



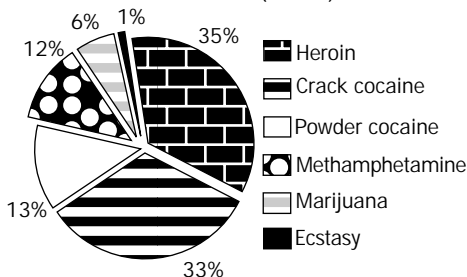
STATISTICAL AREA PROFILE:

- Total population: . . . 3,519,176
- Median age: 31.8 years
- Race (alone):
 - ◆ White 67.2%
 - ◆ Black 15.1%
 - ◆ American Indian/ Alaska Native 0.6%
 - ◆ Asian/Pacific Islander 4.1%
 - ◆ Other race 10.7%
 - ◆ Two or more races 2.4%
- Hispanic (of any race): . . . 23.0%
- Unemployment rate: 3.4%
- Median household income: \$55,854
- Families below poverty level with children <18 years: 11.6%

Source: U.S. Census 2000*

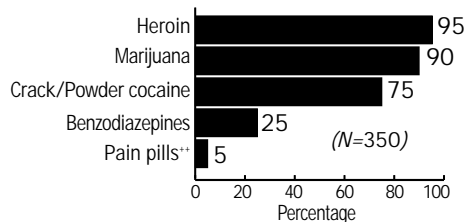
What are the primary drugs of abuse among clients in a non-methadone treatment program? (Fall 2002)

(N=419)



Source: Non-methadone treatment respondent

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



*Includes any use, whether as a primary, secondary, or tertiary drug; responses for methamphetamine and ecstasy were "very small."

**Hydrocodone products (Vicodin®, Lortab®, Lorcel®)

Source: Methadone treatment respondent

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

All four *Pulse Check* sources believe the city's overall drug problem has remained stable since the previous reporting period, particularly the situation regarding cocaine, heroin, and marijuana. Three of the sources consider the city's drug problem very serious, and the law enforcement source describes it as "somewhat serious." Because of the different populations with whom they have contact, the sources vary in their perception of which drugs are most commonly abused and which have the most serious consequences:

- One source names crack as the drug with the most serious consequences because it is associated with violence, health problems, and loss of family support. Methamphetamine follows in consequences because the cold fusion and "Nazi" production methods use toxic substances such as rat poison, liquid fertilizer, matches, lithium batteries, and Drano®. The resulting effects, such as health problems, legal issues, and violence, are intensified because recipes involving such substances proliferate over the Internet.^E
- Another source names heroin as the drug with the most serious consequences because of high relapse rates among treatment clients. Crack follows in consequences because of its links to criminal activity.^N
- An unidentified substance, mislabeled "ice," is increasingly reported at clubs and circuit parties in the gay community. The Drug Enforcement Administration (DEA) will be testing this substance, whose effects differ from those of "speed."^E
- Compared with 5 years ago, the most widely abused drug among clients in one program has shifted from crack to heroin. Short-term trends, however, are stable.^N
- Methylendioxyamphetamine (MDMA or ecstasy) and gamma hydroxybutyrate (GHB) continue as emerging problems.^L

Most widely abused drug:

Marijuana^{L,E}

Heroin^{N,M}

No reported changes between spring and fall 2002^{L,E,N,M}

Second most widely abused drug:

Crack^{E,N}

Methamphetamine^L

Marijuana^M

No reported changes between spring and fall 2002^{L,E,N,M}

Drug related to the most serious consequences:

Heroin^{L,N,M}

Crack^E

No reported changes between spring and fall 2002^{L,E,N,M}

Drug related to the second most serious consequences:

Crack^{L,N,M}

Methamphetamine^E

No reported changes between spring and fall 2002^{L,E,N,M}

New or emerging problems:

Ecstasy and GHB use continues.^L

Sources: ^LLaw enforcement, ^EEpidemiologic/ethnographic, ^NNon-methadone treatment, and ^MMethadone treatment respondents

Note: These symbols appear throughout this city profile to indicate type of respondents.

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



HEROIN

With the city's close proximity to the border, and with continued high demand, Mexican black tar heroin remains the primary threat. However, as Colombian traffickers have been trying to expand their market (possibly trying to avoid the tightened security on the East Coast), South American heroin has become increasingly available over the last year. Southwest Asian white heroin is also more easily obtainable.^L

While heroin users are predominantly older Black injectors from central city areas, an emerging group of young, White, more affluent smokers from the suburbs (mean age 17.5 years) is increasingly experimenting with heroin.^E

COCAINE

Overall, the number of crack and powder cocaine users remains stable, and no new user groups are reported.^E

The percentage of clients in treatment for a primary crack problem declined somewhat since the last reporting period (to 19 percent); among first-time admissions, however, that percentage increased slightly (to 16 percent).^N The treatment percentage for powder cocaine remains stable.^N

MARIJUANA

Overall, the number of marijuana users remains stable, and no new or emerging groups are reported.^E Marijuana user characteristics remain stable.^{E,N}

The exchange of guns for marijuana has increased. "More youngsters are trading and carrying." Many of these youth get their guns from a large gun show that comes through Dallas annually.^E

