



South Carolina

Drug Threat Assessment

UPDATE

June 2002

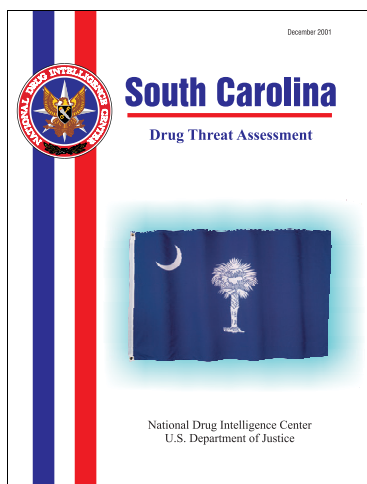


National Drug Intelligence Center
U.S. Department of Justice

Preface

This report is a brief update to the *South Carolina Drug Threat Assessment*, which is a strategic assessment of the status and outlook of the drug threat to South Carolina. Analytical judgment determined the threat posed by each drug type or category, taking into account the most current quantitative and qualitative information on availability, demand, production or cultivation, transportation, and distribution, as well as the effects of a particular drug on abusers and society as a whole. While NDIC sought to incorporate the latest available information, a time lag often exists between collection and publication of data. NDIC anticipates that this update will be useful to policymakers, law enforcement personnel, and treatment providers at the federal, state, and local levels.

The *South Carolina Drug Threat Assessment* was produced in December 2001 and is available on NDIC's web site www.usdoj.gov/ndic or by contacting the NDIC dissemination line at 814-532-4541.





South Carolina Drug Threat Assessment Update

Overview

South Carolina is both a transit state and distribution area for illicit drugs in the eastern United States. Various criminal groups, outlaw motorcycle gangs (OMGs), street gangs, and local independent dealers transport drugs into South Carolina for distribution and through the state for distribution in other states. Most drugs are transported into the state via private and commercial vehicles.

Cocaine, particularly crack cocaine, continues to pose the most serious illicit drug threat to South Carolina. Cocaine is available throughout the state, and its distribution and abuse frequently are associated with violent crime. Marijuana is the most readily available and commonly abused drug in the state; however, it poses a lower threat than cocaine because it is less often associated with violent crime. Methamphetamine poses the next most significant drug threat, and production and abuse are increasing in South Carolina, particularly in the Upstate and Midlands areas. Heroin constitutes a low threat to South Carolina, and

availability and abuse are concentrated in urban areas and coastal regions of the state. Other dangerous drugs such as MDMA, GHB, ketamine, LSD, and diverted pharmaceuticals pose a low but increasing threat to certain parts of the state.

Cocaine

Cocaine, particularly crack cocaine, remains the primary drug threat to South Carolina. The drug is readily available and frequently abused in the state. According to the 1999 National Household Survey on Drug Abuse, 1.9 percent of South Carolina residents reported having abused cocaine at least once in the past year compared with 1.7 percent nationwide. Cocaine-related treatment admissions to publicly funded facilities decreased from 5,643 in fiscal year (FY) 1997 to 5,018 in FY2000 then increased to 5,420 in FY2001, according to the South Carolina Department of Alcohol and Other Drug Abuse Services. (See Table 1 on page 2.) From FY1997 to FY2001, crack cocaine abuse accounted for at

**Table 1. Drug-Related Treatment Admissions to Publicly Funded Facilities
South Carolina, FY1997–FY2001**

Fiscal Year	Cocaine	Marijuana	Methamphetamine	Heroin
1997	5,643	3,901	58	421
1998	5,295	4,522	87	356
1999	5,231	4,666	48	374
2000	5,018	5,136	49	444
2001	5,420	6,100	103	501

Source: South Carolina Department of Alcohol and Other Drug Abuse Services.

least 80 percent of all cocaine-related treatment admissions. According to the Treatment Episode Data Set (TEDS), in 1999—the most recent year for which these data are available—the number of cocaine-related treatment admissions per 100,000 population in South Carolina (121) exceeded the number per 100,000 nationwide (104).

