



National Drug Threat Assessment 2003

National Drug Intelligence Center
U.S. Department of Justice



National Drug Threat Assessment 2003

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From the Director:

I am pleased to present the *National Drug Threat Assessment 2003*. Prepared annually by the National Drug Intelligence Center (NDIC) in partnership with federal, state, and local agencies, this report is designed to provide policymakers and law enforcement personnel at all levels with information for their use in formulating counterdrug policy, establishing law enforcement priorities, and allocating resources.

The National Drug Threat Assessment merges foreign and domestic counterdrug intelligence and information on domestic drug trends in a single report. It integrates the most recently available reporting from national-level law enforcement and intelligence agencies with the most current national substance abuse indicator data from public health agencies to accurately and reliably depict the current domestic drug situation. The report also draws on information from nearly 2,900 state and local law enforcement agencies that responded to our National Drug Threat Survey 2002 as well as from more than a thousand personal interviews with law enforcement and public health officials.

I would like to thank all participating agencies and organizations without whose contributions this assessment would not have been possible. The assistance they provided and the detailed information they contributed have been invaluable in the production of this assessment.

I encourage you to review the *National Drug Threat Assessment 2003* and provide feedback on the enclosed Reader Comment Card. I appreciate your assistance and look forward to collaborating on future projects.

Michael T. Horn
January 2003

National Drug Threat Assessment 2003



Executive Summary

The trafficking and abuse of illicit drugs and diverted pharmaceuticals pose a serious threat to the United States because of the adverse effects of drug abuse on the lives of millions of Americans and the substantial resources consumed in combating illicit drugs at the federal, state, and local levels. In 2001 an estimated 28.4 million people aged 12 and older reported using an illicit drug within the past year; an estimated 3.2 million people were dependent on or abusers of illicit drugs. America's drug users spent nearly \$64 billion on illicit drugs in 2000, and the total cost of drug trafficking and drug-related crime to American society in that year exceeded \$160 billion.

The level of threat posed by individual drugs varies from region to region. Nationally, however, reporting from federal, state, and local law enforcement and public health agencies indicates that cocaine, methamphetamine, marijuana, heroin, and MDMA are the greatest concerns. Augmenting this reporting are results of NDIC's 2002 survey, which reveal that 33.1 percent of state and local law enforcement agencies nationwide identify their greatest drug threat as cocaine (both powder and crack), followed by methamphetamine (31.0%), marijuana (20.4%), heroin (7.9%), diverted pharmaceuticals (2.7%), and MDMA (2.0%). Although a lesser threat overall, other dangerous drugs such as GHB and GHB analogs, ketamine, LSD, and psilocybin are a considerable concern, particularly because of their appeal to adolescents and young adults.

Cocaine. Cocaine is a principal drug threat to the United States. Both powder cocaine and crack are prevalent throughout the country, and overall availability is stable at high levels. All DEA Field Divisions and HIDTAs, as well as most Pulse Check sources, report that powder cocaine and crack are readily or widely available, and most describe cocaine as the greatest drug threat to their areas. Statistical reporting regarding cocaine-related federal investigations, arrests, and seizures did not change appreciably from 2000 to 2001.

The demand for powder cocaine and crack is relatively stable at high levels, and possibly rising slightly among adults. Estimated cocaine production increased in 2001; however, estimates suggest that only about 28 percent of the export-quality cocaine prepared for shipment to world markets was smuggled into the United States, primarily through the Mexico–Central America corridor. Cocaine is transported via commercial

and private vehicles, rail traffic, buses, pedestrians, as well as commercial and private aircraft. The distribution of powder cocaine and crack is pervasive throughout the country, and the market for both forms of the drug appears to be stable overall. All DEA Field Divisions and HIDTAs report that powder cocaine is widely distributed in their areas, and most report that crack cocaine also is widely distributed in inner cities, particularly in lower income areas. Primary market areas for cocaine include Atlanta, Chicago, Houston, Los Angeles, Miami, and New York.

Methamphetamine. Methamphetamine is a principal drug threat to the United States. Reporting from law enforcement and public health agencies indicates that methamphetamine availability is widespread in the western and central United States and is increasing in the eastern half of the country, albeit slowly. Despite overall increasing availability and an increase in methamphetamine seized, data regarding methamphetamine-related federal investigations and arrests show decreases in 2001. These decreases likely are due to a shift by DEA to investigate fewer but higher priority methamphetamine targets.

The level of methamphetamine use in the United States is rising among adults and holding relatively steady among adolescents. Law enforcement and interagency reporting, as well as laboratory seizure data, suggests that production in the United States and Mexico increased slightly over the past year. Interagency reporting also indicates that methamphetamine production in Southeast Asia increased in 2001; however, only a small percentage of that produced in Southeast Asia is intended for distribution in the United States. The transportation of domestically produced methamphetamine from laboratories and stash houses to markets throughout the country occurs primarily by private vehicle, while methamphetamine produced in foreign source areas is smuggled into the United States overland primarily in private vehicles and via mail services. The distribution of methamphetamine is expanding slowly, particularly in areas of the Great Lakes, Mid-Atlantic, and Southeast regions.

Mexican distributors are predominant in western states as well as in the Great Lakes and Southeast regions. The primary market areas for methamphetamine are Los Angeles, Phoenix, San Diego, San Francisco, and the Central States (Arkansas, Iowa, and Missouri).

Marijuana. Marijuana is a leading drug threat to the country. It is the most readily available and widely used illicit drug in the United States, and its prevalence has contributed to both an acceptance of marijuana use among some adults and adolescents and a perception that the drug is not harmful. Reporting from law enforcement and public health agencies, as well as federal investigation, arrest, and seizure data, indicates marijuana availability changed little over the past year.

Some national substance abuse indicators suggest that marijuana use may rise despite relatively stable levels of use since the late 1990s. The number of past year users increased significantly in 2001, and national-level prevalence studies show some decreases in the perception of risk regarding marijuana use. Available data suggest that marijuana production is high both in the United States and in foreign source areas. Transport of marijuana from source areas to markets occurs via many methods but primarily overland in commercial and private vehicles. Distribution of marijuana appears to be stable, and a wide range of criminal groups, gangs, and independent dealers distribute the drug throughout the country. Primary market areas for marijuana include Central Arizona (Phoenix and Tucson), Chicago, Los Angeles, Miami, New York, and Seattle.

Heroin. Heroin is a significant drug threat to the United States. Reporting from law enforcement and public health agencies indicates that the availability of heroin is widespread and that it is increasing, particularly in New England and in areas of the Mid-Atlantic. South American heroin is most prevalent in the eastern half of the country, while Mexican heroin is dominant in the western United States.

Despite reports of increasing availability, overall demand for heroin appears to be relatively stable and possibly declining among adolescents. Worldwide heroin production decreased significantly between 2000 and 2001; however, production in the principal sources of heroin to U.S. markets, Mexico and Colombia, may have increased. Heroin is smuggled into the country by private vehicle across the U.S.–Mexico border, by couriers on commercial flights, and by maritime conveyances, including cruise ships. Heroin generally is distributed in metropolitan areas; nonetheless, distribution of the drug has spread to smaller communities, largely facilitated by independent distributors who travel to large cities to purchase midlevel quantities for distribution in their home communities. The primary heroin market areas are Boston, Chicago, Los Angeles, and New York.

MDMA. The trafficking and abuse of MDMA pose a significant threat to the United States. MDMA is widely available in every region of the country, principally in large metropolitan areas but increasingly in smaller cities and towns. Reporting from law enforcement and public health agencies indicates that MDMA is now considered a mainstream drug in many areas. It—like other drugs—is widely available in nightclubs and schools, at parties and shopping malls, and on street corners and is often sold with other drugs such as crack cocaine, methamphetamine, and heroin.

The demand for MDMA appears to be increasing among both adults and adolescents; however, data from national-level prevalence studies indicate that the rate of increase has slowed. MDMA produced in several countries is available in U.S. markets, but the Netherlands and Belgium continue to be the source of most of the MDMA in the United States. Domestic MDMA production remains limited. MDMA transported from Europe is smuggled into the United States by couriers on commercial flights and, to a lesser extent, via mail services, either directly from European source countries or via transit countries, including France, Germany, Spain, Canada,

Mexico, Panama, and various Caribbean island nations. Most MDMA distribution occurs in large cities and their suburbs; however, much of the increased distribution is occurring in midsize cities with large college populations. The primary market areas for MDMA are Los Angeles, Miami, and New York.

Other Dangerous Drugs. Other dangerous drugs, which include club drugs such as GHB (and GHB analogs), ketamine, and Rohypnol as well as hallucinogens such as LSD, PCP, and psilocybin, pose a relatively low threat in comparison with other illicit drugs. The availability and use of other dangerous drugs overall appear to be stable; however, the increasing availability of some of these drugs—such as GHB, ketamine, and PCP—is raising concerns among law enforcement and drug treatment providers. Other dangerous drugs are present in every region of the country but are most prevalent in metropolitan areas, where they are used primarily by adolescents and young adults.

Many national substance abuse indicators do not measure use of club drugs; however, available data indicate that use of GHB and Rohypnol are relatively stable and that use of ketamine may be trending upward. GHB is produced illegally in domestic and foreign laboratories, Rohypnol is produced commercially outside the United States, and ketamine is produced commercially in the United States and in foreign countries. Transport of illegally produced or diverted club drugs is primarily via private vehicles. The primary venues for these drugs remain raves and dance clubs.

The level of hallucinogen use and the number of emergency department mentions and treatment admissions consequent to that use are relatively low. In fact, the use of hallucinogens in general appears to have peaked in the mid-1990s and has since decreased through 2001. Use of LSD is trending downward among adults and adolescents, use of PCP is very low among both groups and may be declining among youth, and data for lifetime use of psilocybin indicate relative stability at low levels. Production of LSD and PCP and

cultivation of psilocybin mushrooms are concentrated in the western United States, and transport of these hallucinogens occurs primarily via mail services and private vehicles.

Pharmaceuticals. Pharmaceutical controlled substances, which include narcotics, depressants, and stimulants, are a growing drug threat to the country. Pharmaceutical controlled substances are commonly diverted through fraudulent prescriptions, unscrupulous physicians and pharmacists, and theft. The number of armed robberies of pharmacies has increased substantially over the past 2 years. These robberies have particularly targeted the Schedule II narcotic OxyContin, which commands a very high street value.

Diverted narcotics such as hydrocodone, oxycodone, and codeine are available in drug markets throughout the country, and this availability may be increasing. The overall demand for diverted narcotics is high and increasing, as are the consequences associated with their abuse.

Depressants, including benzodiazepines and barbiturates, are available and abused throughout the country to varying degrees. The abuse of depressants appears to be increasing, particularly for benzodiazepines.

The availability of diverted stimulants is increasing in most areas of the country, largely because of sharp increases in stimulant prescriptions since 1990. And while reporting from law enforcement agencies indicates a rise in stimulant abuse,

data from drug consequence studies show declines in emergency department mentions for stimulants.

Money Laundering. The trafficking and abuse of illicit drugs—from cocaine to diverted pharmaceuticals—generate enormous profits, and detecting and seizing the money and assets derived from drug trafficking is critical to U.S. counterdrug efforts.

Colombian and Mexican drug trafficking organizations are the primary drug money launderers in the United States and earn billions of dollars in this country from their illicit drug transactions. Most drug transactions are conducted in cash and typically involve small denominations. Thus, drug trafficking organizations and criminal groups amass large volumes of bills that must be smuggled to a foreign destination or placed into the U.S. financial system.

The bulk shipment of currency, as well as of monetary instruments such as money orders and checks, is a principal drug money laundering method used by traffickers operating in the United States. Traffickers also launder drug proceeds through money service businesses such as money remittance, money exchange, and check cashing firms, by commingling drug proceeds with funds generated at legitimate businesses, by purchasing real estate and vehicles, by exploiting the gaming industry, and by using underground banking systems.

National Drug Threat Assessment 2003



Scope and Methodology

The *National Drug Threat Assessment 2003* is a comprehensive assessment of the threat posed to the United States by the trafficking and abuse of illicit drugs. The National Drug Intelligence Center (NDIC) prepared the assessment through detailed analysis of the most recently available reporting from law enforcement, intelligence, and public health agencies. A critical component of this undertaking was information provided by nearly 2,900 state and local law enforcement agencies through NDIC's National Drug Threat Survey 2002. Approximately 2,400 of these agencies were part of a probability-based sample surveyed to provide nationally and regionally representative data. (Details on survey methodology are provided in Appendix A, page 73.) State and local law enforcement agencies also provided information through personal interviews with NDIC's Field Program Specialists, a network of retired law enforcement professionals under contract with NDIC to promote information sharing among federal, state, and local counterdrug agencies. These agencies have been invaluable but are too many to mention individually.

This report addresses the trafficking and use of primary substances of abuse as well as the laundering of drug proceeds. Major substances of abuse are discussed in terms of their availability, demand, production and cultivation, transportation, and distribution. Primary market areas for each drug are identified and addressed in the report (see Figure 4, page xiv). Primary market areas for cocaine, methamphetamine, heroin, and MDMA were determined through analysis of public health data and law enforcement reporting regarding use in these areas and the extent to which wholesale quantities are distributed from these areas to other markets. Primary market areas for marijuana were determined based on distribution alone.

- **Availability.** To evaluate drug availability, analysts considered quantitative information on seizures, investigations, arrests, indictments, sentencing, drug purity or potency, and price. Qualitative data, such as the subjective views of individual agencies on availability and the relationship between individual drugs and crime, particularly violent crime, were also considered.
- **Demand.** The evaluation of the domestic demand for illegal drugs was based on accepted interagency estimates and data captured in national substance abuse indicators. Quantitative and qualitative information compared include the estimated number of

total users, prevalence of drug use among various age groups, admissions to treatment facilities, influence of drugs on crime and the penal system, emergency department information, and drug-related deaths. The differing methodologies applied by national substance abuse indicators, as well as their inherent limitations, were considered and addressed in assessing domestic drug demand. (Data from selected national substance abuse indicators are provided in Appendix B, page 79.)

- **Production and Cultivation.** To evaluate drug production and cultivation, analysts considered accepted interagency estimates of production and cultivation. Qualitative information pertaining to the presence and level of domestic activity, general trends in production or cultivation levels, involvement of organized criminal groups, toxicity and other related safety hazards, environmental effects, and associated criminal activity were also considered.
- **Transportation.** To evaluate drug transportation, analysts assessed interagency estimates of the amounts of specific drugs destined for U.S. markets, involvement of organized criminal groups, smuggling and transportation methods, and indicators of changes in smuggling and transportation methods.
- **Distribution.** The evaluation of drug distribution was almost entirely qualitative. Analysts considered the extent to which specific drugs are distributed nationally, regionally, and in primary market areas based on law enforcement reporting. Also considered were qualitative data pertaining to the involvement of organized criminal groups, including their involvement in wholesale, midlevel, and retail distribution.¹

This report cites trademarked names such as OxyContin and Rohypnol in discussing the diversion and abuse of such substances. The use of any trademarked names in this assessment

does not imply any criminal activity, criminal intent, or misdealing on the part of the companies that manufacture these drugs. All such citations are made for reference purposes only.

National Drug Threat Survey data used in this report do not imply there is only one drug threat per region or that only one drug is available per region. A percentage given for a region represents the proportion of state and local law enforcement agencies in that region that identified a particular drug as their greatest threat or as available at high, medium, or low levels. Regions reported in this assessment correspond to the nine Organized Crime and Drug Enforcement Task Force (OCDETF) regions (see Figures 1–3 on pages xi, xii, and xiii).