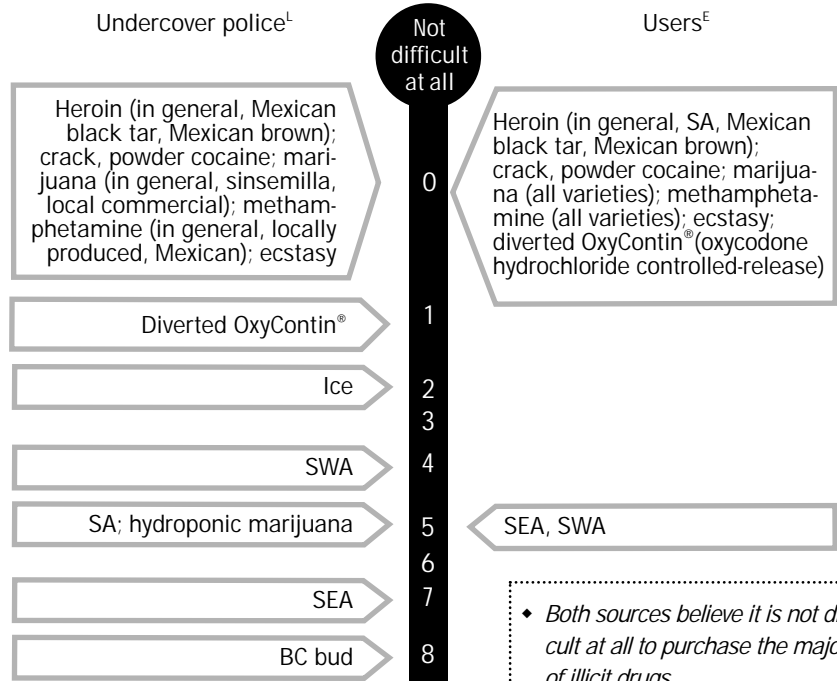
METHAMPHETAMINE

Ice, which had not been encountered for a while, has become more available as more Mexican organizations have

become involved, and demand is increasing because of lower prices.

Increases in use are reported, both among methamphetamine users in general and within the gay community, which is an emerging user group.^E

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



Sources: ^LLaw enforcement respondent; ^EEpidemiologic/ethnographic respondent; ^NNon-methadone treatment respondent

Note: SA=South American (Colombian) heroin; SWA=Southwest Asian heroin; SEA=Southeast Asian heroin; ice=highly pure methamphetamine in smokable form; and BC bud=British Columbian marijuana.

- Both sources believe it is not difficult at all to purchase the majority of illicit drugs.
- Dallas is one of only six Pulse Check cities where diverted OxyContin® (oxycodone hydrochloride controlled-release) can be purchased with no difficulty at all. (The other five are Boston^L, New York^L, Pittsburgh^L, San Francisco^L, and Tampa/St. Petersburg^L).
- Undercover officers find it easier to purchase SA and SWA white heroin in fall 2002 than in the previous spring due to greater street availability and new trafficking groups.^L
- Additionally, the non-methadone treatment source describes three recent heroin dry spells: one after September 11, and two during the second half of 2002. Each lasted a few weeks, causing increases in price and number of users seeking detox, and then leveled out.^N
- Ice is also more easily purchased by undercover officers than previously. It is more available, and more organizations are moving the drug.^L
- The epidemiologic source reports no change in ease of user drug purchases. One treatment source, however, reports an increase in crack availability.^N



Only one source reports a decline: Non-methadone treatment clients report that availability and quality may have declined because of recent police action on labs. Nevertheless, they report the drug as widely available and cheaper than powder cocaine.^N

MDMA (ECSTASY)

Two sources note related increases among sellers and users:

- Ecstasy sellers used to be primarily White males. But an increase is reported in the number of Asian-American, Black, and Mexican traffickers, and the market is now expanding into night clubs in Black communities.^L
- While ecstasy users are predominantly White, some increase is noted in the Black community.^E

OTHER DRUGS

- Gamma hydroxybutyrate (GHB): Adolescents are reportedly using it more, sometimes instead of flunitrazepam (Rohypnol[®]), to commit drug assisted rape.^E
- Alprazolam (Xanax[®]) plus methadone: This combination is increasingly reported in methadone clinics and often results in fatalities.^E No increase, however, is reported for methadone alone: users still resort to the standard practice of “cheeking” and selling the drug.^E
- Diverted OxyContin[®]: While users tend to be young adult (18–30 years), White, suburban males, adults in rural areas are increasingly starting to use the drug.^E An increase is also noted among club-goers.^N Tablets are usually ingested orally, but a slight increase is noted in crushing and injecting.^E “Blue” refers to the combination of OxyContin[®] plus almost any other drug, from crack to a depressant.^N

THE USE PERSPECTIVE

WHAT'S HAPPENING IN TREATMENT?

Treatment capacity and availability

- Methadone maintenance treatment is available throughout the Dallas area and remained stable between spring and fall 2002. Both public and private programs have adequate capacity, which is unchanged since the previous reporting period.

- The *Pulse Check* non-methadone treatment source directs a program whose enrollment of 101 residential clients and 142 outpatients is below its capacity of 120 residential clients (determined by square footage for licensing by the Single State Agency and the Texas Commission on Alcohol and Drug Abuse) and 300 outpatients (determined by program schedule and licensing counselor-to-patient ratio). Slightly more than one-third of the clients in treatment from September 1 through November 30, 2002, reported heroin as their primary drug of abuse, and another third reported crack cocaine as such (*see pie chart on the first page of this chapter*).

- The methadone treatment source is president of a program whose 350 outpatient clients at the time of the *Pulse Check* discussion were below its 400 outpatient capacity (determined by the State law’s counselor-to-patient ratio). The vast majority (90 percent) of the opiate users in the program also use marijuana, and three-quarters of them also use some form of cocaine (*see bar graph on the first page of this chapter*). Five percent of the methadone patients use pain pills, such as hydrocodone products (Vicodin[®],

Lortab[®], Lorcet[®]), as their primary drug of abuse. These individuals generally became addicted because of some health condition that required pain management—underscoring the need for educating doctors and dentists about drug addiction.^M

Co-occurring disorders

- Incidence of HIV/AIDS and hepatitis C has stabilized because of effective intervention programs in the city.^{NM}
- Dual diagnoses involving antisocial disorder or conduct disorder declined among clients in the non-methadone program because the program has a history of dealing with this population and has improved its screening process. The program has a high but stable number of dually diagnosed clients with psychosis because two central screening facilities in the area refer them for detox.^N

Barriers to treatment

- Cases of violent behavior among presenting clients have declined because the program has an improved screening process and a history of dealing with this population.^N
- One program does not lack transportation or money for transportation because managed care covers some of the costs.^N The other program notes the transportation barrier as fairly common but stable.^M
- Hispanics are underrepresented in treatment programs throughout the city for several reasons: a cultural distrust of engaging in official activities; the availability of church-based counseling; a lack of education about resources; and a



lack of professional Hispanic staff to engage Hispanic users.^N

- Lack of training and adequate reimbursement for professional staffing to deal with comorbidity causes one program to have a slight but stable staffing problem.^N The other program's lack of trained staff to treat clients with psychiatric problems has increased: as the treatment community's awareness of the problem is growing, the program is struggling to find staff to deal with it.^M

- One respondent notes the lack of education, and the misinformation about what treatment and addiction are, within the medical community and in the general population.^M

WHO USES ILLICIT DRUGS?

