentions have been increasing since the mid-1990s.

Philadelphia

Since the spring of 2000, all focus groups reported that alprazolam (Xanax) has overtaken diazepam (Valium) as the most popular drug in pill form on the street.

Texas

Both Houston and Dallas DEA officials report alprazolam to be one of the most commonly abused diverted drugs. Alprazolam, clonazepam, and diazepam are the most commonly identified substances according to the Department of Public Safety (DPS) lab reports, although none of them account for more than 2 percent of all items examined in a year. In 2001, this amounted to 925 items of alprazolam, 509 items of diazepam, and 415 items of clonazepam out of a total of 16,534 items identified by DPS labs.

Relatively few clients entering substance abuse treatment programs report depressants as their primary drugs of abuse.

Chicago

Treatment admissions data confirm that depressants are not the primary drugs of choice for most drug users when entering treatment. In FY 2001, primary depressant users represented only about 2 percent of all treatment admissions.

Los Angeles

Less than 1 percent of clients admitted to county-contracted treatment programs reported barbiturates, benzodiazepines, or other sedatives and hypnotics as their primary drugs of abuse.

New York

Only about 1 percent of treatment admissions reported psychoactive prescription drugs as their primary drugs of abuse.

Texas

About 1 percent of adult clients entering treatment in 2001 had a primary problem with barbiturates, sedatives, or tranquilizers.

In Boston, clients entering treatment were more likely to report that they had used depressants as a secondary or tertiary drug than as a primary drug of abuse.

Boston

Treatment centers continued to report that benzodiazepine use is common among illicit drug abusers. Seven percent of clients who entered treatment in 2001 reported having used tranquilizers in the past month.

Only a few CEWG members reported the cost of alprazolam on the street, but those who did indicated that the cost was low—one of the reasons for its popularity.

Chicago

On the street, Xanax typically is sold for \$2–\$3 for 0.5-milligram tablets and \$5–\$10 for 1-milligram tablets.

New York

On the street, Xanax sells for \$2 per pill, Klonopin for \$15, and Elavil for \$1.

Texas

Alprazolam sells for \$3–\$10 per tablet in Dallas and Houston.

CLUB DRUGS

Overview

The term “club drugs,” as used here, includes methylenedioxymethamphetamine (MDMA or ecstasy); gamma hydroxybutyrate (GHB) and its precursor, gamma butyrolactone (GBL); ketamine; and flunitrazepam (Rohypnol).

Club drugs raise public safety concerns because of associated negative health consequences and the significant increase in their abuse by young people in various social settings over the past 5 years. Across the coterminous United States, DAWN ED rates of MDMA, ketamine, and GHB increased significantly from 1994 to 2000, although none reached a rate higher than 2 per 100,000 population.

The 2000 DAWN mortality data show that mentions of club drugs, while climbing, remain low in CEWG areas, compared with mentions for other drugs such as heroin and cocaine. In nearly all DAWN mortality cases involving club drugs, at least one other substance was also detected. CEWG areas with the most ED mentions in 2000 were Los Angeles (27 mentions), Dallas (10), and Chicago and Miami (each reporting 9).

Methylenedioxymethamphetamine (MDMA)

Existing data indicate that MDMA is, by far, the most frequently used club drug according to surveys. For example, the 2001 Monitoring the Future (MTF) Study data show that, for the second consecutive year, MDMA use was more prevalent among high school students nationally than was cocaine use. From 1998 to 2001, past-year use of MDMA rose from 3.6 to 9.2 percent among

12th graders. The MTF data also showed that teens increasingly perceived MDMA as available—61.5 percent in 2000, compared with 39.0 percent in 1997.

The 2000 National Household Survey on Drug Abuse estimates indicate that 6.4 million Americans had used MDMA in their lifetime. From 1995 to 2000, estimates of lifetime MDMA use among persons age 12–17 increased 130 percent, to 615,000, while lifetime use among those age 18–25 increased 318 percent, to 4,014,000.

ED Data. The increase in the consequences related to MDMA use is reflected in the DAWN ED data shown in exhibit 29. Not only have the numbers of MDMA ED mentions increased significantly in 12 CEWG areas from 1994 to 2000, but the peak year for most was in 2000. Between 1998 and 2000, increases in MDMA ED mentions were significant in 17 CEWG areas. From 1999–2000, increases continued to be significant in 13 CEWG areas.

In 2000, the rate of MDMA mentions was 2 per 100,000 population in the coterminous United States. CEWG areas with the highest rates of MDMA ED mentions in 2000 were San Francisco (7 per 100,000 population), Seattle (6), Miami (5), and Chicago, Denver, New Orleans, and Phoenix (each 6). In the first half of 2001, MDMA ED mentions totaled 2,385 across the coterminous United States, showing no significant change from the 2,125 recorded in the first half of 2000.

Between the first halves of 2000 and 2001, the numbers of MDMA ED mentions continued to increase in Miami, New Orleans, San Diego, San Francisco, and Seattle, while decreasing in Los Angeles. In the first half of 2001, the highest number of MDMA ED

Exhibit 29. Trends in MDMA ED Mentions in CEWG Areas by Year¹: 1994–2000

CEWG Area	1994	1995	1996	1997	1998	1999	2000	Percent Change ²		
								1994, 2000	1998, 2000	1999, 2000
Atlanta	...	...	...	19	33	62	68	...	106.1	
Baltimore	0	8	2	2	6	35	64		966.7	82.9
Boston	5	7	...	16	39	87	125	2,400.0	220.5	43.7
Chicago	10	8	22	33	25	103	215	2,050.0	760.0	108.7
Dallas	21	57	20	17	15	24	71	238.1	373.3	195.8
Denver	2	3	1	11	6	15	57	2,750.0	850.0	280.0
Detroit	...	0	0	...	6	40	60	...	900.0	
Los Angeles	14	37	46	24	30	52	177	1,164.3	490.0	240.4
Miami	2	4	9	28	12	59	105	5,150.0	775.0	78.0
Minneapolis	2	...	4	...	2	16	65	3,150.0	3,150.0	306.3
New Orleans	12	...	12	13	42	51	44	266.7		
New York	7	14	24	41	31	136	200	2,757.1	545.2	47.1
Newark	0	...	4	...	8	38	21		162.5	-44.7
Philadelphia	...	...	0	19	27	89	141	...	422.2	
Phoenix	...	1	...	6	2	20	76	...	3,700.0	280.0
St. Louis	0	1	2	2	...	15	52		...	246.7
San Diego	6	6	17	8	14	25	47	683.3	235.7	88.0
San Francisco	32	29	32	35	38	47	107	234.4	181.6	127.7
Seattle	2	10	12	20	19	32	128	6,300.0	573.7	300.0
Washington, DC	...	...	...	...	23	...	78	...		...

¹ Peak years are represented in boldface type.
² These columns denote statistically significant (p<0.05) increases and decreases between estimates for the time periods noted.
³ Dots (...) indicate that an estimate with a relative standard error greater than 50 percent has been suppressed.
 SOURCE: Adapted from DAWN, Office of Applied Studies, SAMHSA

mentions was in New York (104 mentions), followed by Miami (99), Chicago (87), and Philadelphia (86).

CEWG Reports. Excerpts from the CEWG reports further indicate increases in MDMA use and problems related to abuse of MDMA/ecstasy.

Chicago

Most indicators of ecstasy and other types of club drugs continue to increase.

Detroit

Seizures of ecstasy are up sharply, and cases are now being reported to emergency rooms in southeast Michigan.

Los Angeles

Anecdotal evidence from a variety of sources lends support to the claim that use of club drugs, especially MDMA and GHB, is increasing in Los Angeles County.

Miami

MDMA problems continued to increase in the first half of 2001.