1. In this assessment wholesale distribution refers to the level at which drugs are purchased directly from a source of supply and sold, typically, to midlevel distributors in pound, kilogram, or multi-unit quantities. Midlevel distribution refers to the level at which drugs are purchased directly from wholesalers in pound, kilogram, or multi-unit quantities and sold in smaller quantities to other midlevel distributors or to retail distributors. Retail distribution refers to the level at which drugs are sold directly to users.

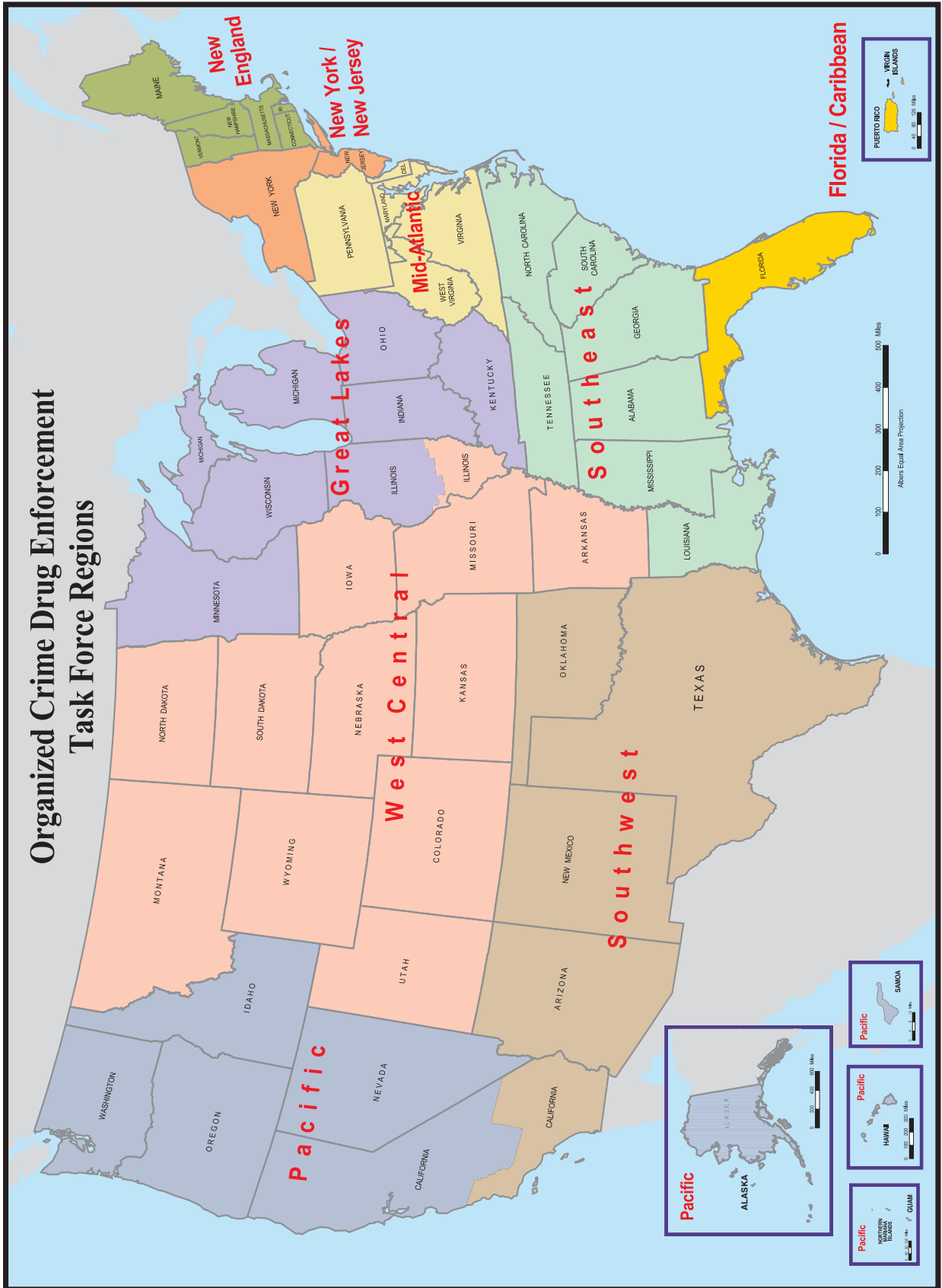
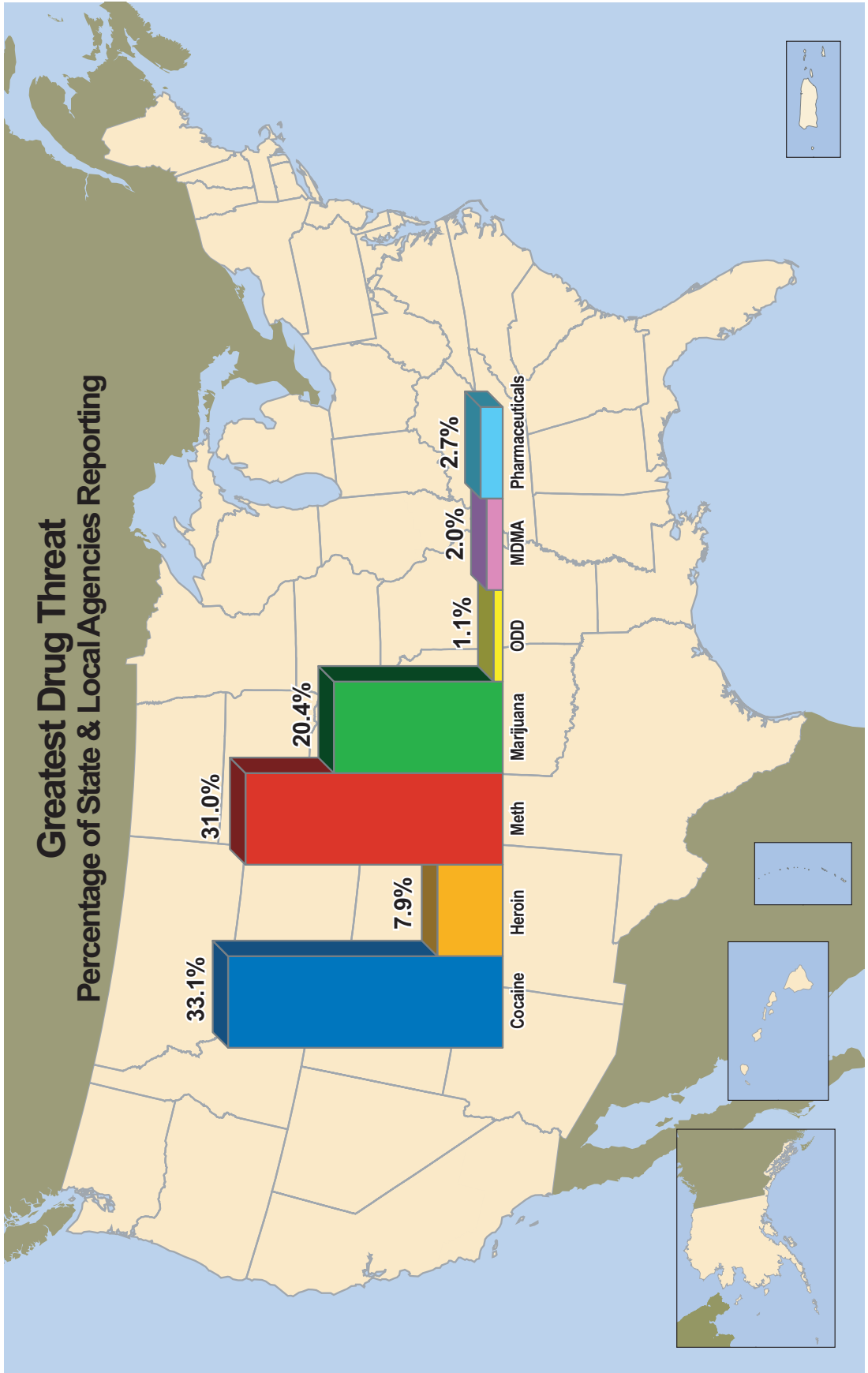
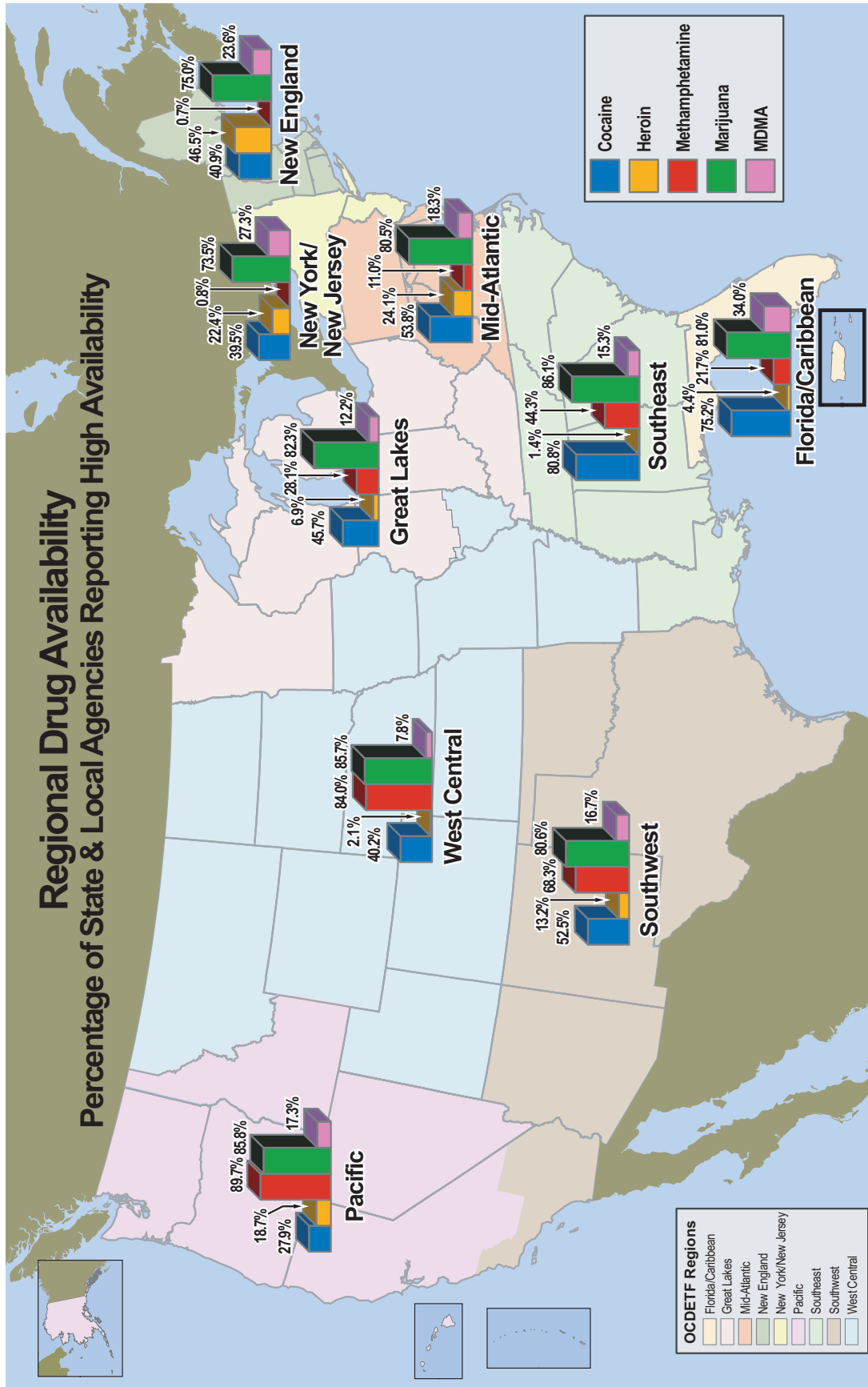


Figure 1.



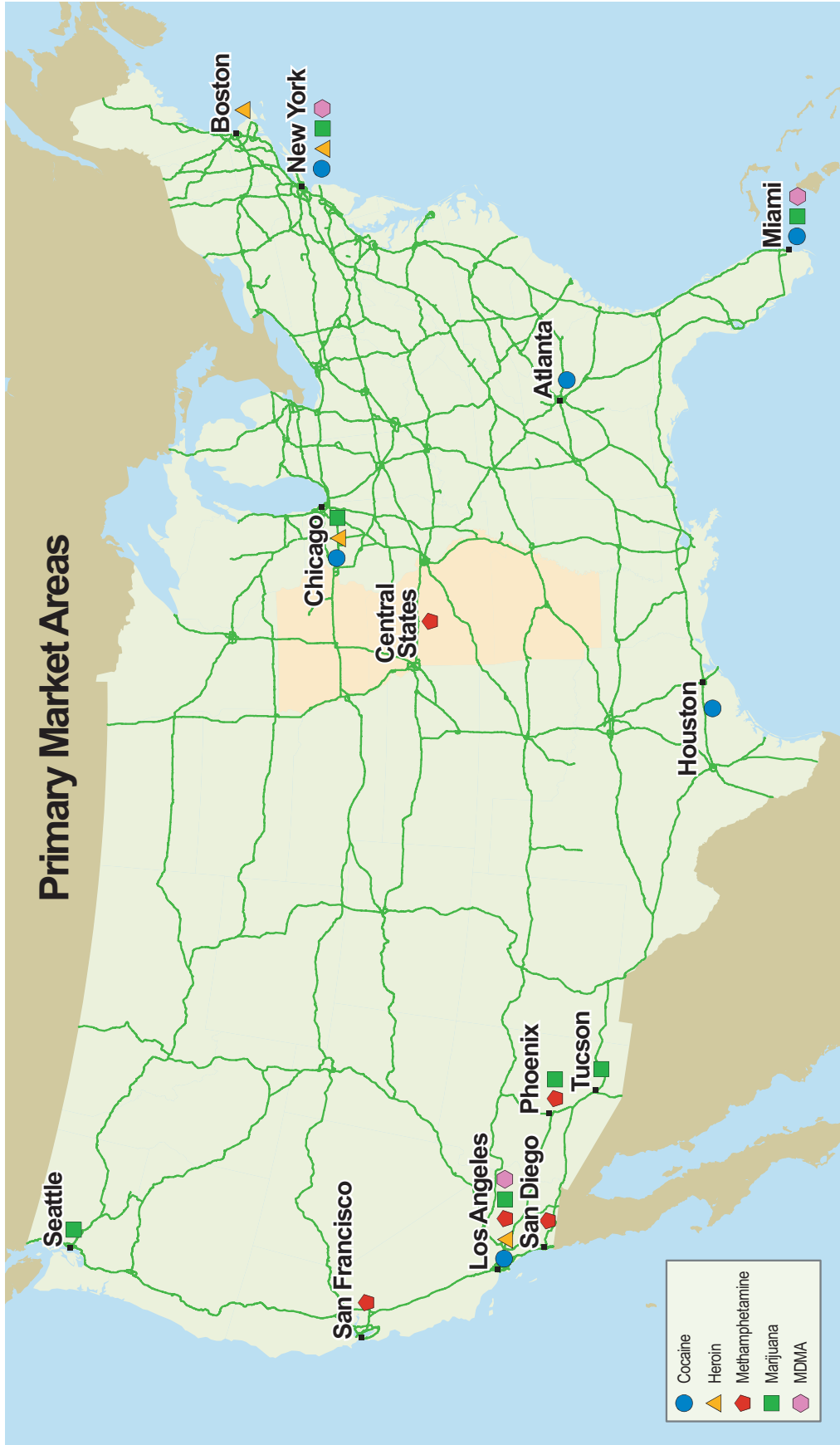
Percentages given represent the proportions of state and local law enforcement agencies nationwide that identified a particular drug as their greatest threat. Source: NDIC, National Drug Threat Survey 2002.

Figure 2.