The *Pulse Check* epidemiologic, non-methadone treatment, and methadone treatment sources were asked to describe the populations most likely to use heroin, cocaine, marijuana, methamphetamine, and

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

Who's most likely to use heroin?

Characteristic	E	N	M
Age group (years)	>30	>30	>30
Mean age (years)	35	39	47 (median)
Gender	60% male	76% male	56% male
Race/ethnicity	Black	White	White
Socioeconomic status	Low	Low	Low
Residence	Central city	Central city	Central city
Referral source	N/A	Individual; Council on AOD	Individual
Level of education completed	N/A	High school	Junior high
Employment at intake	N/A	Unemployed	50% employed, 50% unemployed

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

- ◆ Two user groups are reported: the older, poorer, Black injectors from central city areas; and an emerging group of young, White, more affluent smokers from the suburbs (mean age 17.5 years). The latter group has increased somewhat.^E
- ◆ A slight decline in the percentage of clients in treatment for primary heroin abuse does not reflect the street situation. Rather, it is related to changes in the managed care system's definition of treatment priorities.^N
- ◆ Whites and Blacks constitute 48 percent and 40 percent, respectively, of the heroin users.
- ◆ North of Dallas, in the Plano area, the younger, more affluent, suburban heroin-using population is stabilizing. Fewer deaths are reported than in the past because of increasing awareness about heroin.^M
- ◆ Most clients have been addicted to heroin for more than 20 years, since their twenties.



How do users take heroin?

Characteristic	E	N	M
Primary route of administration	Injecting	Injecting	Injecting
Other drugs taken	Alprazolam, powder cocaine, crack, methamphetamine, over-the-counter medications	Powder cocaine	Marijuana, crack, benzodiazepines, pain pills
Publicly or privately?	Privately	Publicly and privately	Privately
Alone or in groups?	Alone	Alone	Alone and in groups/ among friends

Sources: ^EEpidemiologic/ethnographic respondent; ^NNon-methadone treatment respondent; ^MMethadone treatment respondent

- ◆ The older injectors combine heroin with powder or crack cocaine (speedballs, “he-she,” or “boy-girl”) or alprazolam. The younger smokers mix their “chiva” with “speed” or over-the-counter medications.^E A variety of other combinations are reported (see box below).^N
- ◆ The younger emerging group tends to use heroin more publicly than the older injectors, who prefer more private settings, such as shooting galleries (though some use heroin in parks).^E
- ◆ White and Black heroin users tend to inject. Mexican users, however, tend to snort or smoke.^M
- ◆ One-quarter of the methadone patients use diazepam or alprazolam as well as heroin. These individuals usually start out with a co-occurring medical condition for which they obtain a benzodiazepine prescription—underscoring the need for educating doctors and dentists about drug addiction.^M

A “lexicon” of heroin combinations

Clients at the program directed by the *Pulse Check* non-methadone treatment source provided the following list of slang names for various drug combinations that include heroin:

- “Beast”: Heroin plus lysergic acid diethylamide (LSD)
- “China white” or “TNT”: Heroin plus fentanyl
- “Cotton brothers”: Heroin plus cocaine plus morphine
- “The five way”: Heroin plus snorted cocaine plus methamphetamine plus flunitrazepam plus alcohol
- “LBJ”: Heroin plus LSD plus phencyclidine (PCP)
- “Mud”: Heroin plus opium
- “Sleeper and red devil”: Heroin plus a depressant
- “Blanco”: Heroin plus cocaine
- “Bombita”: Heroin plus amphetamine
- “El diablito”: Heroin plus cocaine plus marijuana plus PCP smoked
- “Poro”: Heroin plus PCP
- “Goma”: Black tar heroin plus opium
- “Homicide”: Heroin cut with strychnine
- “Hot heroin”: Heroin poison to give a police informant
- “Red rock” or “red rum”: Heroin plus barbitol plus strychnine plus caffeine
- “Scramble”: Low purity heroin plus crack
- “Spike”: Heroin cut with strychnine for injecting use

Source: Non-methadone treatment respondent



Who's most likely to use cocaine?

Characteristic	Crack cocaine		Powder cocaine		Cocaine (unspecified)
	E	N	E	N	M
Age group (years)	18–30	>30	18–30	>30	>30
Mean age (years)	25	37	28	34	47 (median)
Gender	60% male	72% male	70% male	62% male	56% male
Race/ethnicity	Black	Black	White	White	White
Socioeconomic status	Low	Low	Middle	Low	Low
Residence	Central city	Central city	Suburbs	Central city	Central city
Referral source	N/A	Individual; Council on AOD	N/A	Individual	Individual
Level of education completed	N/A	High school	N/A	High school	Junior high
Employment at intake	N/A	Unemployed	N/A	Unemployed	50% employed, 50% unemployed

Sources: ^EEpidemiologic/ethnographic respondent; ^NNon-methadone treatment respondent; ^MMethadone treatment respondent