Minneapolis

Seizures of MDMA rose substantially at all levels of law enforcement. DEA seizures increased from 1,493 to 12,375 tablets, and from 255 to 1,431 grams, from 2000 to 2001.

New Orleans

Club and designer drugs have shown some increase in availability and abuse. MDMA is the most prevalent and popular drug.

New York

Ecstasy is widely available throughout New York City, on the street as well as at dance clubs and large social events. MDMA ED mentions increased dramatically between the first halves of 1998 and 2001, but they may be stabilizing.

San Diego

The local expert focus group reported that ecstasy is very popular and continues to be the ‘number one’ drug trend in San Diego County for youth. For many youth, ecstasy is a special-event drug, such as a prom, particularly since it is not considered a drug by most teens.

San Francisco

The annual rate of ED mentions of MDMA more than tripled between 1999 and 2001.

Texas

Ecstasy cases reported to poison control centers, treatment admissions, and State Police lab items continue to increase. According to DEA, MDMA is becoming more available, with single-dose prices decreasing.

Washington, DC

Indicators show growth in MDMA use.

The spread of MDMA/ecstasy use beyond young White populations in rave and dance club settings continues to be reported in CEWG areas.

Atlanta

The use of MDMA (or ecstasy) is being widely reported, and the demographics of those using are expanding to include more African-Americans as well as older individuals.

Boston

MDMA use was characterized by most contacts as still a primarily White, middle-class phenomenon, partly because of its relatively high cost. However, two sources reported that its use and distribution were increasing among non-White city youth.

Chicago

Ecstasy, once limited to the rave scene, can be found in most mainstream dance clubs and many house parties, according to ethnographic reports. Street reports suggest ecstasy is widely available among high school and college students.

Los Angeles

MDMA use continues to increase among high school and junior high school students. Use among Black adolescents and young adults is increasing as well. Rave promoters are beginning to target the hip-hop scene.

Philadelphia

In the last 18 months, MDMA use has spread from Whites of college age and ‘typical club-goers in their twenties’ to African-Americans and Hispanics, as well as from teens to people in their thirties.

Phoenix

Ecstasy has become increasingly acceptable among the mainstream population. MDMA is second only to marijuana in use by all demographic groups.

In Boston, there are signs that MDMA use is declining:

State Police report that seizures of MDMA, known popularly as ecstasy or ‘E,’ have declined markedly. However, the DEA still reports many seizures and widespread availability of MDMA. Focus groups with adolescents in Massachusetts indicated that the novelty of MDMA may have worn off, and teens in these groups spoke of negative effects they and their peers have experienced with excessive ecstasy use. The data suggest that MDMA, although still widely used among youth and young adults, may have passed its peak of popularity.

Purity of MDMA. The terms MDMA and ecstasy are often used interchangeably. However, what is sold as ecstasy may not contain just MDMA. While all tablets analyzed in DEA labs in 1999 and 2002 contained some MDMA, some also contained other controlled substances, e.g., methamphetamine and ketamine, and less than 1 percent contained noncontrolled substances, e.g., caffeine, ephedrine, and dextromethorphan (DXM). DEA's STRIDE analyses of ecstasy show that nearly 98 percent of the drug is in tablet form. However, the drug can also be sold in capsules.

Five CEWG members reported that some pills being seized or sold as ecstasy do not contain any MDMA.

Boston

State Police report that some suspected MDMA cases have turned out to be DXM or so-called 'herbal' ecstasy containing the legal stimulant ephedra (ma huang).

Detroit

Most recent samples of pills submitted as ecstasy have been found to contain various other drugs, or no identifiable drugs. Recent samples have variously contained methamphetamine, ketamine, DXM, PCP, and ephedrine.

Minneapolis

Laboratory analyses continue to confirm that a variety of chemical compounds other than MDMA are being sold as ecstasy.

New York

Other substances are often sold as ecstasy.

Washington, DC

MDMA is often sold as ecstasy and adulterated with PCP, methamphetamine, and other drugs, or it may be sold in counterfeit tablets

containing only these other drugs and sold as MDMA. The price remains at \$25–\$30 per tablet, and the tablets often contain 1 of nearly 100 different logos (e.g., 'smiley faces,' the 'Mitsubishi' label, 'four-leaf clover,' and others).

Price of MDMA. In the 11 CEWG areas that reported MDMA cost data, retail prices generally fell within the \$15–\$30 range per pill or tablet. In Chicago and Los Angeles, MDMA pills sold retail for up to \$40 each. In Boston, Dallas, and Houston, pills could be purchased in the retail market for as little as \$10, with the high range being \$25–\$30.

At the wholesale level, pills were much less expensive, so the profit margins were high. Individuals in Chicago with connections to suppliers and producers paid \$12–\$15 for MDMA pills.

In Phoenix, pills were sold wholesale for \$5.50 to \$10.50 each, while in Los Angeles the wholesale cost was \$12.

A clandestine lab capable of producing 1.5 million MDMA tablets per month was seized in North San Diego County in 2001. It was estimated that each pill produced at this lab had a street value of \$20.

Gamma Hydroxybutyrate (GHB) and GHB Analogs

Gamma hydroxybutyrate, once considered a nutritional supplement, became a Schedule I drug on March 13, 2000, under the Controlled Substance Act. To be scheduled in this category, a drug must have a high potential for abuse, have no currently accepted medical use, and lack accepted safety standards for use under medical supervision. GHB is usually ingested orally in liquid form and is often sold by the capful.

Like MDMA and other club drugs, GHB is mostly used by young people in recreational settings. Its precursor compounds, GBL and 1,4 butanediol (1,4 BD), convert into GHB when ingested and are marketed on the Internet as sports supplements and cleaning solvents.

GHB use has surpassed use of Rohypnol as a “date rape” drug. As a strong, concentrated depressant, GHB produces drunken-like

estimates indicate that two CEWG areas exceeded the national rate: San Francisco at 5 mentions per 100,000 population and New Orleans at 6 mentions.

The rise in the numbers of GHB ED mentions since 1994 is one indicator of the increased use of this drug. Exhibit 30 shows partial annual ED trends reported by DAWN for 15 CEWG areas where statistically significant increases occurred in the number of

Exhibit 30. Trends in GHB ED Mentions in 15 CEWG Areas by Year: 1994, 1998, 2000

CEWG Area	1994	1998	2000	Percent Change ¹	
				1994, 2000	1998, 2000
Atlanta	1	80	129	12,800.0	
Boston	0	6	26		333.3
Chicago	0	69	139		101.4
Dallas	11	160	169	1,436.4	
Denver	0	13	43	230.8	
Los Angeles	27	48	149	451.9	210.4
Miami	0	10	46		360.0
Minneapolis	1	8	93	9,200.0	1,062.5
New Orleans	0	35	69		97.1
New York	0	5	31		520.0
Phoenix	0	2	16		700.0
San Diego	3	34	65	2,066.7	91.2
San Francisco	11	102	151	1,272.7	48.0
Seattle	0	17	57		235.3
Washington, DC	0	4	24		500.0

¹ These columns denote statistically significant (p<0.05) increases between estimates for the time periods shown.
SOURCE: Adapted from DAWN, Office of Applied Studies, SAMHSA

effects with only a small capful and unconsciousness with greater amounts. It has been put into beverages of women without their knowledge and, once they are disabled, they are subsequently assaulted.

ED Data. Preliminary GHB DAWN ED mentions in the first half of 2001 totaled 1,610 across the coterminous United States. The rate increased significantly from 1994 to 2000—from zero to 2 per 100,000 population. Across CEWG areas, preliminary

GHB mentions from 1994 to 2000, and from 1998 to 2000. As shown, the rise in ED mentions of GHB is striking. In 2000, the numbers of ED GHB mentions were highest in Dallas (169 mentions), San Francisco (151), Los Angeles (149), Chicago (139), and Atlanta (129).