Percentages given represent the proportions of state and local law enforcement agencies per region that identified a particular drug as available at high levels.
 Source: NDIC, National Drug Threat Survey 2002.

Figure 3.



Primary market areas for cocaine, methamphetamine, heroin, and MDMA were determined through analysis of public health data and law enforcement reporting regarding use in these areas and the extent to which wholesale quantities are distributed from these areas to other markets. Primary market areas for marijuana were determined based on distribution alone.

Figure 4.

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Cocaine and Crack

Cocaine is a principal drug threat to the United States. Both powder cocaine and crack are prevalent throughout the country, and overall availability is stable at high levels. All Drug Enforcement Administration (DEA) Field Divisions, High Intensity Drug Trafficking Areas (HIDTAs), as well as most Pulse Check sources, report that powder cocaine and crack are readily or widely available, and most describe cocaine as the greatest drug threat to their areas.¹ National Drug Threat Survey (NDTS) data show that 33.1 percent of state and local law enforcement agencies nationwide identify cocaine—both powder and crack—as their greatest drug threat. Statistical reporting regarding cocaine-related federal investigations, arrests, and seizures did not change appreciably from 2000 to 2001.

The demand for powder cocaine and crack is relatively stable at high levels and possibly rising slightly among adults. Estimated cocaine production increased in 2001; however, estimates suggest that only about 28 percent of the export-quality cocaine prepared for shipment to world markets was smuggled into the United States, primarily through the Mexico–Central America corridor. Cocaine is transported via commercial and private vehicles, rail traffic, buses, pedestrians, as well as commercial and private aircraft. The distribution of powder cocaine and crack is pervasive throughout the country, and the market for both forms of the drug appears to be stable overall. All DEA Field Divisions and HIDTAs report that powder

cocaine is widely distributed in their areas, and most report that crack cocaine also is widely distributed in inner cities, particularly in lower income areas. Primary market areas for cocaine include Atlanta, Chicago, Houston, Los Angeles, Miami, and New York.

NDTS data indicate that 8.2 percent of state and local law enforcement agencies nationwide identify powder cocaine as their greatest drug threat.² Regionally, more state and local law enforcement agencies in New England (15.5%), the Florida/Caribbean (12.9%), and the Great Lakes (11.1%) identify powder cocaine as the greatest threat than do those in the Mid-Atlantic (8.9%), New York/New Jersey (8.9%), Southwest (7.9%), and Southeast regions (6.4%). Powder cocaine was identified as the greatest threat by only 3.5 and 0.7 percent of agencies in the West Central and Pacific regions.³

NDTS data further reveal that 24.9 percent of state and local law enforcement agencies nationwide identify crack cocaine as their greatest drug threat. Regionally, more state and local law enforcement agencies in the Southeast (55.3%) and Florida/Caribbean (47.8%) identify crack cocaine as the greatest threat than do those in the Mid-Atlantic (27.0%), Great Lakes (25.9%), New York/New Jersey (20.6%), and Southwest regions (14.7%). Crack cocaine was identified as the greatest threat by 10.9, 8.5, and 2.7 percent of agencies in the New England, West Central, and Pacific regions, respectively.

1. The Office of National Drug Control Policy publishes Pulse Check, a report designed to present findings on drug use patterns and drug markets as reported by ethnographers, epidemiologists, treatment providers, and law enforcement officials. These Pulse Check sources focus on the drug abuse situation in 20 specific sites throughout the country.

2. NDTS data do not imply there is only one drug threat per region. A percentage given for a region represents the proportion of state and local law enforcement agencies in that region that identified a particular drug as their greatest threat.

3. Regions reported in this assessment correspond to the nine Organized Crime and Drug Enforcement Task Force regions. See Figure 1 on page xi.

Contributing to the threat posed by cocaine, users of the drug experience many short- and long-term physical effects. Short-term effects include increased heart rate, blood pressure, and body temperature as well as tremors, vertigo, muscle twitches, and paranoia. Other consequences of cocaine use include chaotic heart rhythms, seizures, and strokes. Long-term use, especially via intranasal administration, may lead to loss of sense of smell, nosebleeds, throat irritation, and deterioration of the nasal septum, while prolonged use via ingestion can cause bowel gangrene resulting from decreased blood flow. The American Heart Association

reports that long-term use also can cause aortic dissection (a tearing in the lining of, or rupturing of, the aorta), a condition that may result in death.

Violence and collateral criminal activity often are associated with the distribution and use of cocaine, crack cocaine in particular. Law enforcement reports that rivalries between distribution groups, especially gangs, account for most cocaine-related violence, much of which involves increases in homicides, armed robberies, and assaults when distributors of crack cocaine move into new market areas.⁴

Availability

Powder cocaine is readily available throughout the country, and availability appears to be stable overall—rising slightly in some areas and declining slightly in others. All DEA Field Divisions and HIDTAs, as well as most Pulse Check sources, report that powder cocaine is readily or widely available in their areas.

According to NDTs data, 76.2 percent of state and local law enforcement agencies nationwide report that the availability of powder cocaine is high or medium, while 21.6 percent describe it as low.⁵ Agencies in the Mid-Atlantic (89.6%) and New England regions (85.9%) account for the greatest proportions reporting high or medium availability, while those in the West Central (68.9%) and Pacific regions (56.8%) account for the smallest.

The availability of crack cocaine appears to be stable overall. Reporting from DEA Field Divisions and HIDTAs suggests that crack is readily available in major cities—although not at the high levels of the early 1990s—and is available to a lesser extent in many smaller cities and towns.

Crack is a derivative of powder cocaine and is produced primarily within the United States at or near distribution points. Crack cocaine is not smuggled into the United States.

NDTS data show that 67.1 percent of state and local law enforcement agencies nationwide describe the availability of crack cocaine as high or medium, while 27.2 percent describe it as low. Agencies in the Southeast (92.7%) and Florida/Caribbean regions (87.1%) account for the greatest proportions reporting high or medium availability. Agencies in the West Central (44.7%) and Pacific regions (40.4%) again account for the smallest proportions.

The percentages of OCDETF investigations and indictments for powder cocaine and crack were higher than for any other drug. Of 1,334 OCDETF investigations initiated in fiscal year (FY) 2001, 65.1 percent involved powder cocaine and 25.3 percent involved crack cocaine. Also, of 3,787 OCDETF drug indictments obtained in FY2001, 33.6 percent referenced

4. Gangs are defined by the National Alliance of Gang Investigators Associations as groups or associations of three or more persons with a common identifying sign, symbol, or name, the members of which individually or collectively engage in criminal activity that creates an atmosphere of fear and intimidation.

5. NDTs data do not imply that only one drug is available per region. A percentage given for a region represents the proportion of state and local law enforcement agencies in that region that identified a particular drug as available at high, medium, or low levels.

powder cocaine as the primary drug and 29.8 percent referenced crack.

The number of DEA arrests involving cocaine dropped from 15,767 in 2000 to 12,847 in 2001, accounting for approximately 40 and 34 percent, respectively, of all DEA arrests in those years. Data from the U.S. Sentencing Commission (USSC) show the percentages of federal drug sentences involving powder and crack cocaine were nearly unchanged from FY2000 to FY2001. During that period, federal drug sentences involving powder cocaine declined only slightly from 23 to 22 percent, while those involving crack held steady at 21 percent.

Cocaine seizures between 2000 and 2001 were relatively stable as well. Data from the Federal-wide

Drug Seizure System (FDSS) indicate that the amount of cocaine seized declined from 106,621 kilograms in 2000 to 105,864 kilograms in 2001.⁶

DEA reports that cocaine prices throughout the country were low and stable in 2001. Nationally, the wholesale price for a kilogram of powder cocaine ranged from \$10,000 to \$36,000, while price ranges for ounce and gram quantities ranged from \$400 to \$1,800 and from \$20 to \$200, respectively. In 2001 the average nationwide purity of powder cocaine was 69 percent for kilogram quantities and 56 percent for gram quantities. Prices for crack cocaine ranged nationally from \$3 to \$50 per rock (1/10 g to 1/2 g), with prices generally ranging from \$10 to \$20.

Demand

The demand for powder and crack cocaine is relatively stable at high levels and possibly rising slightly among adults. National Household Survey on Drug Abuse (NHSDA) data show that among all users (12 and older) the rate of past year use (use at least once in the preceding 365 days) increased significantly for powder cocaine from 1.5 percent in 2000 to 1.9 percent in 2001.⁷ Past year use of crack cocaine also increased from 0.3 to 0.5 percent during the same period.

National-level prevalence studies indicate rising cocaine use among adults. NHSDA data show that the rate of past year cocaine use among young adults aged 18–25 increased significantly between 2000 and 2001 from 4.4 to 5.7 percent for powder cocaine and from 0.7 to 0.9 percent for crack. For adults aged 26–34 past year use was relatively stable but rose slightly for both powder

cocaine (2.1% to 2.7%) and crack (0.4% to 0.6%). Past year use rates also rose slightly for adults aged 35 and older between 2000 and 2001 from 0.7 to 0.9 percent for powder cocaine and 0.2 to 0.3 percent for crack cocaine.

Data from the Monitoring the Future (MTF) survey show that cocaine use among adults was statistically unchanged between 2000 and 2001.⁸ For MTF respondents aged 19–28 past year use of powder cocaine rose from 4.8 percent in 2000 to 5.3 percent in 2001, while past year crack use rose slightly from 1.2 to 1.3 percent; however, neither change is statistically significant. Among college students aged 19–22, MTF data show that past year use of powder cocaine held at 4.1 percent in both 2000 and 2001 and that past year use of crack cocaine in 2001 was at 0.9 percent for the third consecutive year.

6. The FDSS contains information on drug seizures made by the DEA, Federal Bureau of Investigation, U.S. Customs Service, U.S. Border Patrol, and U.S. Coast Guard. Seizures by other federal agencies are recorded in the FDSS if custody of the drug evidence is transferred to one of those agencies listed.

7. The NHSDA, a project of the Substance Abuse and Mental Health Services Administration since 1971, is the primary source of information on the use of illicit drugs, alcohol, and tobacco by the civilian, noninstitutionalized population in the United States.

8. MTF is an ongoing study of the behaviors, attitudes, and values of students and young adults. Funded by the National Institute on Drug Abuse, MTF annually surveys eighth, tenth, and twelfth graders in public and private schools in the coterminous United States and a subsample of college students and adults from previous graduating classes who participated in the survey as seniors.

National-level prevalence studies indicate that adolescent cocaine use appears to be stable to declining overall. According to NHSDA data, 1.5 percent of those aged 12–17 reported past year cocaine use in 2001 compared with 1.7 percent in 2000. In 2001 past year use of crack was reported at 0.4 percent for the third consecutive year.

MTF data show relative stability in past year use of cocaine among students. In 2001 and 2002 past year use rates for powder cocaine were 1.9 and 1.8 percent, respectively, for eighth graders and 3.0 and 3.4 percent for tenth graders; rates for twelfth graders were 4.4 percent in both years. In those years rates of past year use for crack cocaine were mostly stable for eighth (1.7% and 1.6%) and twelfth graders (2.1% to 2.3%) but increased significantly for tenth graders (1.8% to 2.3%).

Data from the Parents' Resource Institute for Drug Education (PRIDE) show stability in cocaine use for younger students and sharp declines among older students.⁹ Between the 2000–2001 and 2001–2002 school years, past year cocaine use held steady for junior high students at 2.1 percent. Past year use decreased significantly, however, for both senior high students (5.5% to 5.1%) and twelfth graders (7.9% to 7.1%).

National studies that track the attitudes of adolescents toward drug use show little change between 2000 and 2001 regarding cocaine. According to the Partnership Attitude Tracking Study (PATS), the percentage of seventh through twelfth graders who agreed there was great risk in using powder cocaine or crack regularly held steady between 2000 and 2001 at 82 percent.¹⁰ The percentage who saw great risk in trying powder cocaine or crack once or twice increased—but just slightly—from 47 percent in

2000 to 48 percent in 2001. MTF data indicate that students' perceptions of powder and crack cocaine use were statistically unchanged from 2001 to 2002. In 2002 the proportions of students perceiving great risk in trying powder cocaine once or twice were 43.2, 51.3, and 49.5 percent for eighth, tenth, and twelfth graders, respectively. The proportions of students perceiving great risk in trying crack cocaine once or twice were 47.4, 57.4, and 50.8 percent for eighth, tenth, and twelfth graders.

The most recent data available regarding the consequences of cocaine use reveal rising emergency department (ED) mentions and declining treatment admissions. Data from the Drug Abuse Warning Network (DAWN) show that the estimated number of cocaine-related ED mentions increased significantly from 174,881 in 2000 to 193,034 in 2001.¹¹

Data from the Treatment Episode Data Set (TEDS) show that the number of admissions to publicly funded treatment facilities for cocaine use (smoked and nonsmoked) declined from 244,051 in 1998 to 228,206 in 1999, the latest year for which such data are available.¹² The proportion of admissions for which cocaine was the primary substance of abuse declined as well from 15.1 percent in 1998 to 14.4 percent in 1999. Almost three-quarters (73%) of all cocaine-related admissions in 1999 were attributed to crack, or smoked, cocaine. TEDS data also reveal the use of cocaine in combination with other illegal drugs. Marijuana, methamphetamine, and heroin were the secondary drugs of abuse most often mentioned in 1999 TEDS admissions for which cocaine was identified as the primary substance of abuse.

9. The PRIDE Survey is the country's largest independent study of adolescent drug use and other behaviors. It presents substance abuse information on sixth through twelfth graders derived from data collected between August and June of the school year.

10. The PATS tracks trends in drug use and drug-related attitudes that drive drug consumption trends. It is the largest ongoing research study of drug-related behaviors and attitudes of children, teens, and adults.

11. DAWN measures the consequences of drug use through hospital emergency departments. Hospitals eligible for DAWN are nonfederal, short-stay, general hospitals in the coterminous United States that have a 24-hour emergency department. DAWN ED data include information on ED episodes that are induced by or related to the use of an illegal drug or the nonmedical use of a legal drug.

12. TEDS provides data on the demographic and substance abuse characteristics of admissions to publicly funded substance abuse treatment programs that report to individual state administrative data systems.

One common trend reported in both DAWN ED and TEDS data is the rising average age of cocaine users. DAWN ED data show significant increases between 2000 and 2001 in ED cocaine mentions for patients aged 35 and older (+14.4%) and for patients aged 55 and older (+19.7%). TEDS data further indicate that in 1999 most cocaine-related treatment admissions were in the 35–39 age category, when in 1998 most cocaine-related treatment admissions were in the 30–34 age category. The typical admission to publicly funded treatment facilities in 1999 for non-smoked cocaine use was male (66%), Caucasian (49%), and between 35 and 39 years old (22%);

the typical admission for smoked cocaine use was male (58%), African American (58%), and between 35 and 39 years old (26%).

Data from the Arrestee Drug Abuse Monitoring (ADAM) program show that past year use of powder cocaine was reported by 12.5 percent of adult male arrestees in 2001, down from 13.4 percent in 2000.¹³ Past year use of crack cocaine was reported by 18.9 percent of adult male arrestees in 2001, up from 17.5 percent in 2000. In 2001 the median percentage of males testing positive for cocaine (both powder and crack) was 29.1 percent; only marijuana was detected more often (42.7%).

Production

Cocaine production increased sharply between 2000 and 2001. Interagency estimates indicate that potential cocaine production—occurring primarily in Colombia, Peru, and Bolivia—increased from 805 metric tons (100% pure) in 2000 to 930 metric tons (100% pure) in 2001. Intensified eradication programs have contributed to declines in net coca cultivation since 1995 in Peru (-71%) and Bolivia (-59%) but have failed to offset increases in Colombia, where net coca cultivation has increased 234 percent. At least three-quarters of the coca cultivated for

processing into cocaine is grown in Colombia, and Colombian drug trafficking organizations control most cocaine production.