- ♦ The percentage of clients in treatment for a primary crack problem declined somewhat since spring 2002 (to 19 percent); among first-time admissions, however, that percentage increased slightly (to 16 percent).^N
- ♦ The treatment percentage for powder cocaine remained stable.^N
- ♦ The percentage of males admitted for primary crack abuse increased—“probably a random blip.”^N
- ♦ User characteristics remained stable between spring and fall 2002.^E
- ♦ Some users are beginning to inject crack, using lemon juice or vinegar to liquefy it. As a result, an increase is reported in skin infections around injection sites.^E
- ♦ Some methadone patients mix cocaine with heroin or marijuana.^M
- ♦ The combination of crack plus marijuana, according to clients at the program directed by the Pulse Check non-methadone treatment source, has several slang names, including “bazooka,” “cocktail,” “crack bash,” “juice joint,” “primo turbo,” “woolie,” and “woolie blunt.” “Cigamos” refers to crack plus tobacco.^N
- ♦ The non-methadone clients also report several slang names for combinations that include powder cocaine plus various other drugs: speedball (plus methamphetamine or plus heroin); “beam me up scottie” (plus PCP); “shabu” (plus ice or methamphetamine); “spaceball” (plus PCP); and “wicky” (plus PCP plus marijuana).^N

Who's most likely to use marijuana?

Characteristic	E	N	M
Age group (years)	18–30	18–30	>30
Mean age (years)	19.5	24	47 (median)
Gender	55% male	91% male	56% male
Race/ethnicity	White	White	White
Socioeconomic status	Middle	Low	Low
Residence	Suburbs	Central city	Central city
Referral source	N/A	Individual	Individual
Level of education completed	N/A	High school	Junior high
Employment at intake	N/A	Unemployed	50% employed, 50% unemployed

Sources: ^EEpidemiologic/ethnographic respondent; ^NNon-methadone treatment respondent; ^MMethadone treatment respondent

- ♦ Marijuana use cuts across all age and racial groups.^E
- ♦ User characteristics remained stable between spring and fall 2002.^{E,N}
- ♦ The methadone clinic no longer imposes consequences (such as loss of privileges) on clients for using marijuana: otherwise, the majority of its clients would drop out of the program.^M



How do users take marijuana?

- While marijuana is most often smoked in joints, blunts are also common.^E
- Marijuana combined with embalming fluid is known as "water."^E
- Marijuana combined with crack is known as a "primo."^E
- A variety of other drug combinations including marijuana are listed below.

Characteristic	E	N	M
Primary delivery vehicle	Joints	Joints	NR
Other drugs taken	Embalming fluid, crack cocaine (sometimes powder cocaine)	Cocaine, methamphetamine	Heroin, pain pills, cocaine
Publicly or privately?	Publicly	Publicly and privately	NR
Alone or in groups?	In groups/ among friends	In groups/ among friends	NR

Sources: ^EEpidemiologic/ethnographic respondent; ^NNon-methadone treatment respondent; ^MMethadone treatment respondent

A "lexicon" of marijuana combinations

Clients at the program directed by the *Pulse Check* non-methadone treatment source provided the following list of slang names for various drug combinations that include marijuana:

- "Wet": Marijuana plus embalming fluid
- "Syrup": Marijuana plus cough syrup
- "Bad seed": Marijuana plus peyote
- "Chronic" or "kryptonite": Marijuana plus crack
- "Herb and al": Marijuana plus alcohol
- "Hydro": Marijuana plus amphetamine or ecstasy
- "Killer," "parsley," "frios," "yerba mala," or "zoom" Marijuana plus PCP

Source: Non-methadone treatment respondent

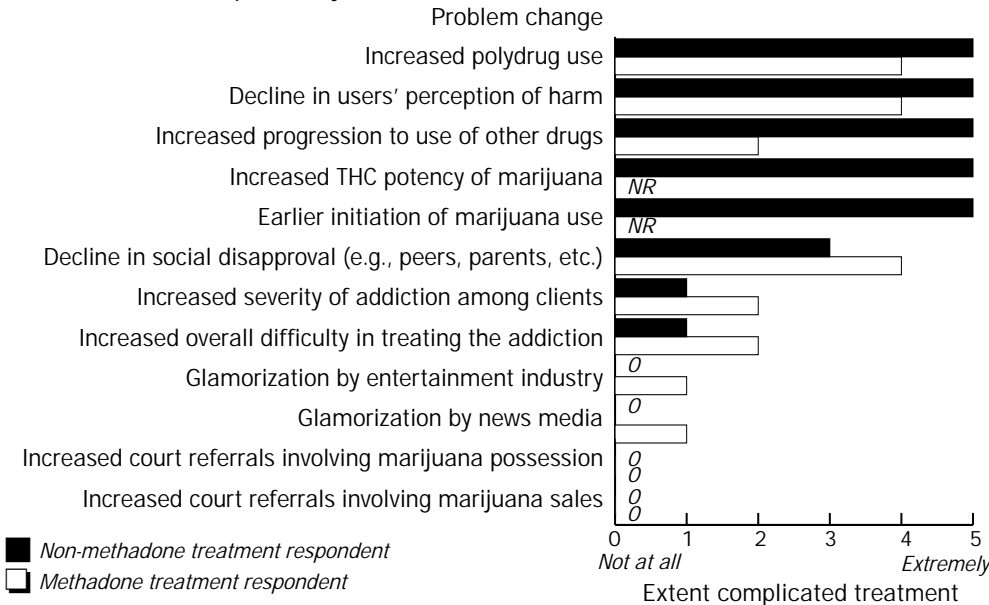
WHAT ARE THE NEGATIVE CONSEQUENCES OF MARIJUANA USE?