Powdered cocaine and crack cocaine are readily available in South Carolina. According to Federal-wide Drug Seizure System (FDSS) data, federal law enforcement officials in South Carolina seized 102.1 kilograms of cocaine in FY2001. U.S. Sentencing Commission (USSC) data indicate that 70.5 percent of all drug-related federal sentences in South Carolina in FY2000 were cocaine-related compared with 44.2 percent nationwide.

The DEA Atlanta Division reported that in the first quarter of FY2001, powdered cocaine in South Carolina sold for \$100 per gram. According to the Drug Enforcement Administration (DEA) Columbia District Office, powdered cocaine sold for \$25,000 to \$30,000 per kilogram in May 2002, with purity levels ranging from 75 percent to 95 percent. Responses to the National Drug Intelligence Center (NDIC) National Drug Threat Survey 2001 indicated that crack cocaine sold for an average of \$100 per gram in South Carolina in 2001. Survey respondents indicated that in 2001 the price of a rock of crack cocaine ranged from \$10 in Port Royal to \$50 in Anderson. Crack cocaine purity levels were unavailable.

African American criminal groups and street gangs are the primary transporters of cocaine into and through South Carolina. These groups and gangs typically transport cocaine from New York and Florida using private vehicles. Local independent dealers and, to a lesser extent, Haitian, Jamaican, and Mexican criminal groups as well as OMGs also transport significant quantities of cocaine into and through the state. Colombian drug trafficking organizations occasionally smuggle large quantities of cocaine into South Carolina by commercial maritime vessels through the Port of Charleston. Transporters also use commercial vehicles, aircraft, buses, trains, and package delivery services to ship cocaine into and through the state.

Various criminal groups, street gangs, and local independent dealers distribute cocaine in South Carolina. African American street gangs and various local independent dealers are the primary wholesale powdered and crack cocaine distributors in South Carolina. African American, Caucasian, Caribbean, Colombian, and Mexican criminal groups also distribute cocaine at the wholesale level in the state. African American street gangs and various local independent dealers are the principal retail distributors of powdered and crack cocaine in South Carolina. Powdered cocaine is sold at some nightclubs in urban areas and through established contacts. Crack cocaine, which usually is converted at stash houses in the state, is most often sold at open-air drug markets and private residences.

Cocaine, particularly crack, is the drug most often associated with violent crime in South Carolina. Law enforcement officials across the state report that cocaine distributors frequently carry firearms and have committed homicides, drive-by shootings, and assaults. Further, crack abusers often commit crimes to support their drug habits, resulting in increased property crime and violent crime rates.

Marijuana

Marijuana is the most readily available and frequently abused drug in South Carolina; however, it poses a lower threat than cocaine because it is less often associated with violent crime. According to the 1999 National Household Survey on Drug Abuse, 3.8 percent of South Carolina residents reported having abused marijuana in the past month compared with 4.7 percent nationwide. Marijuana-related treatment admissions to publicly funded facilities increased each year, from 3,901 in FY1997 to 6,100 in FY2001, and the number of marijuana-related treatment admissions exceeded the number of treatment admissions for any other illicit drug in FY2000 and FY2001, according to the South Carolina Department of Alcohol and Other Drug Abuse Services. (See Table 1 on page 2.) In 1999—the most recent year for which these data are available—the number of marijuana-related treatment admissions per 100,000 population in South Carolina (118) was greater than the number per 100,000 nationwide (103), according to TEDS.

Marijuana is the most readily available drug in South Carolina. Most of the marijuana available in the state is produced in Mexico, although marijuana produced in the state also is available. Local independent Caucasian dealers and abusers produce small quantities of marijuana for local distribution and personal use. African American independent dealers, Caucasian OMG members, and Hispanic dealers also cultivate small quantities of cannabis in the state, but to a lesser extent. Most cannabis in South Carolina is cultivated outdoors; however, indoor cultivation is increasing, partially due to a prolonged drought in the state

during the late 1990s and earlier this decade. Marijuana produced in Canada is also available, but to a much lesser extent.