According to the *Interagency Assessment of Cocaine Movement* (IACM), in 2001 an estimated 823 metric tons of export-quality cocaine (average 78% pure) were potentially available to depart South America for worldwide markets. The purity of export-quality cocaine is derived from DEA laboratory analysis of wholesale-level cocaine seized in the United States.

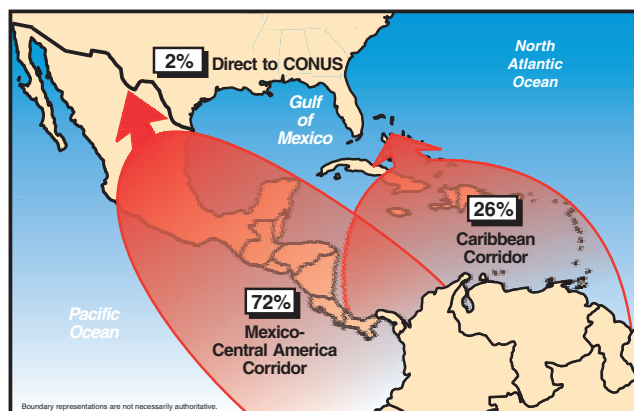
Transportation

Cocaine is transported to the United States via the Mexico–Central America corridor, via the Caribbean corridor, and directly from South America. The IACM reports that 521 metric tons of cocaine were detected departing South America moving toward the United States in 2001. An estimated 191 metric tons were seized or consumed en route, leaving an estimated 330 metric tons of cocaine available to U.S. markets in that year. Of that amount, most (72%) transited the

Mexico–Central America corridor, 26 percent transited the Caribbean corridor, and 2 percent was transported directly to the United States (see Figure 5, next page). These percentages vary somewhat from transport activity in 2000, when approximately 66 percent of the cocaine transited the Mexico–Central America corridor, 31 percent transited the Caribbean corridor, and 3 percent was transported directly to the United States.

13. The ADAM program measures the extent of drug use in the high-risk population of people who have been arrested. Data are collected through probability-based sampling, and information is derived from interviews and urinalysis obtained voluntarily and recorded confidentially.

Figure 5. Cocaine Flows to the United States



Source: ONDCP, 2001 Annual Assessment of Cocaine Movement, March 2002.

Mexico–Central America Corridor

Cocaine is transported through the Mexico–Central America corridor primarily via the eastern Pacific and western Caribbean maritime routes. Colombian drug trafficking organizations used the eastern Pacific route heavily in 2001: according to the IACM, more than half (52%) of all cocaine detected en route to the United States in that year transited the eastern Pacific. Traffickers using this route transport cocaine primarily by fishing vessels and go-fast boats from the west coast of Colombia to rendezvous points off the coast of Mexico. The cocaine is then moved ashore, usually in Mexico, on vessels controlled by Mexican drug trafficking organizations. The western Caribbean route accounted for approximately 19 percent of all cocaine detected en route to the United States in 2001. When using this route Colombian traffickers transport cocaine primarily by go-fast boats from the north coast of Colombia through the western Caribbean to Central America or Mexico.

Once the cocaine is in Mexico, it is supplied to Mexican traffickers who use overland vehicles and small aircraft to transport the drug to the U.S. border. Cocaine is smuggled across the border via commercial and private vehicles, rail traffic, buses, pedestrians, and private aircraft.

Nearly 80 percent of the cocaine seized at ports of entry (POEs) along the U.S.–Mexico border in 2001 was seized at the Calexico (2,346 kg) and San Ysidro (990 kg) POEs in California; the Nogales (1,399 kg) POE in Arizona; and the

Laredo (1,032 kg), Hidalgo (597 kg), and El Paso (587 kg) POEs in Texas. Seizure data from the El Paso Intelligence Center (EPIC) show that Calexico, San Ysidro, and Nogales also ranked among the top Southwest Border POEs in amounts of cocaine seized in 2000. California led the Southwest Border states in cocaine seized at POEs in 2000 (3,388 kg) and 2001 (3,530 kg); however, cocaine seizures at Texas POEs increased significantly from 1,628 kg in 2000 to 3,362 kg in 2001. Texas led in cocaine seized between POEs with 255 and 516 kilograms seized, respectively, in those years. Texas also accounted for the vast majority of the cocaine seized at checkpoints and through traffic stops in 2000 (7,366 kg) and 2001 (5,991 kg).

Cocaine smuggled into the United States through the California POEs of Calexico and San Ysidro most often is transported to Los Angeles for local consumption and for further transport to cocaine markets throughout the United States. Cocaine smuggled through the Nogales POE usually is destined for Central Arizona (Phoenix and Tucson), the primary market areas of Chicago and Los Angeles, and smaller markets throughout the Pacific, Southwest, and West Central regions. Cocaine smuggled into the United States through the Texas POEs of El Paso, Hidalgo, and Laredo typically is destined for Chicago, Dallas, Houston, and New York.

Caribbean Corridor

Colombian drug trafficking organizations and Bahamian, Dominican, Haitian, Jamaican, and Puerto Rican criminal groups transport cocaine to the United States through the Caribbean corridor often transiting Jamaica, Haiti, the Dominican Republic, and the Lesser Antilles in the eastern Caribbean. According to the IACM, criminal groups increased their use of Jamaica and Haiti as transshipment points for cocaine en route to U.S. and other world markets in 2001.

Colombian transporters use commercial and noncommercial sea and air transportation—often in combination—to transport cocaine to the United States through the Caribbean. Cocaine is transported primarily by maritime conveyances such as go-fast boats, containerized cargo, and

coastal freighters and by couriers on commercial flights. Dominican, Haitian, Jamaican, and other criminal groups often are employed to complete the final transportation phase, smuggling the cocaine into the United States through a number of POEs in the eastern United States.

The primary POEs for cocaine smuggled into the eastern United States by commercial maritime and air transportation are in Florida, New York, and Puerto Rico. EPIC seizure data for 2001 show commercial maritime cocaine seizures of 2,579 kilograms in Miami, 895 kilograms in Ft. Lauderdale, 336 kilograms in San Juan, and 314 kilograms on Staten Island. The POEs at Miami and Ft. Lauderdale also led commercial maritime seizures in 2000 with 3,992 and 1,260 kilograms of cocaine seized, respectively, in that year. According to HIDTA reporting, cocaine is transported to these POEs primarily via containerized cargo, although shipments frequently are transported via coastal freighters to Miami and by fishing vessels to Puerto Rico. Cocaine also is transported via go-fast boats to Puerto Rico and other islands.

POEs in Miami, New York, and Puerto Rico also report frequent seizures of cocaine from couriers on commercial flights, often traveling from South America but also from other countries.

Distribution

The distribution of powder cocaine and crack occurs throughout the country, and the market for the drug appears to be stable overall. All DEA Field Divisions and HIDTAs report that powder cocaine is widely distributed in their areas, and most report that crack cocaine also is widely distributed in inner cities, particularly in lower income areas.

Mexican criminal groups control most wholesale cocaine distribution in the western United States, and their influence in eastern markets—traditionally controlled by Colombian and Dominican criminal groups—appears to be growing. Every DEA Field Division in the Pacific,

According to EPIC, commercial air cocaine seizures in 2000 and 2001 were highest in Miami (2,115 kg and 1,527 kg) and New York (571 kg and 814 kg). Seizures at POEs in Puerto Rico followed: the Aguadilla POE accounted for 456 kilograms of cocaine seized in 2000 and the San Juan POE for 264 kilograms in 2001. Cocaine smuggled through these POEs generally is destined for markets in the eastern half of the United States. Cocaine is transported from Miami to Atlanta, New York, and Philadelphia; from New York to Atlanta, Chicago, Detroit, Philadelphia, and Washington, D.C.; and from Puerto Rico to New York and Philadelphia.

Direct to the Continental United States

According to the *International Narcotics Control Strategy Report* (INCSR), Colombian traffickers smuggle cocaine from Colombia directly into major Atlantic and Gulf Coast POEs, primarily on commercial vessels or commercial flights. But as mentioned previously, this direct route accounted for only 2 percent of all cocaine transported to the United States in 2001. The INCSR further reports that the U.S.-sponsored Port Security Program appears to have significantly reduced not only commercial but also non-commercial maritime transportation of cocaine directly to the United States.

Southwest, and West Central regions reports that Mexican wholesale and midlevel distributors are predominant. Mexican distributors also control most wholesale cocaine distribution in Chicago and New Orleans and have become much more prominent in New York, often working directly with Colombian and Dominican groups in these cities. Colombian and Dominican criminal groups control wholesale cocaine distribution in the Florida/Caribbean, Southeast, Mid-Atlantic, New York/New Jersey, and New England regions. In the western United States only the DEA Houston and Los Angeles Field Divisions report a significant presence of Colombian wholesale distributors.

A wide range of criminal groups and independent dealers distribute cocaine at the retail level. African American and Hispanic gangs control most retail distribution of powder cocaine throughout the country. Mexican criminal groups are prominent retail distributors of powder cocaine in the Pacific, West Central, Southwest, and Great Lakes regions, while retail distributors of Colombian, Dominican, and Puerto Rican origin are prominent in many eastern states. DEA and HIDTA reporting indicates that Hispanic independent retail distributors, who often receive supplies of powder cocaine from several different sources, are common in western states, particularly in the Pacific region. Caucasian independent distributors are pervasive in all regions and often are responsible for much of the midlevel and retail distribution of powder cocaine in suburban and rural areas.

African American and Hispanic gangs control most retail distribution of crack cocaine in every region of the country. Retail crack distribution typically occurs in inner-city, lower income housing units and sometimes at open-air drug markets, where it frequently is sold along with powder cocaine or other drugs such as heroin and, to a much lesser extent, MDMA.

Wholesale amounts of powder cocaine generally are distributed in 1-kilogram bricks sealed in plastic or cellophane. Retail amounts (1/8 g to 1 g) typically are packaged in small plastic bags, cellophane, glassine, or paper. Powder cocaine typically is converted to crack cocaine at or near distribution sites and is distributed in rocks (1/10 g to 1/2 g); retail packaging for crack is the same as for powder cocaine.

Primary Market Areas

Cocaine is distributed and used in every region of the country. Reporting from law enforcement and public health agencies indicates, however, that Atlanta, Chicago, Houston, Los Angeles, Miami,

and New York are the primary market areas because of high levels of use and because they serve as centers for the national-level distribution of wholesale quantities of cocaine to other markets. Baltimore, Boston, Central Arizona (Phoenix and Tucson), Detroit, Newark, and Philadelphia are significant cocaine markets, but the levels of use within and distribution from these areas are not as great as in the primary market areas.

Atlanta. Atlanta is a primary market area for cocaine. Law enforcement reporting indicates a growing population of illicit drug users in the Atlanta area, most of whom use powder cocaine and crack. Moreover, the consequences of cocaine use are high or increasing. The Community Epidemiology Work Group (CEWG) reports that 70.3 percent of treatment admissions in Atlanta in 2000 involved powder cocaine (22.5%) or crack (47.8%).¹⁴ DAWN data show that the estimated number of cocaine-related ED mentions increased significantly (+42.7%) from 6,229 mentions in 2000 to 8,891 mentions in 2001. Atlanta had the third highest rate of ED mentions among DAWN cities, behind Chicago and Philadelphia, at 244 per 100,000 population. DAWN mortality data for Atlanta show that cocaine was mentioned in 173 of 259 deaths involving drug abuse in 1999 and in 151 of 233 deaths in 2000.¹⁵ It was listed as the primary drug of abuse in 65 of 82 single-drug deaths in 2000. According to 2000 ADAM data, nearly half (49%) of adult male arrestees in Atlanta tested positive for cocaine, the most for any ADAM site in 2000.

DEA and HIDTA reports indicate that Mexican and, to a lesser extent, Colombian and Dominican distributors control wholesale distribution of cocaine in Atlanta. Cocaine is transported to Atlanta primarily from the U.S.–Mexico border (often via Houston) and Florida. Mexican criminal groups are the primary distributors of powder cocaine at the wholesale level in the Atlanta area, directly supplying African American and Hispanic

14. CEWG is a drug abuse surveillance network established by the National Institute on Drug Abuse and composed of researchers representing 21 areas throughout the country. The CEWG provides current information regarding the nature and patterns of drug abuse, emerging trends, characteristics of vulnerable populations, and social and health consequences.

15. DAWN mortality data include information on drug-induced and drug-related deaths identified and submitted by death investigation jurisdictions participating in DAWN.



Figure 6.

gangs who control retail crack distribution. Law enforcement reporting and seizure data indicate that Atlanta-based wholesale and midlevel distributors supply cocaine to drug markets in the Mid-Atlantic and Southeast regions as well as in Texas.

Chicago. The Chicago HIDTA reports that several tons of cocaine are transported to Chicago annually both for local consumption and for further distribution to other markets throughout the Midwest. Consequent to that local consumption, the estimated number of ED cocaine mentions in Chicago rose from 14,879 in 2000 to 16,202 in 2001. DAWN data also show an increase between 2000 and 2001 in the rate of ED mentions for cocaine from 246 to 277 per 100,000—the most for any DAWN reporting city. DAWN mortality data for Chicago show that cocaine was mentioned in 456 of 878 deaths involving drug abuse in 1999 and in 499 of 869 deaths in 2000. It was the drug of abuse in 120 of 268 single-drug deaths in 2000, the most for any drug in Chicago. According to 2001 ADAM data, 40.6 percent of adult male arrestees in Chicago tested positive for cocaine, second only to New York in that year.

DEA and HIDTA reports indicate that Mexican wholesale cocaine distributors are predominant in Chicago, although Colombian wholesale distributors are active as well. Most cocaine is transported to Chicago via tractor-trailers and private vehicles from Southwest Border POEs. Chicago-based street gangs such as Gangster Disciples, Latin Kings, and Vice Lords control most retail distribution of powder cocaine and crack in the city. These gangs sell powder cocaine and crack in open-air markets, public housing projects, private residences, and gang-controlled communities.

Law enforcement reporting and seizure data from EPIC indicate that Chicago-based wholesale distributors supply powder cocaine and crack to markets throughout the Great Lakes region and, occasionally, to some areas of the Mid-Atlantic, Southeast, and West Central regions.

Houston. Consequences likely occasioned by high levels of cocaine use (especially crack), and the distribution of multiple-ton quantities of cocaine to other U.S. drug markets, render Houston a primary market area. National-level drug data sources such as DAWN, CEWG, and Pulse Check do not report on Houston; however, the Texas Commission on Drug and Alcohol

Abuse (TCADA) closely tracks statistics associated with the consequences of cocaine use in the state. According to TCADA, cocaine is the most abused drug in the Houston area. Crack cocaine was the primary drug of abuse mentioned in 1,628 of 5,508 adult admissions to TCADA-funded treatment programs in Harris County (Houston area) in 2001, the most for any drug. Powder cocaine was the primary drug of abuse mentioned in 305 admissions. According to ADAM data, 31.5 percent of males arrested in Houston in 2000 tested positive for cocaine.

According to DEA and HIDTA reporting, cocaine is transported to Houston in multikilogram and ton quantities for local and national distribution. Mexican wholesale distributors transport the drug primarily overland via the U.S.–Mexico border, while Colombian wholesalers typically use couriers on commercial flights and commercial vessels arriving at ports in or near Houston to transport cocaine. Mexican, Colombian, Jamaican, and Dominican criminal groups, as well as local gangs, distribute cocaine at the retail level. DEA reports indicate that wholesale quantities of powder cocaine are distributed from Houston to regional markets, such as Dallas-Ft. Worth, and to other primary market areas, such as Atlanta, Chicago, and New York. In addition, EPIC seizure data show Houston as the origin of cocaine shipments to the Great Lakes and Southeast regions, to Miami, and to cities in Missouri, Pennsylvania, and Rhode Island. Crack cocaine is distributed from Houston to regional markets in Texas, Louisiana, and Mississippi.