Two CEWG areas where there were no significant changes, or where the change could not be determined because of low relative standard errors, did show some notable

increases. In Detroit, the number of GHB ED mentions increased from zero in 1994 to 22 in 2000. Philadelphia had no GHB ED mentions, or too few to estimate with precision from 1994 through 1998; however, there were 53 GHB ED mentions in 1999 and 79 mentions in 2000.

CEWG Reports. Quotes from 15 CEWG reports provide some detail on use and abuse of GHB, often in connection with its precursors, GBL and 1,4 BD, alcohol, or various club drugs.

Boston

Compared to ecstasy, other club drugs, such as GHB, ketamine, and flunitrazepam, were mentioned much less frequently by key informants and treatment providers.

Chicago

GHB is used infrequently in Chicago, mainly by young White males. GHB is sold as a liquid, in amounts ranging from drops (from a dropper at raves or parties) to capfuls. Compared with other club drugs, overdoses are more frequent with GHB, especially when used in combination with alcohol.

Denver

The DEA reports that GHB is increasing in popularity in Colorado and is readily available at raves, nightclubs, strip clubs, and private parties. In the State's treatment survey, 10 percent reported lifetime use of GHB.

Detroit

GHB and GBL abuse began to be reported in about 1997, with cases peaking in about 1999 in both ED mentions and poison control case reports. Use has been primarily in nightclubs and at private parties. Children's Hospital of Michigan Poison Control case reports totaled 100 in 1999, about 35 in 2000, and about one-half that amount in

2001. In the first 4 1/2 months of 2002, Detroit Poison Control was notified of three intentional GHB abuse cases.

Los Angeles

The vast majority of GHB users ingest the drug as a liquid, either in straight shots or mixed with a drink. It is reported that some teens in Los Angeles have been found with a putty-like form of GHB. It is hygroscopic and thus absorbs moisture and is difficult to keep dry. Thus, teens let it go to putty and pick off a little to put in their drink. In Los Angeles, the average GHB user is White middle class and between the ages of 13 and 50. Use is expanding, however, to other ethnic and socioeconomic groups. The broad age range may be related to the distinct groups of users (partygoers vs. those who are addicted to the drug and use it every day).

Miami

GHB is a commonly abused substance in South Florida. The drug is known by numerous street names, including 'liquid X,' 'G,' 'scoop,' 'Somatomax,' and 'Georgia home boy,' and there are several compounds that are converted by the body to GHB. Two important precursors to GHB are being abused as well: GBL and 1,4 BD. These drugs have become popular in the techno-dance scene and at other parties. Commonly used with alcohol, they have been implicated in drug-facilitated rapes and other crimes. They have a short duration of action and are not easily detectable on routine hospital toxicology screens. One recent fatality involved no co-ingestants and no alcohol. This case is important to point out because it refutes the commonly espoused misperception that GHB is fatal only when another central nervous system depressant is also taken with GHB.

Minneapolis

While ED mentions of GHB increased markedly from 1999 to 2000, they declined between 2000 and the first half of 2001. In February 2001, a district court upheld the conviction of a Washington County man found in possession of 4,000 dosage units of GBL.

New York

While GHB ED mentions in New York City are very low, they increased to 31 in 2000, up from 16 in 1999 and 5 in 1998.

Newark

GHB and ketamine ('Special K') are reportedly used at rave parties around college campuses. Statewide, partial reporting of club drugs found only one and nine treatment admissions, respectively, of GHB and ketamine use as primary, secondary, or tertiary drug. The State also included club drug use in its 2001 middle school substance use survey. The preliminary data show a 2.4-percent lifetime use of club drugs, including MDMA, GHB, and ketamine, by students in grades 7 and 8, with past-30-day use reported at 0.9 percent. This level of use by middle school students is high by any standard.

Phoenix

GHB was one of the most readily available and frequently abused club drugs in Arizona. In 2000, nearly one-quarter of the calls to the Samaritan Regional Poison Center were for club drugs, including GHB.

St. Louis

GHB use has increased in the St. Louis area. Because it is a depressant, its use with alcohol and its unpredictable purity presents users with major health risks. GHB is often sold in nightclubs for \$5 per capful or \$40 per ounce. GHB education efforts are directed toward hospital emergency department personnel, who often see the users initially.

San Diego

The local expert focus group reported that youth often use GHB because it is inexpensive; a typical dose is a water bottle capful that sells for \$5–\$10. They see GHB as an 'easier drunk'—it doesn't cost as much as alcohol and does not produce a hangover.

Seattle

GHB abuse among gay men in bathhouses, bars, and sex clubs is reportedly increasing, particularly among men younger than 30.

Texas

Clients with a primary, secondary, or tertiary problem with GHB, GBL, or 1,4 BD are now being seen in treatment. In 1999, there were three deaths that involved GHB, and in 2000, there were five. Four of the deaths in 2000 were in the Dallas metro area, as were two of the deaths in 1999.

Washington, DC

GHB ED mentions steadily increased from 1998 to 2000. At least one fatality in the DC metro area directly involved GHB in 2001.

Price of GHB and GHB Analogs. Limited information on the availability and street price of GHB and other club drugs was available from 9 CEWG areas.

Chicago

Prices for a capful of GHB have been reported at \$5–\$10.

Denver

The price is \$5–\$10 per dosage unit, i.e., one bottle capful in Colorado.

Los Angeles

The wholesale and retail prices of GHB are \$65–\$100 per 16-ounce bottle and \$5–\$20 per bottle capful. Anecdotal evidence suggests that more analog products are on the scene than actual GHB. An analog known as valeric acid (GHV) has been appearing in the last year. It is sold as ‘Subliss,’ ‘Midnight Blue,’ and ‘4 Sleep’ on the Internet.

Miami

Ethnographers in Miami report a slight decline in GHB availability in South Florida. GHB sells for \$5–\$10 per ‘swig’ or ‘hit’; a 32-ounce bottle of GBL or 1,4 BD sells for \$40–\$70. BD-containing products may list active ingredients such as tetramethylene glycol; suclo B; 1,4-butylene glycol; butane-1; 4 diol; butylene glycol; and 1,4-tetramethylene glycol. Brand names of BD-containing products include Zen, Serenity, Somatopro, InnerG, NRG3, Enliven, Growth Hormone Release Extract (GHRE), Thunder Nectar, Weight Belt Cleaner, Rest-Q, X-12, Dormir, Amino Flex, Orange FX, Rush, Lemon fX Drop, Cherry fX, Bomb, Borametz, Pine Needle Extract, Promusol, and BVM. Artfully worded labels often state that the product does not contain GHB or 2(3) furanone dihydro. These labels may also state that the product is a cleaner and harmful if swallowed. However, BD-containing products have been sold in health food stores with dietary supplements. A 32-ounce bottle typically sells for \$40–\$70, a price similar to that for GBL and GHB-con-

taining products, but far out of proportion to what most reasonable people would pay for a ‘cleaner.’ During 2001, there were 3 GHB, 13 GBL, and 7 butanediol cases analyzed by the Broward Crime Lab. There were only three GHB cases and one GBL case analyzed by the Crime Lab in the second half of 2000. This compares with 12 GHB-related cases and one GBL case analyzed at the Crime Lab in the first half of 2000.

New Orleans

The prices for different club and designer drugs vary. A capsule of MDMA sells for between \$15 and \$25, while GHB sells for \$5 per capsule and \$10 for an ounce, as does GBL. Ketamine costs \$50–\$60 per pill and Rohypnol \$5 per pill. Ketamine, GHB and its precursor GBL, LSD, and flunitrazepam seizures are increasing, as are the use and abuse in New Orleans. Sources indicate that these drugs come into Louisiana from California and Houston.