According to FDSS data, federal law enforcement officials seized 4,283.6 kilograms of marijuana in FY2001. USSC data indicate that the percentage of federal sentences in South Carolina that were marijuana-related increased from 7 percent in FY1997 to 15.8 percent in FY2000. According to the DEA Columbia District Office, commercial grade marijuana, typically produced in Mexico, sold for \$750 to \$850 per pound in May 2002. According to responses to the NDIC National Drug Threat Survey 2001, the price for an ounce of marijuana averaged \$125 in South Carolina.

On May 18, 2002, Edgefield County Sheriff's deputies along with agents from the U.S. Customs Service (USCS), DEA, and South Carolina State Law Enforcement Division arrested four individuals and seized 1,100 pounds of marijuana from a tractor-trailer in Trenton, South Carolina. The marijuana—concealed inside 23 cedar fireplace mantels—was packaged in 1-kilogram bricks, vacuum-sealed twice, wrapped in carbon paper, and covered with varnish. The shipment originated in Mexico and initially was discovered by USCS inspectors using x-ray technology at the Laredo (TX) Port of Entry. After arresting and obtaining delivery information from the driver of the tractor-trailer, USCS officials in Laredo hired a private contractor to drive the tractor-trailer to its intended destination (a Mexican grocery/convenience store in Trenton) and contacted Edgefield County authorities to coordinate a controlled delivery. The owner of the store as well as two Mexican nationals and a North Carolina resident were arrested and charged with marijuana trafficking.

Source: Edgefield County Sheriff's Office.

Mexican criminal groups are the primary transporters of marijuana available in South Carolina. These groups transport multikilogram shipments of marijuana from southwestern states, California, Florida, and Georgia using commercial

and private vehicles. In commercial vehicles, marijuana often is intermingled with legitimate cargo. In private vehicles, the drug typically is transported in hidden compartments. Marijuana also is transported to South Carolina via package delivery services, aircraft, buses, and occasionally commercial maritime vessels that travel into the Port of Charleston.

Criminal groups, OMGs, street gangs, and local independent dealers distribute marijuana in South Carolina. Mexican criminal groups are the primary wholesale distributors of marijuana produced in Mexico. OMGs and local independent dealers as well as African American, Caribbean, and Caucasian criminal groups distribute wholesale quantities of marijuana produced in Mexico and locally. Street gangs and OMGs are the primary retail distributors of marijuana in South Carolina's larger cities, while Caucasian and African American independent dealers are the primary retail distributors in the rest of the state. Marijuana retail sales usually occur on street corners, in bars, in residences, from vehicles, through established contacts, and near college, high school, and middle school campuses.

Methamphetamine

Methamphetamine poses a lesser threat to South Carolina than cocaine and marijuana. However, production and abuse are increasing, especially in the Upstate and Midlands areas, and state and local law enforcement authorities report that methamphetamine producers and distributors often commit violent crimes. According to the South Carolina Department of Alcohol and Other Drug Abuse Services, the number of methamphetamine-related treatment admissions to publicly funded facilities in FY2001 (103) was greater than in FY1997 (58). (See Table 1 on page 2.) In 1999—the most recent year for which these data are available—the number of methamphetamine-related treatment admissions per 100,000 population in South Carolina (2) was lower than the number per 100,000 population nationwide (32), according to TEDS.

Methamphetamine availability generally is low to moderate in most parts of the state; however, it is increasing, particularly in the Midlands region around Columbia and the Upstate region around Greenville, according to law enforcement authorities. Federal law enforcement officials seized 4.6 kilograms of methamphetamine in FY2001, according to FDSS data. USSC data indicate that 4.9 percent of all federal drug-related sentences in South Carolina in FY2000 were methamphetamine-related compared with 14.5 percent nationwide. According to the DEA Atlanta Division, methamphetamine produced in Mexico, California, and southwestern states sold for \$8,000 to \$20,000 per pound, \$750 to \$2,000 per ounce, and \$300 per gram throughout the state in the first quarter of FY2001.