Los Angeles. Information from DEA, HIDTA, and Pulse Check reporting indicates that the cocaine market in Los Angeles is large and stable. In addition, multiple tons of cocaine are distributed from the city to markets throughout the country. DAWN data show a rise in the estimated number of ED mentions for cocaine in Los Angeles from 9,094 in 2000 to 9,999 in 2001. The rate of ED mentions for cocaine also rose from 105 to 117 per 100,000 population between 2000 and 2001. DAWN mortality data for Los Angeles show that cocaine was mentioned in 544 of 1,887 deaths involving drug abuse in 1999 and in 471 of 1,192 deaths in 2000. Mortality data further note

that cocaine was listed as the drug of abuse in 136 of 295 single-drug deaths in 2000.

Mexican wholesale distributors control most cocaine distribution in Los Angeles, although Colombian wholesale distributors are present as well. DEA and HIDTA reporting indicates that Mexican and Colombian wholesale and midlevel distributors supply cocaine to local Hispanic gangs (such as Mexican Mafia and 18th Street) and African American gangs (such as Bloods and Crips), who dominate street-level distribution of both powder cocaine and crack. Independent dealers distribute cocaine at the retail level as well. Gangs and independent dealers often sell powder cocaine, typically in multigram and ounce quantities, on street corners and in hotel rooms in urban and suburban neighborhoods.

Mexican and Colombian criminal groups distribute multiple tons of cocaine from Los Angeles to every region of the country including to other primary market areas such as Atlanta, Chicago, and New York.

Miami. Miami is among the largest cocaine markets in the country. HIDTA reporting indicates that cocaine is the greatest drug threat to the Miami area and that use of both powder cocaine and crack continues to rise. DAWN data indicate that the estimated number of ED mentions for cocaine rose from 4,383 in 2000 to 4,641 in 2001. DAWN data also show that from 2000 to 2001 the rate of ED cocaine mentions held steady at 225 per 100,000. DAWN mortality data indicate that cocaine was mentioned in 130 of 167 deaths involving drug abuse in Miami in 1999 and in 151 of 216 deaths in 2000. It also was listed as the drug of abuse in 25 of 27 single-drug deaths in 2000. According to 2000 ADAM data, 43.5 percent of adult male arrestees in Miami tested positive for cocaine.

Colombian wholesale distributors control most cocaine distribution in Miami, although Haitian wholesale distributors are prominent as well. Colombian and Haitian midlevel distributors supply powder cocaine to local retail distributors, primarily Haitian, Jamaican, and Mexican criminal groups and African American and Hispanic gangs.

Haitian and Jamaican criminal groups and African American and Hispanic gangs control retail distribution of crack cocaine in Miami. Caucasian independent dealers also distribute crack but to a lesser extent.

Multiple tons of powder cocaine are distributed from Miami to markets in the Great Lakes, Mid-Atlantic, New England, New York/New Jersey, and Southeast regions including to the primary market areas of Atlanta, Chicago, and New York.

New York. New York remains a primary market area for cocaine, despite some indications that the consequences of cocaine use are declining. The estimated number of DAWN ED mentions for cocaine, both powder and crack, decreased from 14,250 in 2000 to 13,898 in 2001; the rate of ED mentions per 100,000 population was 166 in both years. According to DAWN mortality data, cocaine was mentioned in 394 of 729 deaths involving drug abuse in New York in 1999 and in 492 of 924 deaths in 2000, when it was listed as the drug of abuse in 196 of 284 single-drug

deaths. ADAM reports that 44.6 percent of adult male arrestees in New York tested positive for cocaine in 2001, still the highest percentage for any ADAM site in that year, despite decreasing from 46.0 percent in 2000.

Colombian and Dominican wholesalers control most cocaine distribution in New York, although Mexican wholesale distributors are becoming more prominent. Colombian, Dominican, Mexican, and Puerto Rican criminals are the principal midlevel cocaine distributors, and they supply retail distributors who typically are African American and Hispanic gangs. African American, Jamaican, and Puerto Rican criminals control most retail distribution of crack cocaine in the city.

New York-based wholesale and midlevel cocaine distributors supply powder cocaine to markets throughout the Great Lakes, Mid-Atlantic, New England, New York/New Jersey, and Southeast regions including to the primary market areas of Atlanta and Chicago.

Key Developments

According to DEA's Cocaine Signature Program, the average purity of wholesale cocaine departing South America for the United States declined from 86 percent in 1998 to 78 percent in 2001. Several factors can influence wholesale purity. The Attorney General's Cocaine Availability Working Group reports, however, that the most plausible are a shortage of the chemical solvents and oxidizers used to refine cocaine (such as potassium permanganate) and efforts to stretch cocaine supplies to meet growing demand in markets in Central and South America and Europe. The decline in overall wholesale cocaine purity may be affecting the purity of retail cocaine. DEA reports that retail purity levels also have declined from 69 percent in 1998 to 56 percent in 2001.

Transportation of cocaine via couriers on commercial flights to and within the United States declined sharply in 2001, according to law enforcement reporting. In addition, reporting indicates that cocaine transportation within the

United States via couriers on trains and bus lines decreased in 2001 and that traffickers are increasingly using commercial and private vehicles to transport cocaine in larger shipments. Law enforcement agencies cite increased security at airports, rail stations, and bus terminals as the most likely cause for the shift.

Mexican wholesale cocaine distributors have become more active in the New York/New Jersey region. DEA and HIDTA reporting indicates that Mexican criminal groups routinely work with Colombian and Dominican wholesale cocaine distributors directly to supply cocaine from the Southwest Border area to midlevel distributors in the New York/New Jersey region. In fact, the New York/New Jersey HIDTA reports that most cocaine consumed in the New York area is transported via the Southwest Border area by Mexican criminal groups but is distributed by primarily Colombian distribution groups.

Projections

Cocaine availability and use have been relatively stable, and cocaine will remain a principal drug threat to the country.

As cocaine markets expand in Central and South America and in Europe, the average purity of wholesale cocaine transported to U.S. markets will remain lower than the purity levels of the

mid-1990s. Continued increases in cocaine production in Colombia, however, and the potential for production levels to increase in Peru and Bolivia may offset the increased demand brought on by market expansion, allowing purity levels to stabilize.

National Drug Threat Assessment 2003



Methamphetamine

Methamphetamine is a principal drug threat to the United States. Reporting from law enforcement and public health agencies indicates that methamphetamine availability is widespread in the western and central United States and is increasing in the eastern half of the country, albeit slowly in some areas. Despite reports of increasing availability and an increase in methamphetamine seized, data regarding methamphetamine-related federal investigations and arrests show decreases in 2001. These decreases likely are due to a shift by DEA to investigate fewer but higher priority methamphetamine targets.

The level of methamphetamine use in the United States appears to be rising among adults and holding relatively steady among adolescents. Law enforcement and interagency reporting, as well as laboratory seizure data, suggests that production in the United States and Mexico increased slightly over the past year. Interagency reporting also indicates that methamphetamine production in Southeast Asia increased in 2001; however, only a small percentage of that produced in Southeast Asia is intended for distribution in the United States. The transportation of domestically produced methamphetamine from laboratories and stash houses to markets throughout the country occurs primarily by private vehicle, while methamphetamine produced in foreign source areas is smuggled into the United States overland primarily in private vehicles and via mail services. The distribution of methamphetamine is expanding slowly, particularly in areas of the Great Lakes, Mid-Atlantic, and Southeast regions. Mexican distributors are predominant in western states as well as in the Great Lakes and Southeast regions. The primary market areas for methamphetamine are Los Angeles, Phoenix,

San Diego, San Francisco, and the Central States (Arkansas, Iowa, and Missouri).

NDTS data show that 31.0 percent of state and local law enforcement agencies nationwide identify methamphetamine as their principal drug threat. Regionally, more state and local law enforcement agencies in the Pacific (83.6%), West Central (73.9%), and Southwest regions (52.9%) identify methamphetamine as the greatest threat than do their counterparts in the Southeast (22.9%) and Great Lakes (20.5%). Methamphetamine was identified as the greatest threat by only 7.0, 3.8, 0.8, and 0.0 percent of agencies in the Florida/Caribbean, Mid-Atlantic, New York/New Jersey, and New England regions, respectively.

Methamphetamine causes profound physiological effects, and ingesting even small amounts of the drug can have dangerous consequences. Methamphetamine users often experience increased respiration, heart rate, blood pressure, and body temperature as well as insomnia, tremors, and convulsions. Increased heart rate and blood pressure can cause strokes that, along with prolonged high body temperature and convulsions, may result in death. Long-term methamphetamine use may result in depression and motor and cognitive impairment. Intravenous users of methamphetamine put themselves at increased risk for needle-borne viruses such as HIV and hepatitis B and C.

In states where methamphetamine production is prevalent, the environmental cost is severe. Chemicals from dumpsites contaminate water supplies, kill livestock, destroy national forest lands, and render areas uninhabitable. In California alone the cleanup of more than 2,000 methamphetamine laboratories and dumpsites cost nearly \$5.5 million during 2001. Moreover,

methamphetamine laboratory fires or explosions have destroyed buildings and homes, injuring

occupants and endangering neighboring residents and buildings.

Availability

The availability of methamphetamine is high in most areas of the Pacific, Southwest, and West Central regions and in many areas of the Great Lakes and Southeast regions. In the Florida/Caribbean region methamphetamine is available primarily in northern and central Florida. While methamphetamine availability is low in the Mid-Atlantic, New England, and New York/New Jersey regions, the drug is being encountered with greater frequency. Methamphetamine is available in powder, tablet, and “ice” forms. Powder d-methamphetamine is the most commonly available type in the United States, although others are produced and abused (see text box).

Types of Methamphetamine

l-methamphetamine (levo-methamphetamine) is produced commercially and is the active ingredient in an over-the-counter product sold in the United States. It does not have substantial addictive qualities.

dl-methamphetamine (dextro-levo-methamphetamine) is clandestinely produced using the P2P method, the preferred methamphetamine production method in the late 1970s and early 1980s (see Methamphetamine Production Methods, page 17). Although limited, production and use of dl-methamphetamine, which is less potent than d-methamphetamine, have reemerged.

d-methamphetamine (dextro-methamphetamine) is clandestinely produced using ephedrine/pseudoephedrine reduction methods (see page 17). D-methamphetamine is highly addictive and is the most potent, widely abused form of methamphetamine.

Ice methamphetamine, commonly called glass because of its appearance, is a colorless, odorless, large-crystal form of d-methamphetamine. Ice is most often produced by slowly recrystallizing powder methamphetamine from a solvent such as methanol, ethanol, isopropanol, or acetone. Ice typically is smoked.

Reporting from all DEA Field Divisions, HIDTAs, and Pulse Check sites in the Pacific, Southwest, and West Central regions indicates that methamphetamine is readily or widely available. DEA Field Divisions and HIDTAs in the Great Lakes region indicate high and increasing availability in many rural areas—particularly in Ohio, Indiana, and portions of Minnesota—but also note moderate or low availability of methamphetamine in Chicago and Detroit. The Chicago HIDTA reports that methamphetamine availability and use are expected to increase in counties surrounding Chicago, but the drug has not yet had a significant impact within the city. DEA and HIDTA reporting for the Florida/Caribbean and Southeast regions specifies moderate increases in the availability of both Mexico-produced and domestic methamphetamine, particularly in Florida, Georgia, and Tennessee. Availability is low but slowly and steadily increasing in the Mid-Atlantic, New England, and New York/New Jersey regions, particularly in Manchester (NH), Newark, New York, Portland (ME), and Washington, D.C., according to DEA, HIDTA, and Pulse Check reporting.

NDTS data indicate that 58.8 percent of state and local law enforcement agencies nationwide describe the availability of methamphetamine as high or medium, while 30.6 percent describe it as low. Regional data are indicative of the eastward expansion of methamphetamine from the western United States. Agencies in the Pacific (97.8%), West Central (93.1%), and Southwest regions (84.5%) account for the greatest proportions reporting high or medium availability of methamphetamine, followed by those in the Southeast (73.3%), Great Lakes (52.2%), Florida/Caribbean (47.8%), and Mid-Atlantic regions (30.1%). Agencies in the New England (9.3%) and New York/New Jersey regions (8.0%) account for the smallest proportions.

While certain data regarding methamphetamine-related federal investigations and arrests show decreases in 2001, these decreases likely are due to a shift by DEA to investigate fewer but higher priority methamphetamine targets. Overall, methamphetamine-related OCDETF investigations accounted for 18.2 percent of all drug-related investigations in FY2001, down from 20.1 percent in FY2000. During the same period, the overall proportion of methamphetamine-related OCDETF indictments increased slightly, from 18.6 to 22.2 percent of all OCDETF indictments. Of all methamphetamine-related OCDETF investigations in FY2001, 68 percent occurred in the Pacific, Southwest, and West Central regions.

Federal sentences incurred for methamphetamine-related offenses accounted for 14.2 percent of all federal drug sentences in FY2001, nearly unchanged from 14.3 percent in FY2000.

Demand

The level of methamphetamine use in the United States appears to be rising among adults and holding relatively steady among adolescents. The NHSDA indicates a rise in the number of all methamphetamine users (12 and older) reporting past year use between 2000 and 2001, from 1.0 million to 1.3 million.

Among adults, use of methamphetamine appears to be rising. NHSDA data show that past year methamphetamine use increased significantly from 1.2 percent in 2000 to 1.7 percent in 2001 among young adults aged 18–25. While rates of use are lower among older adults, NHSDA data show that these too rose, although not significantly. In 2000 and 2001 the rate of past year methamphetamine use was 0.5 and 0.7 percent, respectively, for adults aged 26–34 and 0.2 and 0.3 percent for those aged 35 and older.

MTF data appear to indicate similar upward trends among young adults; however, none of the changes between 2000 and 2001 were statistically significant. MTF reports that among college

The number of DEA arrests for methamphetamine-related offenses also decreased from 7,700 in 2000 to 6,557 in 2001.

The amount of methamphetamine seized in the United States increased in 2001, however. FDSS data show that methamphetamine seizures increased from 3,470 kilograms in 2000 to 3,782 kilograms in 2001. California and Texas led the country in total kilograms seized with 2,154 and 481 kilograms, respectively, and the two states combined accounted for nearly 70 percent of all methamphetamine seized in 2001.

DEA reports that in 2001 the price of methamphetamine ranged nationally from \$3,500 to \$23,000 per pound, \$350 to \$2,200 per ounce, and \$20 to \$300 per gram. The average purity of the methamphetamine seized by DEA increased from 35.3 percent in 2000 to 40.1 percent in 2001.

students (19–22) past year methamphetamine use rose from 1.6 percent in 2000 to 2.4 percent in 2001. Among all young adult respondents (19–28) past year methamphetamine use rose from 2.5 percent in 2000 to 2.8 percent in 2001.

Among adolescents, methamphetamine use appears to be relatively stable overall, according to data from most national-level prevalence studies (PRIDE does not track methamphetamine use). NHSDA data show past year methamphetamine use among adolescents aged 12–17 held steady at 0.8 percent in both 2000 and 2001. In 1999 past year methamphetamine use for adolescents was 0.7 percent.

MTF data reveal that past year methamphetamine use was stable from 2001 to 2002. In those years rates were 2.8 and 2.2 percent, respectively, for eighth graders, 3.7 and 3.9 percent for tenth graders, and 3.9 and 3.6 percent for twelfth graders.

PATS reporting indicates a slight decrease in the rate of past year methamphetamine use among teens from 8 percent in 2000 to 7 percent in 2001.