Phoenix

Reported prices for GHB were \$5–\$10 per dose (1 teaspoon); \$424 for 25 pounds; and \$3,200 for a 55-gallon drum retail.

St. Louis

GHB is often sold in nightclubs for \$5 per capful or \$40 per ounce.

Texas

A dose of GHB costs \$5–\$10 in Houston, \$5 in Lubbock, and \$20 per dose in Dallas. A gallon costs \$1,600 in Dallas and \$725–\$1,000 in Houston. In 1999, 116 items were identified by DPS labs as being GHB or GBL and 4 were 1,4 BD; in 2000, 52 were GHB or GBL and 4 were 1,4 BD; and in 2001, 34 were GHB or GBL and 17 were 1,4 BD. Sixty-one percent of the GHB, GBL, and 1,4 BD items were identified in the DPS lab in the Dallas area, which shows, along with

the overdose deaths and poison control center calls, the prevalence of GHB in this area as compared to the rest of the State.

Washington, DC

GHB retailed from \$10 to \$25 per dosage unit (capful) in 2002.

Ketamine

Ketamine, an anesthetic drug used primarily in the treatment of animals, has analgesic (relief of pain) and amnesic (loss of memory) properties. The effects are more pronounced when ketamine is added to alcohol or used with other drugs. Added to drinks, ketamine produces feelings of intoxication, hallucinations, and short-term memory loss.

ED Data. There continue to be a few ED ketamine mentions in CEWG areas. The highest numbers were in Newark (12 mentions) and New York (20, a significant increase from the first half of 2000). In 10 CEWG areas, the numbers of ED ketamine mentions in the first half of 2001 ranged between 1 and 9. In the remaining seven areas, the numbers of ED ketamine mentions were either zero or too few for precise estimates. Significant decreases between the first halves of 2000 and 2001 were reported in five CEWG areas.

CEWG Reports. In several CEWG areas, there were reports that ketamine was widely available and was being used at nightclubs and raves.

Chicago

Ketamine is somewhat available at rave parties or clubs frequented by younger adolescents.

Minneapolis

Ketamine first appeared as a drug of abuse in Minnesota in 1997. Associated with raves and nightclubs, it is most often found locally as a powder that is used intranasally or pressed into pills.

Newark

Ketamine use is reported at rave parties around college campuses.

Philadelphia

Ketamine was identified by focus group participants as being used in nightclubs.

Phoenix

Ketamine is one of the most frequently abused club drugs in Arizona.

St. Louis

Use of ketamine has been acknowledged anecdotally. An increase in ketamine robberies from veterinary offices has been reported.

San Francisco

Ketamine ED mentions reached the highest number ever, and the increase from 1998 to 2000 was significant.

Texas

The Houston DEA office reports ketamine is widely available. Seven cases of misuse of ketamine were reported to the Texas Poison Control Centers in 1999, 18 were reported in 2000, and 15 in 2001.

Washington, DC

In 2002, ketamine use remained common in nightclubs and dance scenes.

Price of Ketamine. The retail cost of ketamine varied by area and the form in which it was sold was reported for four CEWG areas.

New Orleans

Ketamine prices ranged from \$50 to \$60 per pill.

New York City

'Special K' sells for approximately \$20 per dosage unit.

Philadelphia

According to focus group participants, ketamine usually sells for \$10 per tablet.

Washington, DC

A bottle of liquid ketamine decreased in price from \$100 in FY 2000 to \$60–\$80 in FY 2001.

HALLUCINOGENS

Overview

A wide variety of hallucinogen indicators are reported across CEWG areas. While there are some reports of psilocybin mushrooms and mescaline among adolescents and young adults, PCP and lysergic acid diethylamide (LSD) are the more frequently reported hallucinogens of abuse.

Phencyclidine (PCP)

PCP continues to be a drug of abuse across CEWG areas, often mixed with marijuana. In the first half of 2001, PCP indicators in CEWG areas were highest in Los Angeles, Philadelphia, and Washington, DC. These areas, together with Chicago, also had the highest rates of PCP ED mentions per 100,000 population in the first half of 2001: eight in both Chicago and Philadelphia, five in Los Angeles, and four in Washington, DC. The numbers of PCP ED mentions in these four CEWG areas are shown in exhibit 31.

Four other CEWG areas experienced significant changes in the number of PCP mentions reported between the first halves of 2000 and 2001. A significant increase occurred in Detroit (from 7 to 17 mentions), while significant decreases were reported in Seattle

(from 61 to 45), San Diego (from 13 to 1), and New Orleans (from 8 to 5). The number of PCP ED mentions remained relatively high in New York City (112 mentions) but did not change significantly from the first half of 2000 (135 mentions).

Across CEWG areas from 1994 through 2000, the number of PCP ED mentions reported by DAWN fluctuated considerably. Partial trends in PCP ED mentions are presented in exhibit 32. Between 1994 and 2000, significant increases in the numbers of PCP mentions were reported in Dallas, Minneapolis/St. Paul, Newark, Phoenix, and Seattle, while significant decreases occurred in Baltimore, Boston, New York, San Francisco, and Washington, DC. Between 1998 and 2000, and 1999 and 2000, the numbers of PCP ED mentions increased significantly in eight CEWG areas, including three of the four with the greatest number—Chicago, Los Angeles, and Washington, DC. From 1999 to 2000, PCP ED mentions also increased in Boston.

In 2000, there were relatively few hallucinogen-related (including PCP, LSD, and miscellaneous hallucinogens) deaths reported by DAWN MEs in CEWG areas. The highest numbers of such deaths were reported in Philadelphia (33 mentions), Los Angeles (22), and Washington, DC (9).

Exhibit 31. CEWG Areas with the Highest Number of PCP ED Mentions: First Half of 2000–First Half of 2001¹

CEWG Area	1H-2000	2H-2000	1H-2001	Percent Change ²	
				2H00, 1H01	1H00, 1H01
Chicago	429	574	504	31.9	63.1
Los Angeles	456	367	484		
Philadelphia	233	370	380		
Washington, DC	138	179	199			44.2

¹ Estimates for 2001 are preliminary.

² These columns denote statistically significant (p<0.05) increases between estimates for the time periods noted.

SOURCE: Adapted from DAWN, Office of Applied Studies, SAMHSA

Exhibit 32. Trends in PCP ED Mentions in 15 CEWG Areas by Year: 1994 and 1998–2000

CEWG Area	1994	1998	1999	2000	Percent Change ¹		
					1994, 2000	1998, 2000	1999, 2000
Baltimore	309	53	45	73	-76.4	37.7	62.2
Boston	49	21	7	11	-77.6	-47.6	57.1
Chicago	780	352	631	1,003		184.9	59.0
Dallas	27	62	95	120	344.4	93.5	26.3
Los Angeles	1,098	605	731	823		36.0	12.6
Minneapolis	8	7	18	20	150.0	185.7	
New York	852	256	278	237	-72.2		
Newark	17	9	15	39	129.4	333.3	160.0
Philadelphia	431	573	580	604			
Phoenix	16	46	39	47	193.8		
St. Louis	92	28	26	74		164.3	184.6
San Diego	54	52	37	36		-30.8	
San Francisco	131	67	62	70	-46.6		
Seattle	20	47	47	116	480.0	146.8	146.8
Washington, DC	1,301	152	176	317	-75.6	108.6	80.1

¹ These columns denote statistically significant ($p < 0.05$) increases and decreases between estimates for the time periods noted.

SOURCE: Adapted from DAWN, Office of Applied Studies, SAMHSA

In Washington, DC, treatment admissions for primary PCP abuse rose 144 percent, from 43 in 2000 to 105 in 2001.