Methamphetamine produced by Mexican criminal groups in Mexico, California, and southwestern states is the predominant type available in South Carolina, although the production of methamphetamine in the state is an emerging trend. Local independent Caucasian males are the primary producers of methamphetamine in South Carolina, and they typically consume most of what they produce. They generally use the Birch reduction method of production, which requires anhydrous ammonia, a common agricultural fertilizer. Law enforcement officials throughout rural areas of South Carolina report increased thefts of anhydrous ammonia, which they attribute to increased methamphetamine production in their areas. The iodine/red phosphorus method also is used to produce methamphetamine in South Carolina, but to a lesser extent. According to the DEA Atlanta Division, there were 6 methamphetamine laboratories seized in South Carolina in 1999, 3 in 2000, and 10 in 2001. Moreover, the DEA Columbia District Office reports that there have been 37 methamphetamine laboratories seized between January 1 and May 28, 2002. Laboratories have been discovered in private residences, motel rooms, cars, trucks, trailers, and secluded wooded areas.

Mexican criminal groups and, to a lesser extent, OMGs transport methamphetamine

into South Carolina from production sites and distribution centers in Mexico, California, and southwestern states, and they frequently transport methamphetamine along with shipments of marijuana. Mexican criminal groups commonly transport methamphetamine into the state via commercial and private vehicles, while OMGs primarily use private vehicles to transport the drug into South Carolina. Local independent dealers transport small quantities of methamphetamine into the state from North Carolina and Georgia in private vehicles. Law enforcement authorities also report that methamphetamine is transported into South Carolina by couriers traveling aboard commercial aircraft and buses; however, there have been no recently reported seizures to indicate that these transportation methods are frequently used to transport methamphetamine. A limited amount of locally produced methamphetamine is transported by independent producers within the state primarily via private vehicles.

Criminal groups, OMGs, street gangs, and local independent dealers distribute methamphetamine in South Carolina. Mexican criminal groups are the primary wholesale distributors of methamphetamine produced in Mexico, California, and southwestern states. OMGs and street gangs distribute wholesale quantities of methamphetamine produced in Mexico, California, and southwestern states, to a lesser extent. There is little wholesale distribution of methamphetamine produced locally by Caucasian independent dealers; they typically consume most of what they produce and sell only small quantities of methamphetamine to known associates to fund further production. Mexican criminal groups, OMGs, and street gangs distribute methamphetamine produced in Mexico, California, and southwestern states at the retail level. Retail sales usually occur at truck stops, bars, and private residences.

Heroin

Heroin constitutes a low threat to South Carolina, with availability and abuse concentrated in urban areas and coastal regions of the state. According to the South Carolina Department of

Alcohol and Other Drug Abuse Services, heroin-related treatment admissions to publicly funded facilities decreased from 421 in FY1997 to 356 in FY1998 then increased to 501 in FY2001. (See Table 1 on page 2.) In 1999—the most recent year for which these data are available—the number of heroin-related treatment admissions per 100,000 population nationwide (105) dramatically exceeded the number per 100,000 population in South Carolina (10), according to TEDS.

Small quantities of heroin from all major source areas are available in South Carolina, primarily in cities and areas frequented by tourists along the Atlantic Coast. South American and, to a lesser extent, Southeast and Southwest Asian white powdered heroin are the types most commonly available. Mexican brown powdered and black tar heroin are available in very limited quantities. According to FDSS data, federal law enforcement officials seized 3.2 kilograms of heroin in FY2001. USSC data indicate that, in FY2001, 3.4 percent of all federal drug-related sentences in South Carolina were heroin-related compared with 7.7 percent nationwide. According to the DEA Atlanta Division, the limited quantities of heroin available in South Carolina sold for \$60,000 to \$120,000 per kilogram, \$2,500 to \$5,000 per ounce, and \$200 to \$500 per gram in the first quarter of FY2001. The DEA Columbia District Office reported that 0.06 grams of heroin sold for \$20 in May 2002.

Dominican criminal groups and African American local independent dealers and street gangs are the primary transporters of heroin into South Carolina, typically transporting the drug into the state via private vehicles. Nigerian and Mexican criminal groups transport heroin to a lesser extent. Dominican criminal groups based in New York typically transport heroin from New York to South Carolina coastal regions. African American local independent dealers travel out of state, often to Atlanta and Charlotte, to purchase heroin and transport it back to South Carolina for retail distribution. Nigerian criminal groups operating in Greenville transport small quantities of Southeast and Southwest Asian heroin into South Carolina. Mexican criminal groups transport

small quantities of Mexican brown powdered and black tar heroin into the state.