According to PATS, teens' attitudes toward methamphetamine use are stable. In both 2000 and 2001, 78 percent of teens agreed there is great risk in using methamphetamine regularly, and 47 percent agreed there is great risk in trying the drug once or twice.

The adverse consequences of methamphetamine use are increasing, according to national-level consequence studies. DAWN data indicate a rise in the estimated number of ED mentions for methamphetamine from 2000 (13,505) to 2001 (14,923). Most ED methamphetamine mentions were reported in five cities in the Pacific and Southwest regions: Los Angeles (1,517), San Diego (673), San Francisco (611), Phoenix (604), and Seattle (395). The only significant changes in the number of mentions were in Los Angeles (+10.3%) and Seattle (-26.9%).

TEDS data indicate an increase in admissions to publicly funded treatment facilities for methamphetamine use between 1994 (33,407) and 1999 (57,834). A notable rise in the rate of

admissions for which methamphetamine was the primary substance of abuse occurred between 1994 and 1999, when the rate increased from 22 admissions per 100,000 population to 32 per 100,000. TEDS data also indicate that methamphetamine-related treatment admissions, which once were reported almost exclusively in the Pacific and Southwest regions, are increasing throughout the Great Lakes, Southeast, and West Central regions. The typical treatment admission for methamphetamine is Caucasian (79%), male (53%), and between the ages of 25 and 34 (42%). In 1999 the most popular route of administration was smoking (35%), followed by injection (29%) and inhalation (25%).

ADAM data indicate that 13.0 percent of adult male arrestees reported past year use of methamphetamine in 2001. These past year users reported an average frequency of use of 6.7 days in the past month. Past year methamphetamine data for 2000 are unavailable.

Production

Methamphetamine production is increasing both in the United States and in the foreign source areas that supply U.S. markets. All DEA Field Divisions except one (Caribbean) report that methamphetamine is produced in their areas, and most (19 of 21) describe production as either stable or increasing. Almost three-quarters (24 of 32) of the HIDTAs also report the presence of methamphetamine laboratories in their areas. Moreover, data from EPIC's National Clandestine Laboratory Seizure System (NCLSS) show that the number of laboratories seized in the United States increased from 6,777 in 1999, to 6,940 in 2000, to 8,290 in 2001.

Methamphetamine production in Mexico—the principal source area for foreign-produced methamphetamine available in the United States—and in Southeast Asia increased at least slightly in 2001, according to the INCSR and the

United Nations International Narcotics Control Board. Most methamphetamine produced in Mexico is destined for U.S. drug markets; however, only a small percentage of that produced in Southeast Asia is intended for distribution in the United States.

Domestic Production

Methamphetamine production occurs throughout the country: methamphetamine laboratories were seized in 46 states in 2001. In western states Mexican criminal groups using the hydriodic acid/red phosphorus production method are predominant, while in the central United States Caucasian independent producers using the Birch method are common (see text box). Methamphetamine production is limited in eastern states, but when it occurs, the Birch method of production is typically used.

Methamphetamine Production Methods

Ephedrine/Pseudoephedrine Reduction:

Hydriodic acid/red phosphorus. The principal chemicals are ephedrine or pseudoephedrine, hydriodic acid, and red phosphorus. This method can yield multipound quantities of high quality d-methamphetamine and often is associated with Mexican drug trafficking organizations.

Iodine/red phosphorus. The principal chemicals are ephedrine or pseudoephedrine, iodine, and red phosphorus. The required hydriodic acid in this variation of the hydriodic acid/red phosphorus method is produced by the reaction of iodine in water with red phosphorus. This method yields high quality d-methamphetamine.

Iodine/hypophosphorous acid. The principal chemicals are ephedrine or pseudoephedrine, iodine, and hypophosphorous acid. The required hydriodic acid in this variation of the hydriodic acid/red phosphorus method is produced by the reaction of iodine in water with hypophosphorous acid. Known as the "Hypo" method, this method results in a high yield of d-methamphetamine.

Birch. The principal chemicals are ephedrine or pseudoephedrine, anhydrous ammonia, and sodium or lithium metal. Also known as the "Nazi" method, this method typically yields ounce quantities of high quality d-methamphetamine and often is used by independent producers.

Phenyl-2-Propanone:

P2P. The principal chemicals are phenyl-2-propanone, aluminum, methylamine, and mercuric acid. This method yields lower quality dl-methamphetamine and has been associated with outlaw motorcycle gangs.

In the western United States clandestine methamphetamine production is extensive and often takes place in "superlabs" that have the

capacity to produce 10 or more pounds of methamphetamine in one production cycle. Of 8,290 clandestine laboratories seized in 2001, almost half (4,139) were located in the Pacific and Southwest regions. Moreover, of 303 superlabs seized in the United States in 2001, more than 90 percent (283) were in these two regions. Available intelligence indicates that California laboratories alone produce more methamphetamine than all other domestic laboratories combined. In addition, the number of California superlabs appears to be increasing, and most now have the capacity to produce 20 or more pounds of methamphetamine in one production cycle. NCLSS data show that the number of superlabs seized in California increased from 127 in 2000 to 238 in 2001.

A large number of methamphetamine laboratories—4,090—were seized during 2001 in the West Central, Great Lakes, and Southeast regions, but only 20 were superlabs. Production yields for laboratories in these regions are far lower than for those in the western United States because most laboratories seized in the West Central, Great Lakes, and Southeast regions (nearly 60% in 2001) are small capacity Birch laboratories. This is especially true in Arkansas, Illinois, Indiana, Iowa, Kansas, and Missouri, where Birch laboratories accounted for nearly 70 percent of methamphetamine laboratories seized.

Methamphetamine production in the Florida/Caribbean, Mid-Atlantic, New England, and New York/New Jersey regions is limited—only 61 laboratories were seized in 2001—and consists generally of small capacity laboratories. There were no seizures of methamphetamine superlabs in any of these regions in 2001. Furthermore, the P2P production method, once commonly used to produce large quantities of methamphetamine in the eastern United States—particularly in the Philadelphia and southern New Jersey area—now appears to be one of the least common methods used. Of 19 P2P methamphetamine laboratories seized in 2001, one was located in Pennsylvania and one in New Jersey.

Precursor Chemicals

Methamphetamine producers depend on a constant supply of chemicals to maintain consistent production levels. Precursor chemicals such as ephedrine, pseudoephedrine, and phenyl-2-propanone and essential chemicals such as hydriodic acid, anhydrous ammonia, and lithium metal often are diverted from legitimate use for clandestine use in methamphetamine production.

Ephedrine is sometimes acquired through the diversion of bulk shipments from chemical supply companies in Asia. This method of precursor chemical acquisition is not as common today as it has been in the past, however.

Mexican criminal groups that produce large amounts of methamphetamine in the United States often rely on Central Asian and Middle Eastern (Armenian, Jordanian, Lebanese, Syrian, and Yemeni) criminal groups based in Canada and the United States to supply them with bulk quantities of pseudoephedrine tablets. These criminal groups transport pseudoephedrine tablets primarily by private trucks from Canada to California often via Buffalo, Detroit, Chicago, and Las Vegas. Outlaw motorcycle gangs based in Canada smuggle pseudoephedrine into the United States, and Mexican criminal groups smuggle both ephedrine and pseudoephedrine into the country from Mexico, although not at levels comparable to the Central Asian and Middle Eastern criminal groups.

Independent producers who typically produce small amounts of methamphetamine via the Birch method acquire pseudoephedrine from over-the-counter cold and allergy medicines. They often acquire such medicines, as well as combination ephedrine drug products, from pharmacies, grocery stores, and retail outlets not traditionally recognized as over-the-counter drug retailers. Such retail outlets include convenience stores, gas stations, and liquor stores. Independent methamphetamine producers who use the precursor chemical P2P acquire it illegally from chemical supply companies.

Essential chemicals are acquired in several ways. Hydriodic acid often is acquired illegally from chemical supply companies or stolen from industrial businesses, although law enforcement reporting indicates increased smuggling of hydriodic acid from Mexico into the United States. Anhydrous ammonia, a liquid fertilizer, usually is stolen from farms or acquired illegally from farm supply stores. Lithium metal often is extracted from lithium batteries and, increasingly, from electronic flow meters at gas and oil wells.

Foreign Production

Methamphetamine is produced throughout the world; however, Mexico and, to a much lesser extent, Southeast Asia are the principal sources of foreign-produced methamphetamine to U.S. markets. Only a small percentage of the methamphetamine produced in Southeast Asia is intended for U.S. markets. Although there are no conclusive estimates as to how much methamphetamine is produced in foreign source areas, law enforcement reporting, as well as reporting from the United Nations and U.S. Department of State, indicates that production appears to be increasing.

Methamphetamine produced in Mexico accounts for most of the foreign-produced methamphetamine available in the United States, and

according to DEA, despite growing demand for the drug in Mexico most of the methamphetamine produced in that country appears to be intended for U.S. markets. DEA reporting also indicates an apparent increase in methamphetamine laboratories near the U.S. border: the number of laboratories seized in Baja California Norte rose sharply from just 2 in 2000 to 24 in 2001. According to EPIC seizure data, however, the amount of Mexican methamphetamine seized along the U.S.–Mexico border decreased from 1,254 kilograms in 2000 to 1,174 kilograms in 2001. INCSR data show that the amount of methamphetamine seized in Mexico decreased between 2000 and 2001 following significant increases in previous years. The amount of methamphetamine seized in Mexico increased from 96 kilograms in 1998, to 358 kilograms in

1999, to 555 kilograms in 2000 before falling to 396 kilograms in 2001.

Traffickers operating laboratories in Southeast Asian countries, Burma in particular, produce methamphetamine in large quantities; the drug usually is pressed into tablets referred to as “yaba.” The INCSR estimates that laboratories in Burma produce approximately 800 million methamphetamine tablets each year and that production may be increasing. The number of tablets seized in Burma increased from 26.7 million in 2000 to 32.4 million in 2001, while the number of methamphetamine laboratories seized remained

relatively stable: two were seized in 2000 and three in 2001. According to DEA, the United Wa State Army, a Burmese criminal group, is responsible for the majority of methamphetamine tablets produced. Most of these tablets are consumed in Southeast Asia; however, some are reaching U.S. markets, primarily in California and Hawaii.

DEA reporting indicates that Vietnamese, Filipino and, to a lesser extent, Japanese, Korean, and Thai criminal groups smuggle Southeast Asia-produced ice methamphetamine into the United States, particularly to Hawaii.

Transportation

Methamphetamine is transported from domestic and foreign production sites via many conveyances and routes. Wholesale quantities of domestically produced methamphetamine are transported via commercial and private vehicles as well as mail services from laboratories, staging areas, and stash houses to U.S. drug markets primarily by Mexican traffickers but also by independent—mostly Caucasian—producers. Mexican and Caucasian criminal groups smuggle Mexico-produced methamphetamine into the United States primarily via private vehicles, while Southeast Asian criminal groups smuggle methamphetamine produced in Southeast Asia via mail services.

Transportation of Domestically Produced Methamphetamine

Methamphetamine produced domestically by Mexican criminal groups is transported to markets throughout the country by these same groups and, to a lesser extent, by Caucasian independent transporters and outlaw motorcycle gangs. Of 21 DEA Field Divisions, 15 identify the principal methamphetamine transporters in their areas as Mexican. Furthermore, DEA reporting indicates that the Pacific and Southwest regions are the primary sources of domestically produced methamphetamine to U.S. markets.

Caucasian independent transporters and outlaw motorcycle gangs control the transportation of the methamphetamine that they produce, primarily supplying markets in the eastern United States by way of private vehicles and mail services. For instance, the DEA Newark Field Division identifies outlaw motorcycle gangs as principal transporters of methamphetamine into its area, and the DEA Boston Field Division identifies Caucasian independent groups and outlaw motorcycle gangs as principal transporters in its area.

Methamphetamine Packaging

Wholesale and midlevel quantities of methamphetamine typically are packaged for transport in 1-pound compressed bricks wrapped in aluminum foil, duct tape, paper, or heat-sealed plastic wrap. Bricks often are placed in large plastic bags and plastic storage bins during transportation. Methamphetamine bricks sometimes are wrapped with scented dryer sheets or covered with grease, coffee, detergent, or salve to mask the scent of the drug.

Transportation of Foreign-Produced Methamphetamine

Methamphetamine produced in Mexico is smuggled into the United States at various

points along the U.S.–Mexico border primarily by Mexican criminal groups using private vehicles, tractor-trailers, and couriers on foot. Caucasian transporters and outlaw motorcycle gangs—Bandidos in particular—also smuggle Mexico-produced methamphetamine into the United States, but to a much lesser extent than Mexican criminal groups.

Most of the Mexico-produced methamphetamine destined for U.S. drug markets is smuggled into the United States through and between POEs along the California–Mexico border. EPIC seizure data show that the POEs at San Ysidro (289 kg), Calexico (153 kg), and Otay Mesa (112 kg) accounted for more than 70 percent of the methamphetamine seized at POEs along the U.S.–Mexico border in 2001. From these three POEs, transporters supply Mexico-produced methamphetamine to the primary market areas of Los Angeles, Phoenix, San Diego, San Francisco, and the Central States as well as to smaller markets throughout the country.

Mexico-produced methamphetamine also is smuggled into the United States through and between POEs along the Texas–Mexico border. EPIC seizure data show that the POEs at Laredo (40 kg), Pharr (39 kg), and El Paso (37 kg) accounted for approximately 15 percent of the methamphetamine seized along the U.S.–Mexico border in 2001. Mexican transporters supply methamphetamine smuggled through these POEs to markets in the Southeast, Southwest, and West Central regions.

Arizona POEs accounted for approximately 11 percent of methamphetamine seized at POEs along the U.S.–Mexico border in 2001. Nogales may be emerging as a key POE for Mexico-produced methamphetamine. The amount of methamphetamine seized at Nogales increased from

29 kilograms in 2000 to 56 kilograms in 2001. Methamphetamine smuggled through the Nogales POE typically is stored in towns near the POE or in Tucson before being transported to the primary market areas of Phoenix and Los Angeles and to markets in the Great Lakes, Southeast, Southwest, and West Central regions.

A relatively small amount of methamphetamine tablets (yaba) produced in Southeast Asia is smuggled into the United States for distribution in localized markets primarily in northern California. Methamphetamine tablets usually are transported to the United States by mail services from Southeast Asia to mail facilities in Hawaii and California, primarily Honolulu, Los Angeles, and Oakland. DEA reports that the number of methamphetamine tablets seized at mail facilities in Hawaii and California has fluctuated sharply from 39,917 in 1999, to 301,697 in 2000, to 32,280 in 2001. The methamphetamine tablets often are combined with shipments of licit or illicit goods. For instance, the Central Valley HIDTA reports that methamphetamine tablets have been smuggled to Fairfield and San Jose, California, secreted in shipments of legitimate products and in shipments of opium. The tablets were destined for distribution in central and northern California.

According to law enforcement reporting and the INCSR, ice methamphetamine produced in Southeast Asia is smuggled to Hawaii by Filipino, Japanese, Korean, Thai, and Vietnamese criminal groups primarily for local distribution. Nonetheless the DEA Newark Field Division reports that ice methamphetamine from the Philippines is available in its area, although the route and method of shipment used to transport the drug into the area are unknown.

Canada-Produced Methamphetamine in the United States

There are no conclusive estimates of methamphetamine production in Canada; however, both the Royal Canadian Mounted Police (RCMP) and the United Nations International Narcotics Control Board report that production in Canada appears to be increasing. The RCMP reports increased seizures of methamphetamine laboratories, primarily in western Canada. In addition, DEA and state and local law enforcement agencies along the U.S.–Canada border report that Canada-produced methamphetamine is smuggled into the United States for distribution, although amounts seized have been negligible.