In the ADAM program in the first three quarters of 2001, 6.6 percent of the adult male arrestees in Philadelphia tested positive for PCP. This was, by far, the highest percentage of adult males testing PCP-positive in the CEWG areas included in ADAM.

The District of Columbia Pretrial Services Agency testing data for juveniles show that between 1998 and 2000, PCP-positive tests increased from 3 to 10 percent. However, the data by quarter for 2001 may reveal an alarming trend. During the first quarter of 2001, 11 percent of juveniles tested PCP-positive, nearly double the 6 percent reported in the first quarter of 2000. During the second and third quarters of 2001, 15 percent of

the juveniles tested PCP-positive. From February to April 2002, the percentage of juveniles testing positive was more volatile, fluctuating from 12 to 9 to 15 percent, which is slightly lower than the percentage of arrestees testing PCP-positive in 2001.

Availability and Price of PCP

PCP is sold in powder, pill, and, increasingly, liquid form. Dealers can purchase PCP wholesale by the gallon—\$18,000–\$22,000 in Washington, DC, \$26,000–\$28,000 in Texas, and \$30,000 in Los Angeles.

In most CEWG areas, dealers have found it more marketable and profitable to sell PCP on the street after it has been applied to other substances. One of the most common ways of selling PCP on the street is in products dipped or soaked in, and sprayed or laced

with, the drug. This marketing approach may account for the increases in PCP DAWN and ADAM data in some areas in recent years. As indicated in CEWG reports, it is common to apply PCP, in liquid form, to mint leaves, marijuana joints, and/or blunts (containing marijuana). In Chicago, a tobacco-like substance is sprayed with PCP and wrapped in tin foil. Sherm sticks are sold in Chicago and Texas for \$10 each and in Los Angeles for \$20–\$30. Additional, in-depth information on PCP use and cost are provided in the following excerpts from the CEWG June 2002 reports.

Chicago

Ethnographic reports suggest that PCP use in Chicago has remained constant and can be found in all areas of the city. Users are easily able to identify drug-dealing locales in the city where PCP is readily available. The demographic characteristics of users vary widely and include suburban youth. PCP is typically smoked and is sold in three forms: 'mint leaf,' 'sherm sticks,' and 'happy sticks.' Mint leaf (also known as 'love leaf') is a moist, loose, tobacco-like substance sprayed with PCP and wrapped in tin foil. Some say the substance is marijuana, others say it looks and tastes like cigarette tobacco, while still others say it is parsley and point to the availability and frequent sales of bags of this herb in local stores. Sherm sticks typically are cigarettes dipped in PCP, drained, and dried. On the West Side, 2–3 'sticks' about the size of toothpicks can be purchased for as little as \$10. Cigarettes, most often 'Mores,' are sold for \$20 and are mainly available on the far South Side. Liquid PCP ('water') was reported to be sold in units of \$65–\$120 but the quantity of these units was not made known.

Los Angeles

The wholesale price of PCP per gallon ranges from \$6,500–\$8,000, and retail prices are \$30,000 per gallon, \$125–\$175 per ounce, and \$20–\$30 per sherm cigarette. The LA HIDTA notes that there has been a resurgence of PCP trafficking in the area throughout the last several years. Most of the PCP is destined primarily for markets outside of the high intensity drug trafficking area. Los Angeles-based Black street gangs are the producers, suppliers, and distributors of PCP. According to the Los Angeles County Department of the Coroner, PCP was detected (postmortem) in 134 cases investigated in 2000–2001. The mode of death for 63 percent of the 134 PCP-positive cases was homicide. Of those, 93 percent were from a gunshot wound. Citywide, PCP arrests increased 33 percent, from 64 in the first half of 2001 to 85 in the second half of 2001. However, PCP seizures decreased 70 percent from the first half of 2001 (from 22 pounds seized between January and June 2001 to 7 pounds seized between July and December 2001).

Minneapolis

PCP-soaked cigarettes and marijuana joints were reported by crime labs, easily distinguished by their pungent, chemical odor. PCP can also be injected or snorted. In 2001, 2.7 percent of Minneapolis adult male arrestees tested positive for PCP, compared with 1.2 percent in 2000. There were 13 ED mentions of PCP in the first half of 2001, compared with 20 in 2000, and 18 in 1999. In Hennepin County in 2001, a mixed drug overdose death involved PCP and amphetamine. Prior to smoking, marijuana joints are sometimes dipped into other psychoactive

substances to achieve effects or enhance those of marijuana alone. Joints dipped in formaldehyde or embalming fluid, which is often mixed with PCP, are known as 'wets' or 'water.' Joints dipped in PCP are known as 'wet daddies.'

New York

According to the Street Studies Unit, PCP is readily available in certain areas in the city, particularly in Harlem. PCP ED mentions increased from 1991 to 1993. The number declined significantly from 852 in 1994 to 237 in 2000. In the past few years, PCP-involved deaths have averaged about 6 per year, except for 1995, when 16 such deaths were reported by DAWN. Between 1998 and 1999, PCP-involved deaths increased from 2 to 11. According to the SSU, PCP sells for \$10 per bag and is packaged in small plastic bags. Although it may be available as a bottled liquid, it is primarily sold in packets of marijuana, parsley, or mint leaves that have been soaked in PCP. Field researchers were told that marijuana was being dipped in PCP or in the liquid that was used to cook crack in order to produce a more intense high.

Philadelphia

At \$5 for a small bottle, PCP is easier to obtain than ever. The more common form of PCP is on mint leaves, but it is also available as a liquid. The combination of marijuana and PCP, frequently mixed in blunts, is commonly called 'love boat' or 'wet.' Users who were new to treatment in the spring of 2002 estimated that 30 percent of blunts are laced with PCP.

Phoenix

Several sources reported that various drugs with hallucinogenic properties including PCP are readily available throughout the State.

San Diego

A focus group of drug users discussed PCP use by Black teenagers, claiming that PCP use was widespread.

St. Louis

PCP has been available in limited quantities in the inner city and has generally been used as a dip on marijuana joints. While PCP is not seen in quantity, it remains in most indicator data, including ED mentions, police exhibits, and as a secondary drug in ME data. Most of the users of this drug in the inner city are African-American.

Texas

The DEA reports that PCP has become more available in the Dallas area. A 'sherm stick' sells for \$10, a PCP cigarette sells for \$25, an ounce of PCP sells for \$350–\$500 in Dallas, and a gallon sells for \$26,000–\$28,000 in Fort Worth. Adult admissions to treatment with a primary, secondary, or tertiary problem with PCP are increasing. Some 102 clients were admitted in 1998, 125 in 1999, 174 in 2000, and 178 in 2001. Of these clients in 2001, 85 percent were African-American, 64 percent were male, and the average age was 24. While 51 percent reported a primary problem with PCP, another 26 percent reported a primary problem with marijuana, which demonstrates the link between these two drugs and the use of 'fry,' which is a marijuana joint or cigar dipped in embalming fluid that can contain PCP.