Dominican criminal groups, African American street gangs, and local independent dealers are the primary wholesale distributors of heroin in South Carolina. To a lesser extent, Mexican criminal groups distribute Mexican heroin at the wholesale level. African American street gangs and local independent dealers are the primary retail distributors of heroin in the state. Most retail heroin distribution occurs in private residences and open-air drug markets.

Other Dangerous Drugs

Other dangerous drugs (ODDs)—including the stimulant MDMA, the depressants GHB and ketamine, the hallucinogen LSD, and diverted pharmaceuticals—are a low but increasing threat to some areas of South Carolina. Teenagers and young adults distribute and abuse many ODDs at nightclubs, raves, and on college campuses, and rates of abuse for many ODDs appear to be increasing.

MDMA

MDMA (3,4-methylenedioxymethamphetamine) availability and abuse are most prevalent in cities and areas frequented by tourists along the Atlantic Coast. Most of the MDMA available in South Carolina is produced outside the United States, typically in laboratories in the Netherlands and Belgium. The MDMA usually is transported to the United States via package delivery services and by couriers aboard commercial aircraft to distribution centers such as Miami, New York City, Philadelphia, and Washington, D.C. Caucasian local independent dealers are the primary MDMA transporters and distributors in South Carolina. These independent dealers commonly travel to Atlanta, Charlotte, New York City, Washington, D.C., and cities in Florida to purchase MDMA and transport it back to South Carolina via private vehicles. They also ship the drug into the state via package delivery services. According to the DEA Columbia District Office, MDMA sold for \$15 to

\$30 per tablet in May 2002. MDMA primarily is distributed and abused at nightclubs, raves, and on college campuses.

MDMA, also known as ecstasy, Adam, XTC, E, and X, is a stimulant and low-level hallucinogen. Sometimes called the hug drug, MDMA purportedly helps abusers to be more “in touch” with others and “opens channels of communication.” However, abuse of the drug can cause psychological problems similar to those associated with methamphetamine and cocaine abuse including confusion, depression, sleeplessness, anxiety, and paranoia. The physical effects can include muscle tension, involuntary teeth clenching, blurred vision, and increased heart rate and blood pressure. MDMA abuse can also cause a marked increase in body temperature leading to muscle breakdown, kidney failure, cardiovascular system failure, stroke, or seizure as reported in some fatal cases. Research suggests that MDMA abuse may result in long-term and sometimes permanent damage to parts of the brain that are critical to thought and memory.

GHB

GHB (gamma-hydroxybutyrate) is distributed and abused primarily in cities and areas frequented by tourists along the Atlantic Coast. Caucasian local independent dealers are the dominant distributors of GHB in the state. The drug typically is abused by teenagers and young adults at nightclubs, raves, and on college campuses. The DEA Columbia District Office reported that GHB sold for \$20 per tablet in May 2002.

GHB, also known as liquid ecstasy, Georgia homeboy, grievous bodily harm, liquid X, and goop, is a central nervous system depressant that was banned for human consumption by the Food and Drug Administration in 1990. It is odorless, tasteless, and virtually undetectable if added to a drink. An individual can lose consciousness within 20 minutes of ingesting GHB and often has no memory of events following ingestion. It is difficult to trace because it usually is eliminated

from the body within 12 hours. Because of these properties, GHB has been used to commit drug-facilitated sexual assault.

Ketamine

Ketamine, also known as K, special K, vitamin K, and cat valium, is an anesthetic that has hallucinogenic properties when taken in high doses. It is available on a limited basis in South Carolina and is primarily abused by Caucasian teenagers and young adults at nightclubs, raves, and on college campuses. It is diverted from legitimate sources such as veterinary clinics and is available as a powder, liquid, or pill. As a powder, ketamine is smoked or snorted, and as a liquid it is injected or mixed into drinks. Caucasian local independent dealers are the primary distributors of ketamine in the state. According to DEA, a vial of ketamine sold for approximately \$80 in South Carolina in 2001.