No DEA Field Division identifies Canada as a significant source of methamphetamine, and only the Central Valley HIDTA and the DEA Buffalo Resident Office report seizures of Canada-produced methamphetamine. EPIC seizure data indicate that the Blaine (140 g), Dunseith (50 g), and Everett (140 g) POEs in Washington and the POE at Pembina, North Dakota (5 kg), accounted for all the methamphetamine seized along the U.S.–Canada border in 2001. While seizures have occurred at these POEs and the Detroit POE since 1999, they do not appear to occur with any consistency or involve any significant amounts. HIDTA reporting suggests that when methamphetamine is smuggled from Canada into the United States, the most common transportation method used is mail services. Those principally involved in the transport of Canada-produced methamphetamine are outlaw motorcycle gangs, particularly Hells Angels.

Distribution

Methamphetamine distribution is most pervasive in the Pacific, Southwest, and West Central regions. Distribution is expanding in the Great Lakes, Mid-Atlantic, and Southeast regions, albeit slowly. In the New England and New York/New Jersey regions distribution of methamphetamine is very limited, and there has been little indication of any significant increase in distribution over the past year.

Mexican criminal groups control most midlevel and retail methamphetamine distribution in the Pacific, Southwest, and West Central regions as well as much of the distribution in the Great Lakes and Southeast regions. Mexican midlevel distributors sometimes supply methamphetamine to outlaw motorcycle gangs and Hispanic gangs for retail distribution throughout the country. Caucasian independent distributors are active throughout the country, particularly in the Great Lakes, Mid-Atlantic, and Southeast regions and in the West Central states of Arkansas, Iowa, Kansas, and Missouri, where methamphetamine

produced in small laboratories is distributed to a limited number of local customers. Outlaw motorcycle gangs distribute methamphetamine throughout the country, and DEA reporting indicates that they distribute the drug in many areas of the Great Lakes region and are principal methamphetamine distributors in the New England and New York/New Jersey regions. Asian methamphetamine distributors (Filipino, Japanese, Korean, Thai, and Vietnamese) are active in the Pacific region, although Mexican criminal groups trafficking in ice methamphetamine have supplanted Asian criminal groups as the dominant distributors of this drug in Hawaii.

Retail distribution occurs through street sales and in private homes, motels, restaurants, bars, and dance clubs. Distributors often use pagers and cellular telephones to facilitate retail sales. Retail methamphetamine often is packaged in small glassine bags, vials, waxed paper, or foil. It is sold in gram or multigram quantities, or as “eight ball” (1/8 oz) and “teener”(1/16 oz) quantities.

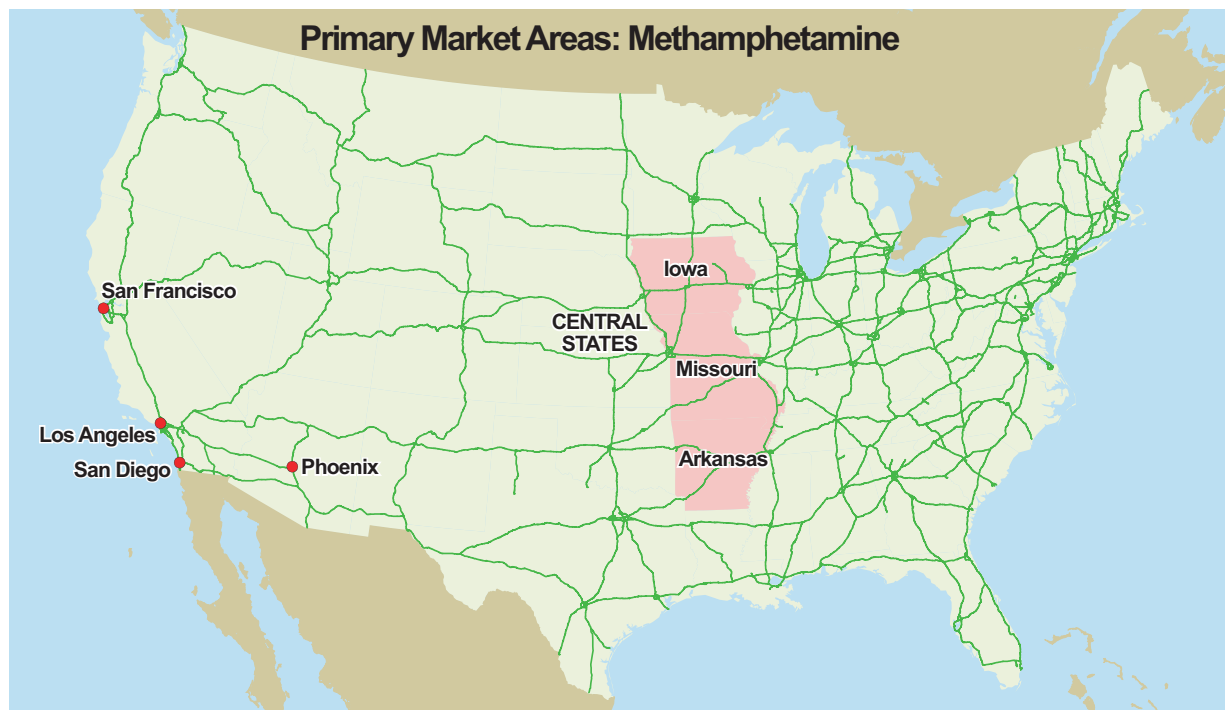


Figure 7.

Primary Market Areas

Reporting from law enforcement and public health agencies indicates that Los Angeles, Phoenix, San Diego, and San Francisco are primary market areas for methamphetamine. Reporting typically reveals very high levels of use and distribution in these cities as well as national-level distribution from these cities to markets throughout the country. The Central States of Arkansas, Iowa, and Missouri, collectively, are a primary market area for methamphetamine as well. This area does not meet the typical definition of a primary market area—some of the consequence data for the Central States are not particularly high, nor is the extent of methamphetamine distribution from the area at a national level. Nonetheless the extent of methamphetamine distribution in the Central States and the proliferation of small-capacity methamphetamine laboratories within the area render the Central States a primary market.

Los Angeles. Los Angeles appears to be the largest methamphetamine market in the country. DAWN data show the estimated number of methamphetamine-related ED mentions for Los Angeles increased significantly between 2000 and

2001 from 1,375 to 1,517—more than twice the number of mentions for the next closest DAWN reporting city (San Diego). Los Angeles recorded the fourth highest rate of ED mentions for methamphetamine with 18 per 100,000 population in 2001; the rate in 2000 was 16 per 100,000.

DAWN mortality data for Los Angeles show that methamphetamine was mentioned in 147 of 1,887 deaths involving drug abuse in 1999 and in 155 of 1,192 deaths in 2000. It was listed as the drug of abuse in 12 of 295 single-drug deaths in 2000. Pulse Check reports that methamphetamine is widely available in Los Angeles and that use is stable, while CEWG reports that primary treatment admissions for methamphetamine increased 25 percent between 1999 and 2000.

The DEA Los Angeles Field Division and the Los Angeles HIDTA report that U.S.-based Mexican criminal groups control wholesale and midlevel methamphetamine distribution in the area. Mexican criminal groups transport methamphetamine to Los Angeles from their laboratories in Mexico and southern California primarily via private vehicles and commercial trucks. Mexican midlevel distributors supply independent distributors and Hispanic

gangs. Asian gangs distribute limited amounts of ice methamphetamine in Los Angeles, primarily within the Asian community.

Methamphetamine is distributed from Los Angeles to the primary market areas of Phoenix and San Francisco as well as to markets in the Pacific, West Central, Southwest, and Southeast regions.

Phoenix. Phoenix is a primary market area for methamphetamine. The DEA Phoenix Field Division estimates that methamphetamine is second only to marijuana as the most abused drug in the Phoenix area. Phoenix ranked fourth among DAWN reporting cities in the estimated number of ED mentions for methamphetamine in 2001 with 604; the city ranked third in 2000 with 600 mentions. DAWN data further indicate that the estimated rate of ED mentions for methamphetamine in Phoenix decreased between 2000 and 2001 (29 to 21 per 100,000). DAWN mortality data show that methamphetamine was mentioned in 94 of 561 deaths involving drug abuse in 1999 and in 109 of 587 deaths in 2000. Methamphetamine was listed as the drug of abuse in 6 of 62 single-drug deaths in Phoenix in 2000. ADAM reports that the proportion of adult male arrestees testing positive for methamphetamine in Phoenix rose from 17.0 percent in 2000 to 25.3 percent in 2001.

Mexican wholesale and midlevel distributors control methamphetamine distribution in the Phoenix area. Mexican criminal groups typically use private vehicles to transport methamphetamine to the Phoenix area from laboratories in Mexico and, to a lesser extent, from domestic laboratories generally located in southern California. Hispanic gangs control most retail distribution of methamphetamine, although Caucasian independent distributors are prominent.

Methamphetamine is distributed in bulk quantities from Phoenix to markets in the Great Lakes, Southeast, Southwest, and West Central regions.

San Diego. The level of methamphetamine consumption in San Diego is high, and distribution in and from the city is significant. Among DAWN reporting cities, San Diego recorded the second highest estimated number of methamphetamine-related ED mentions in 2001 (673), down

from 747 in 2000. DAWN reports that San Diego also recorded the second highest estimated rate of ED mentions for methamphetamine at 27 per 100,000 population, down from 31 per 100,000 in 2000. DAWN mortality data show that methamphetamine was mentioned in 88 of 354 deaths involving drug abuse in 1999 and in 112 of 360 deaths in 2000. Methamphetamine was listed as the drug of abuse in 11 of 60 single-drug deaths in 2000. According to CEWG reporting, methamphetamine was identified as the primary drug in 33 percent of admissions to publicly funded treatment facilities in San Diego in 2000. ADAM reporting indicates that the percentage of adult male arrestees testing positive for methamphetamine rose from 25.0 percent in 2000 to 27.9 percent in 2001.

DEA reports indicate that methamphetamine distribution is widespread and pervasive throughout San Diego. Mexican wholesale distributors transport multikilogram quantities of methamphetamine from laboratories in Mexico and southern California to San Diego primarily via private vehicles. They also control methamphetamine distribution within the city, supplying Mexican midlevel distributors who in turn supply Hispanic gangs as well as Caucasian and Hispanic independent retail distributors.

Methamphetamine is distributed from San Diego to the primary market areas of Los Angeles, Phoenix, and San Francisco and to smaller markets in every region of the country.

San Francisco. San Francisco is among the largest methamphetamine markets in the United States. DAWN data show a slight increase in the estimated number of methamphetamine-related ED mentions in San Francisco between 2000 (591) and 2001 (611), when the city ranked third among DAWN reporting cities. The estimated rate of ED mentions increased as well, from 36 to 39 per 100,000 population—the highest rate among all DAWN reporting cities. DAWN mortality data indicate that methamphetamine was mentioned in 58 of 361 deaths involving drug abuse in 1999 and in 45 of 286 deaths in 2000. It was listed as the drug of abuse in 4 of 45 single-drug deaths in 2000.

The DEA San Francisco Field Division reports that Mexican wholesale and midlevel distributors control methamphetamine distribution in the San Francisco area. Mexican criminal groups transport wholesale quantities of methamphetamine to San Francisco from laboratories in Mexico, southern California, and the local area, primarily via private vehicles. Mexican and Hispanic criminal groups control much of the retail distribution as well; however, DEA reporting indicates that outlaw motorcycle gangs and Caucasian independent distributors, who often also produce small quantities of methamphetamine, are prominent in retail distribution.

Wholesale amounts of methamphetamine are distributed from San Francisco to several market areas throughout the country. Methamphetamine often is transported throughout the country from San Francisco via private vehicles. To a lesser extent couriers carry methamphetamine on commercial flights directly from San Francisco to markets in the eastern half of the country and in Hawaii. Methamphetamine also is mailed from San Francisco to midlevel and retail distributors throughout the United States.

Central States. The Central States of Arkansas, Iowa, and Missouri, collectively, are a primary market area for methamphetamine. Much of the methamphetamine problem in this area is rural and thus typically is not reflected in consequence data, which normally are collected for metropolitan areas. There is a high level of demand for the drug in the area, however, as indicated by the widespread distribution of the drug and the proliferation of small-capacity methamphetamine laboratories within the area.

St. Louis, the only DAWN reporting city within the Central States for ED mentions, ranked eighth among all DAWN cities with an estimated 115 ED methamphetamine mentions in 2001, down from 162 in 2000. DAWN mortality data for St. Louis show that methamphetamine was mentioned in 9 of 276 deaths involving drug abuse in 1999 and in 9 of 244 deaths in 2000. DAWN mortality data for Kansas City show that methamphetamine was mentioned in 13 of 237

deaths involving drug abuse in 1999 and in 6 of 222 deaths in 2000. According to TEDS data for 1999, the Central States were among the top 10 states regarding the number of methamphetamine-related admissions to publicly funded treatment facilities with Missouri ranking fourth (3,147), Iowa ranking fifth (2,840), and Arkansas ranking ninth (2,050). Des Moines and Kansas City are the only ADAM sites located in the Central States, and according to 2001 data, 22.0 percent of adult male arrestees in Des Moines tested positive for methamphetamine, ranking the city sixth among 33 ADAM sites. Furthermore, Des Moines ranked fifth in the percentage of adult male arrestees who reported using methamphetamine within the past year (32.4%). In Kansas City 1.0 percent of adult male arrestees tested positive for methamphetamine, and 15.0 reported using the drug in the past year.

DEA, HIDTA, and state and local law enforcement reporting indicates methamphetamine is widely distributed and abused throughout the Central States. Mexican traffickers transport methamphetamine to the area from Mexico and the Southwest and Pacific regions via private vehicles and, to a lesser extent, commercial air and mail services; they also control wholesale distribution of the drug. These Mexican wholesale distributors typically supply methamphetamine to Caucasian midlevel distributors, often through front businesses. The midlevel distributors in turn supply primarily Caucasian retail distributors, who typically sell the drug in private residences, hotel rooms, bars, and parking lots. Many Caucasian independent methamphetamine producers in the area also distribute small amounts of the drug to friends and associates for their use.

Outlaw motorcycle gangs also transport methamphetamine from the western United States to the Central States where they distribute the drug. According to the Midwest HIDTA, street gangs such as Latin Kings and Black Gangster Disciples appear to be increasingly involved in retail methamphetamine sales within the primary market area.

Key Developments

Reporting from federal and state law enforcement agencies indicates that the use of toxic hypophosphorous acid in place of red phosphorus as an essential chemical when producing methamphetamine has increased since 1999. According to NCLSS data, 12 hypophosphorous methamphetamine laboratories were seized in 1999 and 77 were seized in 2000. In 2001, 79 hypophosphorous methamphetamine laboratories were seized in 16 states in the New England, Pacific, Southeast, Southwest, and West Central regions; nearly half (37) were seized in Colorado. Hypophosphorous acid is corrosive, harmful if inhaled, and more prone to cause fires than red phosphorus during methamphetamine production. Hypophosphorous acid has commercial applications and is sold legally, primarily over the Internet, in solutions or as a salt.

The availability of ice methamphetamine, a highly pure and very addictive form of

methamphetamine, is increasing throughout the United States. Once limited primarily to Guam, Hawaii, and some areas of California, ice methamphetamine is now available in several regions of the country, although usually in limited amounts.

Reporting from the U.S. Forest Service (USFS) indicates that the amount of methamphetamine seized on National Forest System (NFS) lands is increasing. Despite an overall reduction in the number of laboratories and dumpsites seized between 2000 and 2001 (488 to 344), the amount of methamphetamine seized increased from 93 to 154 pounds (42 kg to 70 kg). This increase in the quantity seized likely is due to the presence of larger capacity laboratories on such lands. Most of the methamphetamine laboratories and dumpsites seized on NFS lands (58%) were in Missouri's Mark Twain National Forest.