Respondents associate marijuana, used either alone or with other drugs, with the following consequences, which remained stable between spring and fall 2002:

- ▶ Drug-related deaths^M
- ▶ Drug-related emergency room visits^M
- ▶ Drug-related arrests^M
- ▶ Automobile accidents^E
- ▶ High-risk pregnancies^F
- ▶ Poor academic performance^E
- ▶ Dropping out of school^E
- ▶ Poor workplace performance^{E,N}
- ▶ Deteriorating family and social relationships^N



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



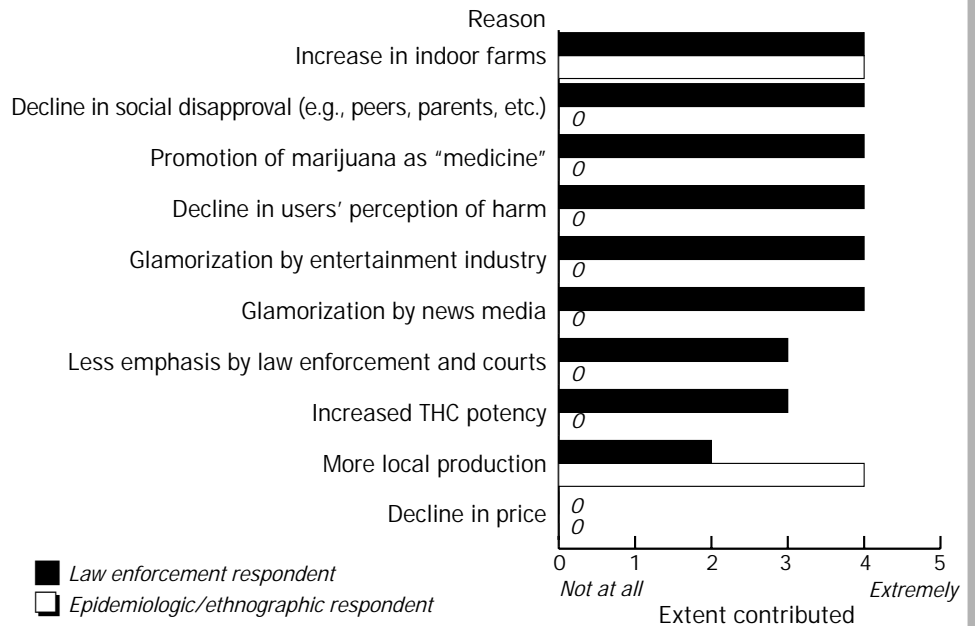
What they have to say...

- ◆ Court referrals have increased.^N In some cities (such as Philadelphia), respondents consider that change to have had a positive effect on treatment; in others (such as Atlanta), respondents believe that change has had a negative effect; in Dallas, however, that change has not complicated treatment in any way.
- ◆ Like many other Pulse Check respondents, both Dallas treatment sources agree that the news media appear to have had little complicating effect.

What they have to say...

- ◆ Indoor farms: From closets to bedrooms to bathtubs—marijuana is increasingly grown “anywhere you can put a grow light.”^E It is becoming easier to obtain equipment from catalogs, head shops, and other sources. Indoor grows yield increased THC content.^L
- ◆ Harm perception: “The public feels it’s no big deal. They don’t think of it as a gateway drug.”^L This remark echoes the sentiment of the majority of Pulse Check respondents.
- ◆ Social disapproval: One source believes that parents’ and peers’ opinions make little difference in marijuana use.^E By contrast, another believes—like the vast majority of Pulse Check respondents—that marijuana’s increasing social acceptability has contributed to widespread use.^L
- ◆ Law enforcement/court emphasis: One source believes marijuana is given low priority relative to other types of drugs.^L

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



- ◆ More local production: With the decline in the economy, many use marijuana production for income.^E It is becoming easier to conceal, and therefore harder to detect local production.^L
- ◆ Prices: Like in many other Pulse Check cities, prices have not changed.^E



Who's most likely to use methamphetamine?

Characteristic	E	N
Age group (years)	18–30	>30
Mean age (years)	25	35
Gender	80% male	58% male
Race/ethnicity	White	White
Socioeconomic status	Middle	Low
Residence	Suburbs	Suburbs, rural areas*
Referral source	N/A	Individual
Level of education completed	N/A	High school
Employment at intake	N/A	Unemployed

* Rural and suburban areas are about a mile apart.

Sources: ^EEpidemiologic/ethnographic respondent; ^NNon-methadone treatment respondent; ^MMethadone treatment respondent

- ♦ Few methamphetamine users take heroin, so the number enrolled in the methadone program is very small.^M
- ♦ Increases are reported, both among methamphetamine users in general and within the gay community, which is an emerging user group.^E
- ♦ To cover the cost of their drug use, users are increasingly obtaining recipes from the Internet, cooking methamphetamine themselves, and trying to sell it.^E
- ♦ First-time methamphetamine admissions include a higher percentage of males than methamphetamine admissions overall (72 versus 58 percent).
- ♦ Client characteristics remained stable between spring and fall 2002.^N

How do users take methamphetamine?

Characteristic	E	N
Primary route of administration	Smoking	Injecting
Other drugs taken	Marijuana	Marijuana
Publicly or privately?	Publicly	Privately
Alone or in groups?	In groups/ among friends	Alone

Sources: ^EEpidemiologic/ethnographic respondent; ^NNon-methadone treatment respondent

- ♦ While smoking predominates, many users inject methamphetamine.^E
- ♦ One source observes that methamphetamine users generally don't take other drugs—"they like to stay up and feel the buzz."^E
- ♦ According to non-methadone treatment clients, however, methamphetamine is combined with PCP (in "jet fuel"), sildenafil (Viagra[®]) (in "tina"), and marijuana plus a depressant (in a "christmas tree").^N

- ♦ Ecstasy is not a drug used by methadone patients, who are much older than the ecstasy-using population.^M
- ♦ While ecstasy users are predominantly White, some increase is noted in the Black community.^E
- ♦ Some ecstasy users also use heroin, amphetamine, and ketamine and other sedatives.^N A variety of slang terms for various ecstasy combinations are listed in the following box.
- ♦ Client characteristics remained stable between spring and fall 2002.^N

Who's most likely to use ecstasy?