Washington, DC

According to the DEA, PCP prices dropped markedly to \$300–\$600 per ounce during the second quarter of 2002, compared with \$700–\$950 price per ounce during the second and third quarters of FY 2001. These current prices are a return to the prices of the past few years; during 1998, 1999, and

the fourth quarter of FY 2000, PCP was available for approximately \$350 an ounce. There are government reports that PCP is being sold in gallons for \$18,000–\$22,000. Ethnographic data indicate that PCP is often marketed on the street as a marijuana-PCP combination, which is sold in aluminum foil packages for \$15–\$25. ‘Dippers,’ or tobacco cigarettes dipped in liquid PCP, sell on the street for \$25 each. Dippers are extremely potent, and more than one person can get high from one cigarette. They are used primarily by men and women in their late teens and early twenties and are most prevalent in the southeast quadrant of DC. The Metropolitan Police Department Narcotics Unit reports that some dealers are putting ether on marijuana to make it smell like PCP. DEA investigations corroborated ethnographic reports that users generally combine PCP with marijuana. Within the District, PCP is used primarily by young African-American males and lower to lower-middle income Whites, some of whom have ties to motorcycle gangs. However, recent DEA intelligence indicates an expanding interest in the drug among participants in the city’s club/rave scene. Club/rave attendees have shown a growing interest in PCP, because it has a similar effect as ketamine (also a popular drug in the club/rave scene), but the effect is stronger. Many manufacturers of ecstasy use PCP as a cheap adulterant or even substitute in their tablets. Beginning around 1992 and continuing to the present, adolescents and adults in the District have been ‘lacing’ marijuana cigarettes with PCP.

Lysergic Acid Diethylamide (LSD)

LSD indicators continued to be low in 2001, compared with other drugs such as cocaine and marijuana.

Across the coterminous United States, there was no significant change in DAWN ED LSD mentions from the first half of 2000 to the first half of 2001. The rate in the first half of 2001 was 1 per 100,000 population. Among CEWG areas in the first half of 2001, 5 were below the national rate (at zero), 9 did not deviate from the national rate, and 6 exceeded the national rate. The highest LSD ED rate (5 per 100,000 population) was in Los Angeles. The other five CEWG areas that exceeded the national rate (Miami, Phoenix, St. Louis, San Francisco, and Seattle) all had a rate of 2 per 100,000 population. The rate increased significantly in Miami (as well as in Baltimore, which had a rate of 1 per 100,000), but it decreased significantly in Seattle from the first half of 2000 to the first half of 2001. The highest number of LSD ED mentions in the first half of 2001 was in Los Angeles (123 mentions), followed by Chicago (58).

Trends in LSD ED mentions are presented in exhibit 33 for 16 CEWG areas where significant increases or decreases occurred in 1 or more of the 3 years tested by the Office of Applied Studies. Not represented are 2 CEWG areas where mentions were among the highest but remained relatively stable from 1994 to 2000—Los Angeles and Philadelphia, with 217 and 104 LSD mentions, respectively, in 2000.

Of the 16 areas represented in exhibit 33, 12 were found to have significant decreases in the numbers of LSD ED mentions between 1994 and 2000. The significant decline continued in Atlanta and Newark between 1998 and 2000, and in Denver and Seattle between 1999 and 2000. Conversely, mentions in San Francisco, after declining between 1994 and 2000, significantly increased between 1998 and 2000 and 1999 and 2000. Mentions in

Exhibit 33. Trends in LSD ED Mentions in 16 CEWG Areas by Year: 1994 and 1998–2000

CEWG Area	1994	1998	1999	2000	Percent Change ¹		
					1994, 2000	1998, 2000	1999, 2000
Atlanta	217	108	85	70	-67.7	-35.2	
Baltimore	82	39	53	49	-40.2		
Boston	108	53	44	41	-62.0		
Chicago	255	120	138	115	-54.9		
Dallas	107	93	105	64	-40.2		
Denver	95	64	87	64	-32.6		-26.4
Miami	74	54	50	55	-25.7		
New Orleans	26	77	76	35	34.6	-54.5	-53.9
New York	150	75	54	73	-51.3		
Newark	32	22	20	10	-68.8	-54.5	
Phoenix	41	99	156	135	229.3	36.4	-13.5
St. Louis	77	35	70	74		111.4	
San Diego	47	65	65	48		-26.2	-26.2
San Francisco	148	43	55	67	-54.7	55.8	21.8
Seattle	212	94	121	107	-49.5		-11.6
Washington, DC	168	49	87	45	-73.2		

¹ These columns denote statistically significant ($p < 0.05$) increases and decreases between estimates for the time periods noted.

SOURCE: Adapted from DAWN, Office of Applied Studies, SAMHSA

Phoenix, which had the greatest percentage increase from 1994 to 2000, continued to increase from 1998 to 2000 but declined significantly between 1999 and 2000. New Orleans, which also had a significant increase in LSD ED mentions between 1994 and 2000, experienced significant declines from 1998 onward.

Very few treatment admissions reported LSD as their primary drug. In 2001, LSD admissions ranged from zero to less than 1 percent of all admissions.

Although LSD indicators are relatively low across CEWG areas, use and abuse of the drug continues to be reported in some areas, as reflected in the following excerpts from nine CEWG reports.

Baltimore

LSD use in the past year was reported by between 9 and 15 percent of 12th grade students in the suburban counties, but by only 1 percent of students in Baltimore City.

Boston

Despite the low treatment indicators for hallucinogens, use of LSD (and psilocybin and mescaline) among adolescents and young adults is not uncommon, as indicated by focus groups and treatment providers. State Police reported that seizures of these drugs are highly variable, and typically increase around the time of large outdoor rock concerts.

Detroit

LSD continues to be sporadically reported and use remains relatively low. LSD is generally limited to high-school-age suburban and rural youth. Dose forms are primarily paper cutouts of various designs, although there has been a recent report of a liquid form sold by weight (in grams), which could prove extremely difficult to parcel out into equivalent dosage units desired for an expected effect.

Los Angeles

Anecdotal evidence suggests that LSD use is much more common than law enforcement realizes, possibly because it is often taken with MDMA. The drug is most often encountered in the rave scene and increasingly on college campuses.

New Orleans

LSD sells for \$5 per tablet. LSD seizures are increasing, as is use and abuse of the drug.

Phoenix

Several sources reported that various drugs with hallucinogenic properties are readily available throughout the State, including peyote, LSD, PCP, and ketamine.

Seattle

Over the years, LSD has sporadically reappeared in local high schools and rural areas. DAWN data show a steady presence of LSD ED mentions from 1997 through 2000.

Texas

The 2000 adult survey reported that 8.8 percent of Texas adults had ever used LSD and 0.9 percent had used it in the past year. Texas Poison Control Centers reported 77 mentions of LSD in 1998, 95 in 1999, 87 in 2000, and 62 in 2001. The average age of mentions in 2001 was 18.5 years.

Washington, DC

LSD continues to be used in the District of Columbia, although its use appears to be decreasing. Ethnographic reports suggest that its popularity has not waned as much as its availability. LSD is used largely by high school and college-age individuals in connection with area raves, concerts, and nightclubs in the District.

Availability and Price of LSD

Across eight reporting CEWG areas, only Washington, DC, indicated that the availability of LSD is waning. LSD is available in various forms, including blotters (sheets of paper soaked in LSD), liquid, and crystal form. The most typical price is \$5 for a street dosage unit. However, prices vary, as indicated in the quotes below.

Boston

LSD prices reported by the DEA were steady at \$5 per street-dosage unit and \$300 per 100-dosage units. Combining MDMA with LSD—so called ‘candy flipping’—was reported as popular by some teen focus group participants.

Honolulu

Prices for LSD were \$4–\$6 per ‘hit’ and \$225–\$275 per 100-dosage unit sheets (a ‘page’) in this CEWG reporting period.

Los Angeles

The wholesale price of LSD ranges between \$150 and \$200 for 100 doses. Typically, a single dose has a retail value of \$5–\$10.

Minneapolis

LSD is typically sold as saturated, tiny pieces of paper, known as ‘blotter acid,’ for \$5–\$10 per dosage unit.

Phoenix

LSD hits reportedly sell for less than the price reported in December 2001. In December 2001, the price was \$4 for one blotter hit. Currently, a 1-blotter hit sells for \$2–\$3 retail and \$140–\$150 for 1 bottle (90 dosage units).