LSD

LSD (lysergic acid diethylamide) is available in South Carolina, and law enforcement officials report that its availability and abuse are increasing among teenagers and young adults. LSD, also known as acid, boomer, and yellow sunshine, is a hallucinogen that induces abnormalities in sensory perceptions. It is available as a powder or liquid and often is applied to blotter paper and candy or disguised as breath freshener drops. Caucasian local independent dealers are the primary transporters, distributors, and abusers of LSD in South Carolina. These dealers transport LSD into and throughout the state in private vehicles or via package delivery services. LSD usually is distributed and abused at nightclubs, raves, and on college campuses. According to DEA, a dose of LSD sold for \$7 in South Carolina in 2001.

Diverted Pharmaceuticals

The diversion and abuse of pharmaceuticals—such as hydromorphone hydrochloride (Dilaudid), clonazepam (Klonopin), hydrocodone

(Vicodin), alprazolam (Xanax), and oxycodone (OxyContin, Percocet, Percodan)—pose an increasing threat to South Carolina. Pharmaceuticals are commonly diverted using forged, stolen, or altered prescriptions as well as by doctor shopping—visiting numerous physicians to obtain drugs in excess of what should be legitimately prescribed—and through theft from pharmacies, nursing homes, and private residences.

According to public health officials in the state, OxyContin increasingly is abused in South Carolina. From January 1 to May 22, 2002, there were 181 OxyContin-related treatment admissions to publicly funded facilities, more than the total number of admissions in the previous year. In FY2001 there were 177 OxyContin-related treatment admissions in the state, a dramatic increase from a single admission in FY2000. Diverted pharmaceuticals are primarily distributed by Caucasian criminal groups and local independent dealers. Caucasians of varying ages are the principal abusers of diverted pharmaceuticals.

Outlook

Cocaine, particularly crack, will continue to be the most significant drug problem in South Carolina because of high demand for and ready availability of the drug throughout the state. The level of violence associated with crack cocaine distribution and abuse will continue to contribute to the magnitude of the threat. African American criminal groups and street gangs will likely remain the primary transporters of cocaine into South Carolina. With their established supply networks, African American street gangs and various local independent dealers will remain the principal powdered and crack cocaine distributors in the state.

Marijuana will remain the most widely available and commonly abused drug in the state. Marijuana produced in Mexico will likely remain the type most commonly available, although marijuana produced locally and in Canada will continue to be available. The number of indoor cannabis grow operations may increase due to continuing drought conditions. Mexican criminal

groups will remain the primary transporters and wholesale distributors of marijuana produced in Mexico because of their well-established transportation and distribution networks.

Methamphetamine production, availability, and abuse will likely continue to increase in South Carolina. Methamphetamine produced in Mexico, California, and southwestern states will continue to be the predominant type of methamphetamine available in the state. Mexican criminal groups, with their established distribution networks, will remain the primary methamphetamine suppliers. Local methamphetamine production may increase, particularly in the Upstate and Midlands regions, as abusers attempt to produce methamphetamine for their own consumption.

Statewide, heroin availability and abuse will most likely remain low. However, increasing treatment admission numbers may indicate an expanding abuser base. White powdered heroin, principally from South America, will remain the

most common type of heroin available in the state. South American heroin availability may increase if Mexican criminal groups, which currently transport and distribute cocaine, marijuana, methamphetamine, and small quantities of Mexican black tar and brown powdered heroin within the state, begin to transport and distribute the more popular South American heroin.

ODDs, such as MDMA, GHB, ketamine, LSD, and diverted pharmaceuticals, will remain a lesser drug threat than cocaine, marijuana, methamphetamine, and heroin. However, the availability and abuse of many of these drugs likely will increase, particularly among teenagers and young adults who perceive these drugs to be less harmful than other illicit drugs. Nightclubs, raves, and college campuses will remain popular venues for the distribution and abuse of many ODDs. OxyContin likely will continue to be increasingly diverted and abused in South Carolina.



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