Characteristic	E	N
Age group (years)	18–30	18–30
Mean age (years)	NR	25
Gender	50% male	75% male
Race/ethnicity	White	White
Socioeconomic status	Middle	Low
Residence	Suburbs	Central city
Referral source	N/A	Individual
Level of education completed	N/A	Junior high
Employment at intake	N/A	Unemployed

Sources: ^EEpidemiologic/ethnographic respondent; ^NNon-methadone treatment respondent; ^MMethadone treatment respondent



A "lexicon" of ecstasy combinations

Clients at the program directed by the *Pulse Check* non-methadone treatment source provided the following list of slang names for various drug combinations that include ecstasy:

Ecstasy plus amphetamine:	"B-bombs," "diamonds," "hugs and kisses," "super X," "waffle dust"
Ecstasy plus LSD:	"Candy flipping," "troll"
Ecstasy plus PCP:	"Elephant flipping"
Ecstasy plus depressants:	"Disco biscuit"
Ecstasy plus depressants in gel form:	"Jellies"
Ecstasy plus heroin:	"H-bomb"
Ecstasy plus sildenafil:	"Hammerheading"
Ecstasy plus nitrous oxide:	"Nox"
Ecstasy plus flunitrazepam:	"Rib"
Ecstasy plus crack:	"Roca"
Ecstasy plus mescaline:	"Love flipping"

Source: Non-methadone treatment respondent

THE MARKET PERSPECTIVE

WHERE ARE DRUGS USED AND SOLD?

Heroin is sold primarily in central city areas^{L,E} in a host of locations:

- ▶ On the streets^{L,E}
- ▶ In open-air markets^{L,E}
- ▶ Around supermarkets^{L,E}
- ▶ In hotels or motels^{L,E}
- ▶ In crack houses/shooting galleries^E
- ▶ In private residences^E
- ▶ In public housing developments^E
- ▶ Around drug or alcohol treatment clinics^E

Those sales settings are also generally use settings. The new young smokers, however, do not make their deals on the street or in crack houses or shooting galleries. Compared with the older injectors, they are more likely to make deals in cars, private residences, nightclubs and bars, and private parties.

Crack sales are equally distributed among central city, suburban, and rural areas.^L Sales settings, and usually use locations, include the following:

- ▶ On the streets^{L,E}
- ▶ In open-air markets^{L,E}
- ▶ Inside private residences^{L,E}
- ▶ In public housing developments^{L,E}
- ▶ In crack houses or shooting galleries^E
- ▶ In hotels or motels^E
- ▶ Inside cars^L
- ▶ In nightclubs or bars^L

Powder cocaine is sold in central city^E and suburban^{L,E} areas in indoor locations, which are usually also use settings:

- ▶ Inside private residences^{L,E}
- ▶ In public housing developments^L
- ▶ In nightclubs or bars^{L,E}
- ▶ At private parties^{L,E}
- ▶ In hotels or motels^{L,E}

- ▶ Inside cars^L
- ▶ At concerts^E

Marijuana is equally likely to be sold in central city, suburban, and rural areas^{L,E} in a wide variety of outdoor and indoor locations where it is often also used:

- ▶ On the streets^{L,E}
- ▶ In open-air markets^{L,E}
- ▶ Inside private residences^{L,E}
- ▶ In public housing developments^{L,E}
- ▶ In or around elementary, junior high, or high schools^L
- ▶ On college campuses^L
- ▶ In nightclubs or bars^{L,E}
- ▶ In or around shopping malls^L
- ▶ In playgrounds or parks^L
- ▶ At private parties^{L,E}
- ▶ At raves^L
- ▶ At concerts^{L,E}
- ▶ In hotels or motels^{L,E}



Methamphetamine is usually sold in rural areas^{L,E} in both outdoor and indoor sales and use settings, although gay users tend to make their deals only in the indoor locations:

- ▶ On the streets^E
- ▶ In open-air markets^E
- ▶ Inside private residences^{L,E}
- ▶ In nightclubs or bars^{L,E}
- ▶ At private parties^E
- ▶ In hotels or motels^L
- ▶ Inside cars^E

Local methamphetamine is manufactured in both rural and city areas in “box labs” and in other clandestine labs in trailers, residences, fields, and a variety of other locations. The “Nazi” (quick-cooking) production method is the most common,^L but the “cold method,” which uses red phosphorus, is also reported.^E Many users manufacture their own drug by getting recipes over the Internet and stealing liquid fertilizer from farms and feed stores.^E

The ecstasy market is located in both central city and suburban locations, both outdoors and indoors:

- ▶ On the streets^L
- ▶ In open-air markets^L
- ▶ Inside private residences^{L,E}
- ▶ In public housing developments^E
- ▶ In or around elementary, junior high, or high schools^L
- ▶ On college campuses^L
- ▶ In nightclubs or bars^{L,E}

- ▶ At private parties^L
- ▶ At raves^L
- ▶ At concerts^L
- ▶ Inside cars^E
- ▶ Through the mail^L

Diverted OxyContin[®] is sold in central city, suburban, and rural areas, usually inside private residences or at private parties.^L

WHO'S SELLING DRUGS, AND HOW?

Nearly all drug deals are hand-to-hand transactions, with the exception of ecstasy, which is sold either person to person or through the mail.

Dealers generally communicate with their buyers, suppliers, and fellow dealers via cell phone. Ecstasy dealers use both cell phones and the Internet for communications.