St. Louis

Blotters sell for \$2–\$4 per 35-microgram dose. Much of this LSD is imported from the Pacific coast.

Texas

LSD is selling for \$0.60 to \$10 in Dallas, \$5–\$10 in Tyler, \$6–\$10 in Fort Worth, and \$7 in Lubbock. Two grams in a ‘Sweet Breath’ bottle sell for \$160–\$180 in Houston.

Washington, DC

According to the DEA, LSD is sold in the form of blotter sheets of paper soaked in LSD, as liquid LSD placed on sugar cubes or candy or dropped directly on the tongue from breath-drop and eye-dropper bottles, and in larger multigram quantities as crystal LSD. When diluted or dissolved, 1 gram of crystal LSD yields 10,000 dosage units. Blotter sheets, which are perforated into quarter-inch square individual doses, are the most common form of LSD available. They are sold by the tab in ‘sheets’ (100 tabs), and in ‘cubes’ (10 sheets). LSD is commonly sold and used alongside various club drugs. DEA investigations also cite accounts of young adults and club-goers practicing ‘candy flipping’ or mixing ecstasy and LSD.

**INFECTIOUS DISEASES
RELATED TO DRUG USE**

**Human Immunodeficiency Virus
(HIV)/Acquired Immunodeficiency
Syndrome (AIDS)**

As of December 2000, CDC estimated that 338,978 persons in the United States were living with AIDS (exhibit 34). Of the 265,466 adult and adolescent males estimated as living with AIDS, 24.6 percent were in

Across 17 CEWG areas that reported AIDS data for 2001 or 2002, Baltimore had the highest percentage of cases associated with injection drug use (60.0 percent), followed by Newark (43.5 percent), Philadelphia (42.3 percent), and Boston (35.0 percent).

Exhibit 35 depicts the rates of AIDS cases per 100,000 population in CEWG areas for the period July 2000 through June 2001. As shown, the highest rates were reported for Miami (60.1), New York (49.4), Baltimore

Exhibit 34. Estimated Number of Persons Living with AIDS in the United States by Gender and Exposure Category: 2000

Male Adult/Adolescent Exposure Category	
Men who have sex with men	152,116
Injection drug use	65,380
Men who have sex with men and inject drugs	20,296
Hemophilia/coagulation disorder	
Heterosexual contact	23,092
Receipt of blood transfusion, blood components, or tissue	
Other risk not reported or identified	4,582
Male Subtotal	265,466
Female Adult/Adolescent Exposure Category	
Injection drug use	27,603
Hemophilia/coagulation disorder	
Heterosexual contact	39,804
Receipt of blood transfusion, blood components, or tissue	
Other risk not reported or identified	2,317
Female Subtotal	69,725
Pediatric (<13 years) Exposure Category	3,787
Total	338,978

SOURCE: CDC HIV/AIDS Surveillance Report

the *injection drug use* exposure group, 7.6 percent in the *men who have sex with men and inject drugs* exposure group, and 8.7 percent in the *heterosexual contact* group. Of the 69,725 adult and adolescent females estimated to be living with AIDS, 39.6 percent were in the *injection drug use* group, and 57 percent in the *heterosexual contact* group.

(43.5), San Francisco (39.9), and Newark (37.7).

In the period from July 2000 to June 2001, CDC estimated that, in 36 States that had confidential HIV reporting, 143,547 persons were infected with HIV but had not yet developed AIDS. States such as California,

Exhibit 35. Rates of AIDS Cases per 100,000 Population by CEWG Area: July 2000–June 2001

CEWG Area	Rate
Atlanta	22.2
Baltimore	43.5
Boston	11.8
Chicago	12.5
Dallas	16.7
Denver	11.5
Detroit	12.6
Honolulu	5.9
Houston	21.2
Los Angeles	16.6
Miami	60.1
Minneapolis/St. Paul	5.5
New Orleans	27.3
New York	49.4
Newark	37.7
Philadelphia	26.4
Phoenix	10.5
St. Louis	9.4
San Diego	14.8
San Francisco	39.9
Seattle	13.9
Washington, DC	34.7

SOURCE: CDC HIV/AIDS Surveillance Report

Maryland, Massachusetts, New York, and Pennsylvania did not have confidential HIV reporting and were not included in this estimate. Of the HIV-infected cases for which exposure category was known, 21 percent were exposed to the AIDS virus through injection drug use and 24 percent through heterosexual contact.

Hepatitis B (HBV) and Hepatitis C (HCV)

The “Hepatitis Report: A Critical Review of the Research and Treatment of Hepatitis C Virus and Hepatitis & HIV Connection,” by Michael Marco and Jeffrey Schouten (<http://www.aidsinfonyc.org/tag/comp/heprpt.html>) concludes that 2 percent of the American population (4 million people) are infected with the hepatitis C virus (HCV), and that HCV appears to be more common among

Blacks and Hispanics than among other racial/ethnic groups. Injection drug use remains the main mode of transmission, with rates of infection ranging from 75 to 92 percent in various cohorts in different areas of the world. Hepatitis B is also associated with injection drug use.

Seven CEWG representatives reported on the incidence of hepatitis C in their areas, with some including information on hepatitis B.

Chicago

While HIV seroprevalence was only 3 percent among the 700 young (age 18–30) IDUs studied between 1997 and 1999, the participants reported high levels of HIV risk practices. Of particular concern is the finding that young IDUs living in the suburbs reported the highest rates of needle sharing of any group observed during the 1990s. The prevalence and incidence of hepatitis C virus among this sample was 27 percent and 10 percent per person-year observed, respectively. The sharing of paraphernalia other than needles—particularly sharing cookers—was associated with new HCV infections. The findings also suggest that young IDUs, especially those in the suburbs, are engaging in high levels of HIV risk behavior and have avoided HIV infection only because they have yet to become integrated into social networks of older IDUs where infection is more common. Though the prevalence and incidence of HCV infection was high among young IDUs, the findings from these studies indicate that the time between the initiation of drug injection and subsequent infection with HCV is long enough for the majority of young IDUs to benefit from HCV prevention interventions that target young, new injectors.

Detroit

Hepatitis C cases reported to the Michigan Department of Community Health communicable disease surveillance system began to show increases in 1998 with 464 cases, compared with 362 cases in the prior year. In 1999, total cases increased to 798 (72 percent). In 2000, cases again increased sharply to 2,754, a 245-percent increase from 1999. However, much of this apparent increase is attributed to better reporting and more people being tested, rather than an increase in individuals being infected.

Los Angeles

Twenty-two hepatitis B acute cases and six hepatitis C acute cases were reported, confirmed, and closed in the Los Angeles County Communicable Disease Reporting System from July to December 2001. Hepatitis B (n=6) and hepatitis C (n=11) acute cases reported from January to December 2001 were down 22 and 66 percent, respectively, from the total number of hepatitis B (n=72) and hepatitis C (n=32) acute cases reported from January to December 2000.

Minneapolis

Many people with a history of injection drug abuse contract the hepatitis C virus, a blood-borne liver disease, the symptoms of which may not appear for many years after initial exposure. Among methadone patients, it is estimated that at least 80 percent are HCV-infected.

San Francisco

Hepatitis C is emerging as a far greater health concern for IDUs than hepatitis B; preliminary serosurveillance results of Bay Area IDUs suggest an infection rate in the 50–60 percent range.

Seattle

Although HIV prevalence among IDUs in King County is relatively low, a high proportion of this population shows evidence of previous exposure to other blood-borne viruses. Epidemiologic studies conducted among more than 4,000 IDUs by Public Health's HIV/AIDS Epidemiology Program since 1994 reveal that 85 percent of King County IDUs may be infected with HCV, and 70 percent show markers of prior infection with hepatitis B (HBV). Recent incidence studies further indicate that 21 percent of noninfected Seattle-area IDUs acquire HCV each year, and 10 percent of IDUs who have not had hepatitis B acquire HBV. The HIV incidence rate among IDUs in these studies was estimated to be less than 0.5 percent per year. High prevalence and alarming transmission rates for HBV and HCV suggest that injection risk behaviors persist, creating potential for future spread of HIV among IDUs in King County.

Washington, DC

Because of similar transmission routes, the incidence of co-infection with HCV is increasing among IDUs who are HIV-positive. During hepatitis screening in February through May 2001 at the District of Columbia Addiction Prevention and Recovery Administration, 343 chronic hepatitis C cases were reported. According to APRA, the highest number of cases with HCV was among IDUs. Also, officials at APRA note that HIV and hepatitis C co-infection is high among IDUs.

APPENDIX A: The Drug Abuse Warning Network (DAWN) Emergency Department Data

This national data collection system, managed by the Office of Applied Studies (OAS), Substance Abuse and Mental Health Services Administration (SAMHSA), provides semiannual and annual estimates of substance use based on visits to hospital emergency departments (EDs) in 21 metropolitan areas, including 20 CEWG areas.

The data are gathered from a national probability sample of hospitals in the 21 areas in 48 States and the District of Columbia. Alaska and Hawaii are not included in the sample. With few exceptions, the geographic area boundaries correspond to the 1983 Office of Management and Budget definitions of Metropolitan Statistical Area and Primary Metropolitan Statistical Area. Periodic minor modifications are made to the ED sample to keep it current. Analyses show that such modifications have little impact on trends across time. Various statistical procedures are used to enhance precision in the sampling frame. In 2000, the DAWN sample consisted of 578 eligible hospitals. Of these, 466 (81 percent) participated in DAWN.

ED data are reported for each “episode” (case or admission) that meets the criteria for “drug abuser age 6–97,” who is taking one or more substances without proper medical supervision or for psychic effect, dependence, or suicide attempt or gesture. Each drug reported by a patient may be counted as a “mention.” Up to four drugs for each episode may be recorded. Some drugs are classified in a combined category; these include “cocaine/crack,” “heroin/morphine,” “marijuana/hashish,” and “PCP/PCP combinations.”

ED mention data are converted to rates per 100,000 population when sample sizes permit. A probability value of less than 0.05 is used to determine statistical significance.

Because an individual may be counted in more than one episode in a reporting period, and may mention more than one drug, the DAWN ED data cannot be used to estimate prevalence.

The OAS volume used in this publication is entitled *Emergency Department Trends from the Drug Abuse Warning Network: Preliminary Estimates January–June 2001 with Revised Estimates 1994–2000*, published by SAMHSA in February 2002. The estimates in this publication supersede DAWN estimates published previously for 1994 through 2000.

APPENDIX B: The Arrestee Drug Abuse Monitoring (ADAM) Program

Managed by the National Institute of Justice (NIJ), the ADAM program is designed to gather drug use data quarterly from arrestees in 35 sites in the United States; 19 of these sites provide data relevant to the CEWG. Data are reported annually by NIJ.

Beginning in 2000, the ADAM instrument for adult arrestees was revised and the adult male sample was based on probability sampling procedures. For these reasons, the 2000 (and beyond) data are not comparable to data collected prior to 2000. Data on adult males are weighted.

Adult female data, collected in most sites, are based on convenience sampling, smaller sample sizes, and different data collection methods. For these reasons, the (unweighted) adult female data are not comparable to the adult male arrestee data.

Data on juvenile arrestees, collected at selected sites, continue to be based on the Drug Use Forecasting model, the predecessor to ADAM.

Analyses and reporting of ADAM data focus on urinalysis results. Urinalysis provides

confirmation of use of 10 drugs within a 2–3 day period prior to interview based on the Enzyme Multiplied Immunoassay Technology®. The urinalysis tests for use of cocaine, opiates (e.g., heroin), marijuana, phencyclidine, methadone, methaqualone (Quaalude), propoxyphene (Darvon), barbiturates (e.g., Seconal, Tuinal), benzodiazepines (e.g., Valium, Ativan), and amphetamines. Gas chromatography mass spectrometry confirms use of illicit methamphetamine and amphetamines and distinguishes them from over-the-counter compounds.

Self-report data on drug use are collected for particular drugs and time periods (past 30 days and past 12 months). Self-report data also cover demographic characteristics and information related to need for and utilization of substance abuse treatment.

Data in this report were collected in various quarters of 2001. Results for the full year of 2001 are expected to be reported in the December 2002 CEWG report.

As in other arrestee data sets, the rate and type of drug arrest may reflect changing law enforcement practices (e.g., “crackdowns” on specific population groups at a specific point in time) rather than prevalence of drug use among the sampled arrestees.

APPENDIX C: The Domestic Monitor Program (DMP)

Under the jurisdiction of the Intelligence Division within the Drug Enforcement Administration (DEA), the DMP reports on the origin, types, cost, and purity of retail-level heroin available in the open-air drug markets in the major metropolitan areas of the United States. The information is based on actual undercover heroin purchases made by the DEA on streets in 23 cities, 19 of which are in or near CEWG areas.

The heroin buys provide information on the type of heroin (Asian, Mexican, Colombian, or undetermined) and the type of diluents and adulterants present in the drug. DMP reports indicate where the buy was made, the brand name (if any), purity level, and price per milligram pure.

DMP data are used to assess changes in price per milligram pure and the sources of heroin purchased in an area. Price and purity for particular drugs can vary across years if the number of buys made in a particular area are small.

APPENDIX D: Total Admissions by Primary Substance of Abuse and CEWG Area: 2001¹

CEWG Area	Alcohol-Only	Alcohol/Other Drug	Cocaine/Crack	Heroin	Marijuana	Stimulants	Other Drugs	Total ²
Atlanta ^{2,3}	NR	829	2,506	286	724	71	0	4,416
Baltimore ³	2,792	2,316	1,566	6,237	2,117	0	465	15,493
Boston	11,098		2,283	10,553	1,098	–	237	25,269
Detroit	3,859		3,678	4,461	985	11	368	13,362
Los Angeles	8,184		8,703	17,560	4,286	5,589	1,805	46,127
Minneapolis	10,166		2,167	522	4,013	866	586	18,320
New Orleans	542		947	433	889	–	98	2,909
New York	8,501	13,661	14,375	22,779	13,270	166	2,131	74,883
Newark	199	286	356	4,388	314	6	45	5,594
Philadelphia	1,676		2,086	1,780	1,038	31	334	6,945
St. Louis	2,022		4,243	1,436	3,210	445	247	11,603
San Diego	1,815	2,192	1,467	1,490	3,128	5,714	283	16,089
San Francisco	4,027		2,961	8,684	900	982	263	17,817
Seattle	3,696		1,150	1,242	1,805	847	204	8,944
Washington, DC	1,105	436	1,918	2,128	362	32	131	6,112
Colorado	35,110	5,015	2,642	1,730	5,176	1,956	1,230	52,859
Hawaii	2,014		433	278	1,544	2,644	492	7,405
Illinois ³	50,670		31,321	24,463	25,626	3,771	13,923	149,774
Texas	13,748		10,623	4,400	7,121	2,580	2,548	41,020

NR = Not reported or represents both alcohol-only and alcohol-in-combination.

¹ Represents either fiscal or calendar year 2001.

² Total numbers shown may underrepresent total admissions because "alcohol-only" or "other drugs" were not reported.

³ Represents only half-year data for 2001.

SOURCES: CEWG June 2001 reports and treatment admissions forms, and, for Los Angeles and San Francisco, the California Drug Data System