- Heroin dealers generally operate within an organized structure. They tend to be older than 30, are not very likely to use their own drug, and they also sell other drugs, such as methamphetamine, crack cocaine, and marijuana.^L “One on one” refers to gangs selling cocaine and heroin in the central city.
- Crack cocaine dealers, like heroin dealers, belong to organized structures. But they are younger (18–30) and are somewhat likely to use their own drug. They also sometimes sell marijuana.^L
- Powder cocaine dealers are similar to crack dealers, with two exceptions: they are not very likely to

use their own drug, and they sell methamphetamine and marijuana in addition to the powder cocaine.^L

- Marijuana dealers generally belong to gangs. They tend to be older than 30, are somewhat likely to use their own drug, and are involved in polydrug sales. More new seller groups are being investigated than in the past.^L
- Methamphetamine dealers, unlike dealers of most other drugs, operate independently. They tend to be young adults (18–30 years) who are very likely to use their own drug, and they sell no other drugs.^L
- Ecstasy dealers, like marijuana dealers, operate within a gang structure. They tend to be young adults (18–30 years) who are somewhat likely to use their drug. They sell a variety of other drugs, including GHB, ketamine, PCP, LSD, powder cocaine, marijuana, and methamphetamine. Ecstasy sellers used to be primarily White males. But an increase is reported in the number of Asian-American, Black, and Mexican traffickers, and the market is now expanding into nightclubs in Black communities.^L
- Diverted OxyContin[®] dealers operate independently. They are generally young adults who are very likely to use their own drug and to sell other diverted prescription drugs, such as hydrocodone products and benzodiazepines.



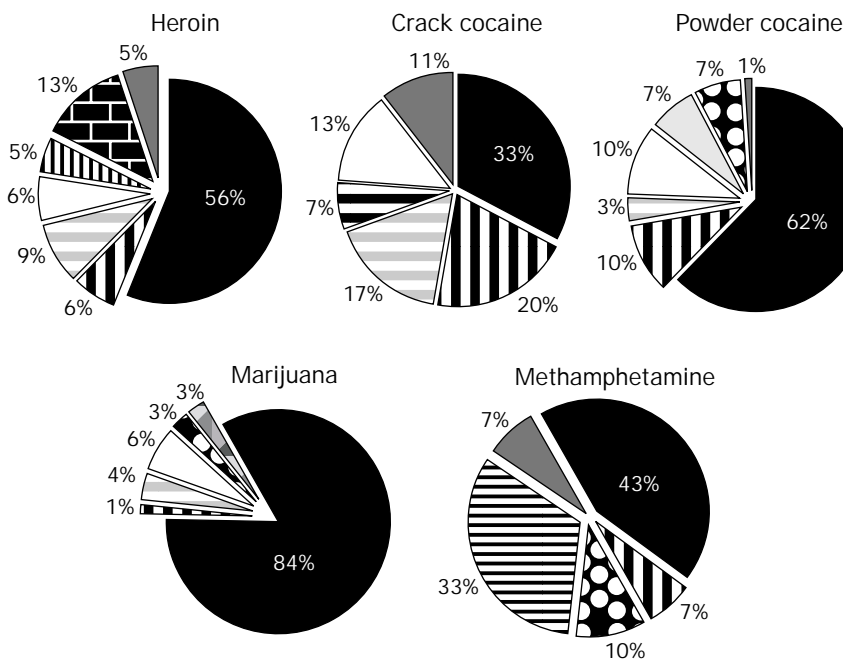
Which drug sellers are associated with which crimes?

Crime	Heroin	Crack cocaine	Powder cocaine	Marijuana	Methamphetamine	Ecstasy
Gang-related activity		✓		✓		✓
Violent criminal acts	✓	✓	✓			
Nonviolent criminal acts	✓		✓		✓	

Sources: Law enforcement respondent; epidemiologic/ethnographic respondent

- ◆ Dealers in diverted OxyContin® are often involved in theft, as are methamphetamine dealers.^L They are also involved in fraud.^L
- ◆ Assault is the violent crime most associated with heroin, crack, and powder cocaine dealers.^L
- ◆ Some heroin users are also sometimes involved in violent crime.^E

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



- Cash
- ▨ Property/Merchandise
- ▨ Shoplifted merchandise
- ▨ Other stolen merchandise (e.g., electronic equipment)
- Sex
- ▨ Transporting the drug
- ▨ Drug buying services
- ▨ Lookout services
- ▨ Pawning
- ▨ Stolen chemicals/manufacturing
- ▨ Guns
- ▨ "Other" includes different items for different drugs: for heroin, it includes other stolen merchandise (4 percent) and food stamps (1 percent); for crack, it includes pawning, drug buying services, and drug transport services (3 percent each) plus guns and lookout services (<1 percent each); for powder cocaine, it includes guns and other drugs (<1 percent each); and for methamphetamine, it includes shoplifted merchandise and drug transport services (3 percent each) plus other stolen merchandise (<1 percent).

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

- ◆ Cash-only transactions appear much fewer in Dallas compared with those in the other Pulse Check cities, except in the case of marijuana. Conversely, a greater number of transactions in Dallas involve exchanging various goods and services, particularly for crack and methamphetamine.
- ◆ Clients in the non-methadone program, in particular, do not conduct cash transactions because they are an indigent group.^N
- ◆ Dealers are increasingly distributing free drugs in order to gain and maintain market share.^N
- ◆ Middleman transactions (drug buying services) have increased because, according to non-methadone clients, "you gotta know somebody who knows somebody."^N
- ◆ Users are increasingly becoming involved in the manufacturing process in order to obtain methamphetamine.^N
- ◆ The exchange of guns for marijuana has increased. "More youngsters are trading and carrying." Many of these youth get their guns from a large gun show that comes through Dallas annually.^E



- ♦ Heroin ounce prices rose after September 11, 2001, but returned to earlier levels in the late spring.^{L,N}
- ♦ Heroin purity at the kilogram level increased slightly between spring and fall 2002.^L
- ♦ Prices for ice are lower as availability increases with the growing involvement of Mexican organizations.^L
- ♦ Heroin is sometimes adulterated with diphenhydramine (Benadryl®).^{L,N} Other adulterants are listed below.
- ♦ Bags of 1,000 ecstasy pills are known as “K-lots.”^L
- ♦ All other reported prices and purity levels remained stable between spring and fall 2002.^L

How much do illegal drugs cost?

Drug	Unit	Price
Mexican black tar heroin	0.25 g	\$20–\$25 ^N
	1 g	\$150–\$250 ^L
	1 oz ^a	\$800–\$2,000 ^L
	1 kg ^b	\$35,000–\$45,000 ^L
Powder cocaine	1 g	\$50–\$100 ^L
Crack cocaine	One rock	\$10–\$40 ^L
Mexican marijuana	One cigarette	\$2 ^L
	1/4 oz	\$25–\$124 ^N
	1 lb	\$450–\$750 ^L
Methamphetamine	1 g	\$70–\$100 ^L
	1 oz (ice)	\$700 ^L
Ecstasy	One pill	\$7.50–\$15 ^L
	Bags (1,000 pills)	\$9,000 ^L

^a 5–6% pure, ^b 22–28% pure
Sources: ^L Law enforcement respondent; ^N Non-methadone treatment respondent

WHAT SUBSTANCES ARE USED AS ADULTERANTS?

Clients at the program directed by the *Pulse Check* non-methadone treatment source provided the following list of adulterants they have encountered in various drugs:

- Heroin: Baking soda, epsom salts, diphenhydramine
- Crack: “Pseudocaine” refers to crack cut with phenylpropanolamine;

“stacks” refers to crack adulterated with ecstasy (or the other way around), although it also refers to ecstasy adulterated with heroin; and “chocolate ecstasy” refers to crack made brown by adding chocolate milk during production.

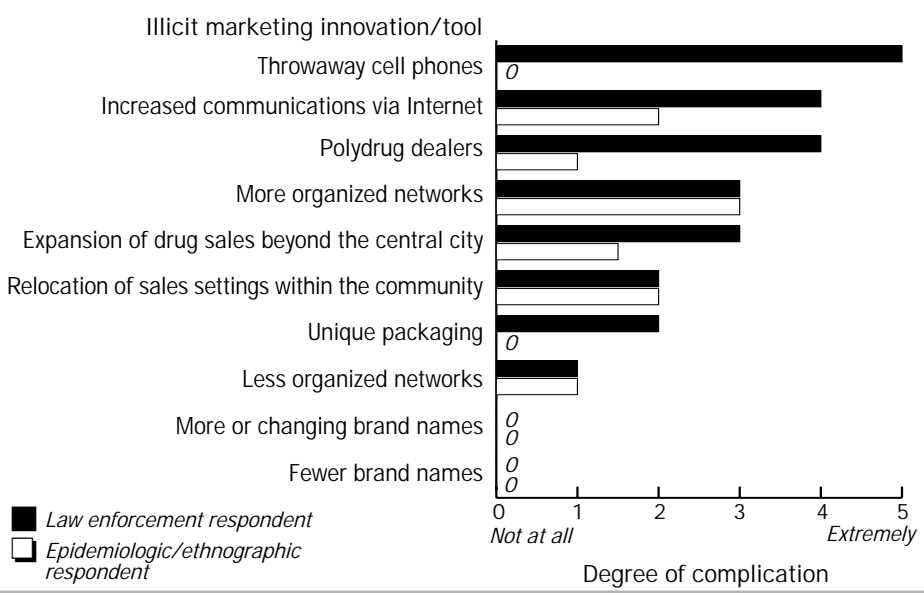
- Powder cocaine: Baby laxatives, alprazolam, baking soda
- Methamphetamine: Baby laxatives, dextrose, niacin, sugar, red sulphur (crack cut with red sulphur is known as “red phosphorous”), Drano® crystals, ephedrine

THE MARKET PERSPECTIVE: A 10-YEAR VIEW

What they have to say...

- ♦ As in most other Pulse Check cities, brand name changes have had little impact on detection or disruption activities, but throwaway cell phones have posed a challenge.
- ♦ Even though sales settings often relocate within the community, police are keeping up with them.^E
- ♦ Rather than expanding beyond the central city, drug sales have been moving from the outside in.^E
- ♦ The Internet is used primarily for passing recipes and for setting up parties and raves.^E
- ♦ Networks have not changed in their degree of organization, except for methamphetamine networks in rural areas.^E

Drug marketing innovations and tools over the past 10 years: To what degree have they complicated efforts to detect or disrupt drug activity in Dallas?





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

Compared with respondents in other *Pulse Check* cities, those in Dallas seem to consider their community's antidrug strategies as less effective.

- Task forces: Because of budgetary constraints, the DEA relies heavily on task forces with State and local counterparts.^L Unlike the majority of *Pulse Check* respondents, the epidemiologic/ethnographic source believes that these joint efforts are not changing the level of drug activity.^E
- Precursor laws: Texas recently enacted legislation making it harder to obtain some of the chemicals

essential to making methamphetamine. But traffickers are finding other types of chemicals, such as anhydrous ammonia, which they steal from rural farms.^L

- Drug courts: Texas has recently enacted a program with a limited number of drug courts. It is too early to assess their effectiveness.^L
- Prescription drug monitoring: "Doctor shopping" remains a chronic problem.^E
- Crack house laws: Crack houses are being bought and bulldozed, but the people who frequent them just move to other locations.^E

- Drug-free zone laws: Despite these laws, youth are still selling drugs in schools and are being arrested for it.^E
- Sentencing changes: Texas has one of the largest criminal populations in jail, but that has had no impact on the drug situation.^E
- Recommendation: County jails, which are constantly full and are facing major cuts across the board, need more educational and treatment services.^E

SEPTEMBER 11 FOLLOWUP

Heroin prices increased for a short time after September 11 but subsequently came back down.^{L,N}

Additionally, three possible longer term effects are noted:

- Some trafficking organizations may be transiting through Dallas

because security measures are tight on the East Coast.^L

- Some nonprofit organizations that are hurting financially attribute their hardships to both the economic slump and the diversion of funds to New York.^E
- Methadone treatment enrollment spiked a few months after

September 2001 and into early 2002 and is continuing at a slightly higher level than usual. Some of this slight elevation might be related to a supply decline resulting from the general tightening of the borders and the initial war in Afghanistan, when the poppy fields were burned.^M