Projections

Mexican criminal groups will attain greater control of wholesale and midlevel methamphetamine distribution in eastern states. Mexican criminal groups are now the predominant wholesale distributors of methamphetamine in many areas of the Great Lakes, Mid-Atlantic, and Southeast regions, and they are prominent in several large eastern cities.

The threat posed by methamphetamine will increase over the next year. Such an increase is indicated by the rising availability of methamphetamine in drug markets in eastern states, the growing number of states reporting the presence of superlabs, rising purity levels, and an apparent increase in the presence of ice methamphetamine. Despite the rising threat, methamphetamine is not likely to surpass the overall threat posed to the United States by powder cocaine and crack in the near term.

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National Drug Threat Assessment 2003



Marijuana

Marijuana is a leading drug threat to the country. It is the most readily available and widely used illicit drug in the United States, and its prevalence has contributed to both an acceptance of marijuana use among some adults and adolescents and a perception that the drug is not harmful. Reporting from law enforcement and public health agencies, as well as federal investigation, arrest, and seizure data, indicates marijuana availability changed little over the past year.

Some national substance abuse indicators suggest that marijuana use may rise despite relatively stable levels of use since the late 1990s. The number of past year users increased significantly in 2001, and national-level prevalence studies show decreases in the perception of risk regarding marijuana use. Available data suggest that marijuana production is high both in the United States and in foreign source areas. Transport of marijuana from source areas to markets occurs via many methods but primarily overland in commercial and private vehicles. Distribution of marijuana appears to be stable, and a wide range of criminal groups, gangs, and independent dealers distribute the drug throughout the country. Primary market areas for marijuana include Central Arizona, Chicago, Los Angeles, Miami, New York, and Seattle.

NDTS data show that 20.4 percent of state and local law enforcement agencies nationwide identify marijuana as their principal drug threat. Regionally, more state and local law enforcement agencies in the New York/New Jersey (40.9%), Great Lakes (29.6%), New England (27.3%), Mid-Atlantic (21.0%), and Southwest regions (19.7%) identify marijuana as the greatest threat than do those in the Florida/Caribbean (10.9%), West Central (9.9%), Southeast (9.3%), and Pacific regions (7.8%).

Current medical and scientific evidence continues to demonstrate that marijuana has a high potential for abuse, and the current user population is more frequently exposed to higher potency marijuana than in previous years, which may increase the risk of dependence. Animal studies suggest that THC (delta-9-tetrahydrocannabinol) causes physical dependence, and a withdrawal syndrome characterized by irritability, stomach pain, aggression, and anxiety has been associated with abstinence from long-term marijuana use in some people. According to the National Institute on Drug Abuse (NIDA), those who smoke marijuana regularly may develop long-term respiratory problems such as chronic coughing, bronchitis, and poor lung function. Short-term effects of marijuana use include memory and learning problems, difficulty in thinking and problem solving, distorted perception, and loss of coordination. A primary physical effect—increased heart rate—can be exacerbated when marijuana is used in combination with other drugs, such as cocaine, a considerable concern given that approximately three-quarters of the ED episodes involving marijuana in 2001 involved at least one other drug.

Marijuana use typically is not associated with violence. The potential for violence usually is associated with cannabis cultivation in that many grow sites are secured with potentially lethal booby traps and protected by way of firearms. Recent reports of the theft of marijuana through home invasion robberies suggest that cultivators and distributors themselves are at risk of violence. Law enforcement reporting also suggests greater frequency of violence related to marijuana distribution, including kidnappings, shootings, and homicides often over unpaid drug debts.

Availability

Marijuana is the most widely available illicit drug in the United States. Reporting from law enforcement and public health agencies, as well as investigation, arrest, and seizure data, indicates marijuana availability changed little over the past year. Prices are relatively stable, although they do range considerably from market to market, and the average overall potency of marijuana is rising.

NDTS data show that 96.9 percent of state and local law enforcement agencies nationwide describe the availability of marijuana as high or medium—just 1.8 percent describe it as low. From region to region, the proportions of agencies reporting high or medium availability were very similar and ranged only from 98.9 percent in the Mid-Atlantic region to 91.6 percent in the Florida/Caribbean.

Every DEA Field Division and HIDTA throughout the country reports that marijuana is available in its area. All DEA Field Divisions and HDTAs report the availability both of marijuana produced in Mexico and of marijuana produced domestically. More than three-quarters (16 of 21) of DEA Field Divisions and three-quarters (24 of 32) of HDTAs specifically identify Mexico or the Southwest Border area as the primary source of the marijuana available in their areas. Reporting from three DEA Field Divisions (San Diego, San Francisco, and Seattle) and six HDTAs (Appalachia, Central California, Los Angeles, Hawaii, Northern California, and Oregon) suggests that much of the marijuana available in their areas is grown locally. Other types of marijuana available according to DEA and HIDTA reporting include Canadian, identified in every region of the country; Jamaican, identified in the Florida/Caribbean, Great Lakes, New England, and New York/New Jersey regions; and Colombian, identified in the Florida/Caribbean, New England, and New York/New Jersey regions.

Pulse Check reporting confirms the widespread, stable availability of marijuana throughout the country: 38 of 39 sources reported wide

availability of marijuana. According to Pulse Check, the most available type of marijuana was domestically produced commercial-grade, followed by Mexico-produced commercial-grade, then sinsemilla (see text box). Few changes in marijuana availability were noted. Only sources in Boston, Columbia (SC), Denver, and Honolulu reported increases, while a decline in availability was reported only for Chicago.

Commercial-grade marijuana usually includes the leaves, stems, and seeds of the cannabis plant and thus is of lower potency, which can range between approximately 1 and 6 percent. Sinsemilla comprises just the buds and flowering tops of unpollinated female plants, where THC is most concentrated. The potency of sinsemilla can reach levels of more than 30 percent THC but more often ranges between 10 and 15 percent.

The proportion of OCDETF investigations involving marijuana, many of which likely are polydrug investigations, declined slightly from 40.7 percent in FY2000 to 39.3 percent in FY2001. The proportion of OCDETF indictments in which marijuana was charged increased slightly during the same period from 17.4 to 18.8 percent. The Southwest and Southeast regions accounted for the most marijuana-related investigations and indictments in both fiscal years.

The number of DEA arrests involving cannabis dropped from 8,109 in 2000 to 6,225 in 2001, accounting for 20.9 and 18.9 percent, respectively, of all DEA arrests in those years. The number of federal sentences involving marijuana increased from 7,301 in FY2000 to 7,991 in FY2001, according to the USSC, accounting for 31.2 and 32.8 percent, respectively, of federal sentences involving all drug types. Of federal sentences for marijuana in 2001, 97.1 percent were for drug trafficking; only 2.3 percent were for simple possession.

According to FDSS data, the amount of marijuana seized declined between 2000 and 2001 from 1,236 metric tons to 1,215 metric tons. Texas, Arizona, California and, to a much lesser extent, New Mexico accounted for just over 90 percent (1,104 of 1,215 mt) of the marijuana seized in 2001—Texas alone accounted for more than half.

Prices for marijuana have been relatively stable but are wide ranging because of variables such as potency, quantities purchased, purchase frequencies, buyer-seller relationships, and transportation costs. According to DEA, in 2001 a pound of marijuana sold from as low as \$70 (commercial-grade) to as high as \$10,000 (sinsemilla); however, a typical national price range is \$300 to \$1,200 per pound for commercial-grade marijuana and \$600 to \$4,000 per pound for sinsemilla. Retail price ranges are approximately \$5 to \$50 per gram for commercial-grade and \$40 to \$100 per gram for sinsemilla.

Demand

Use of marijuana was relatively stable and exhibited slight declines from 1998 to 2000. Some national substance abuse indicators for 2001, however, suggest that marijuana use may rise.

The prevalence of marijuana use is reflected in 2001 data from the NHSDA, which show that nearly 21.1 million of an estimated 28.4 million past year illicit drug users aged 12 and older reported past year use of marijuana. These figures are up significantly from 2000 when 18.6 million of an estimated 24.5 million past year illicit drug users reported past year marijuana use. The NHSDA further indicates that 11.9 percent of past year marijuana users used on 300 or more days in 2001, translating to 2.5 million persons using marijuana on a daily or almost daily basis in that year. Moreover, 16.5 percent of past year

The overall potency of marijuana rose between 2000 and 2001, according to data from the Potency Monitoring Project.¹⁶ Average potency increased for all marijuana types (4.88% to 5.32%) and specifically for commercial-grade marijuana (4.69% to 5.03%) between 2000 and 2001, but decreased for sinsemilla (12.71% to 9.55%) during the same period. The average concentration of THC in submitted samples of sinsemilla has fluctuated over the last decade, ranging from a low of 5.77 percent in 1993 to a high of 13.38 percent in 1999. Nonetheless reporting from the Potency Monitoring Project indicates an increase in the prevalence of higher potency marijuana in samples submitted for testing. Marijuana samples testing at or greater than 9 percent THC accounted for 2.97 percent of samples submitted in 1992, 9.13 percent of samples submitted in 1997, and 15.29 percent of samples submitted in 2001.

users—3.5 million people—were classified as dependent on or abusers of marijuana.

Data from national-level prevalence studies show rising use of marijuana among adults. According to NHSDA data, the rates of past year use increased significantly between 2000 and 2001 for persons aged 18–25 (23.7% to 26.7%) and 26–34 (10.3% to 11.9%). Past year marijuana use among those aged 35 and older also rose, although not significantly, from 3.8 to 4.1 percent.

MTF data, although relatively stable since the late 1990s, do show a general upward trend in marijuana use among adults. In 2001, 35.6 percent of college students (19–22) and 29.2 percent of young adults (19–28) reported past year marijuana use, while the rates were 34.0 and 27.9 percent, respectively, in 2000. The changes from 2000 to 2001 are not statistically significant, however.

16. The Potency Monitoring Project, funded by NIDA and conducted at the University of Mississippi, analyzes samples of marijuana seized by federal and state law enforcement agencies.

The most recent data regarding past year adolescent use of marijuana are mixed. While NHSDA, a home-based survey, indicates that adolescent marijuana use has increased significantly since 2000, the school-based surveys MTF and PRIDE show stable to sharply decreasing use. The latest data available from NHSDA show that among those aged 12–17 the rate of past year marijuana use increased significantly from 13.4 percent in 2000 to 15.2 percent in 2001.

MTF data, on the other hand, indicate relatively stable to declining use of marijuana through 2002 among students. Between 2001 and 2002, past year marijuana use fell for eighth (15.4% to 14.6%), tenth (32.7% to 30.3%), and twelfth graders (37.0% to 36.2%). According to MTF, there has been a modest decline in past year marijuana use since the latter 1990s, but the change in past year use for tenth graders from 2001 to 2002 is the only statistically significant decrease in recent years.

The latest data from PRIDE, however, show significant decreases in marijuana use between the 2000–2001 and 2001–2002 school years for sixth through twelfth graders, particularly among older students. Past year use decreased for junior high students (9.3% to 8.3%) and dramatically so for senior high students (32.3% to 29.4%) and twelfth graders (39.0% to 35.7%). These are the lowest rates indicated by PRIDE since the 1993–1994 school year for junior high students and since the 1994–1995 school year for senior high students and twelfth graders.

A few changes in the attitudes toward, and perceptions regarding, marijuana use among adults and youth may presage a rise in use as suggested by some substance abuse indicators. NHSDA data show significant decreases between 2000 and 2001 in the perceived risk of smoking marijuana once or twice a week for those aged 12–17 (56.0% to 53.5%), 18–25 (41.9% to 37.8%), and 26 and older (58.9% to 56.0%).

Marijuana and Youth

Marijuana is readily accessible to adolescents, contributing to its alleged role as a “gateway” to other illicit drug use. An initiate to drug use is more likely to start with a drug that is readily available and easily obtainable, and according to the 2001 NHSDA, 55.4 percent of adolescents aged 12–17 reported marijuana was fairly or very easy to obtain, up from 54.1 percent in 2000. Also, 2002 MTF data indicate that 46.6 percent of eighth graders, 75.9 percent of tenth graders, and 87.2 percent of twelfth graders report that marijuana is fairly or very easy to obtain.

Not every young person who uses marijuana goes on to use other drugs, but according to NIDA, long-term studies of high school students and their drug use patterns indicate that very few young people who use other drugs do so without first trying marijuana. Age statistics appear to corroborate this progression. NHSDA data show the mean age at first use of marijuana is 17.5, while the mean age at first use for other drugs is as follows: stimulants, 18.5; hallucinogens, 18.6; cocaine, 20.0; pain relievers, 20.8; and heroin, 22.3.

Furthermore, some young people initiate marijuana use at even lower ages. Data from the Youth Risk Behavior Surveillance System indicate, for example, that 10.2 percent of ninth- through twelfth-grade students in 2001 had tried marijuana before the age of 13. And the consequences of such early use are telling. More than half (57%) of 223,597 treatment admissions for marijuana/hashish in 1999 had first used the drug by the age of 14, and ED mentions for marijuana increased more than 150 percent among patients aged 12–17 between 1994 and 2001. Moreover, a 2002 report from the Substance Abuse and Mental Health Services Administration found that 62 percent of adults aged 26 and older who initiated marijuana use before the age of 15 reported using cocaine at least once in their lifetime compared with 0.6 percent who never used marijuana.

Among MTF respondents, the perceived harmfulness of smoking marijuana regularly decreased significantly for twelfth graders between 2001 and 2002 (57.4% to 53.0%) but was relatively stable for eighth (72.2% to 71.7%) and tenth graders (62.8% to 60.8%). PATS data also show a decline in the percentage of teens aged 12–17 reporting great risk in using marijuana regularly, from 60 percent in 2000 to 58 percent in 2001.

The consequences of marijuana use have been rising since the early 1990s, even as use rates were stable or declining. Contributing considerably to the increases are use of marijuana in combination with other drugs and treatment referrals from the criminal justice system. The growing availability and use of higher potency marijuana likely has affected the number of emergency department visits and treatment admissions as well.

DAWN data indicate that the estimated number of ED mentions for marijuana increased 14.6 percent between 2000 (96,426) and 2001 (110,512). The rate of marijuana ED mentions nationwide increased significantly as well from 39 to 44 per 100,000 population. DAWN data for 2001 further indicate that for the third year in succession “psychic effects” surpassed “dependence” as the motive for use in most ED episodes in which marijuana was mentioned. A significant increase between 2000 and 2001 was noted for “chronic effects” as a reason given for ED contact; however, the reason given in most ED episodes in which marijuana was mentioned in 2001—as in the 7 preceding years—was an “unexpected reaction.”

Production

Cannabis is cultivated throughout the United States at outdoor and indoor sites. NDTS data show that 74.7 percent of state and local law enforcement agencies nationwide report outdoor cultivation in their areas and that 73.8 percent report indoor cultivation. Marijuana produced from cannabis grown in foreign source areas is smuggled into the country as well. Available data appear to indicate that marijuana production is high both in the United States and in foreign

A contributing factor in these statistics is the use of marijuana in combination with other drugs. Only 24 percent of ED episodes involving marijuana involved marijuana alone.

The number of admissions to publicly funded treatment facilities for marijuana use increased steadily from 1994 (142,633) to 1998 (218,483) and continued to rise in 1999 (223,597). TEDS data indicate that the criminal justice system largely contributes to these numbers, accounting for more than half of marijuana treatment referrals in both 1998 (53.9%) and 1999 (57.1%). The number of marijuana treatment admissions specifically among those aged 12–17 also increased from 1994 (46,554) to 1998 (81,196) but then declined in 1999 (79,000). Criminal justice referrals accounted for more than half of adolescent marijuana admissions as well in both 1998 (50.4%) and 1999 (53.6%). According to TEDS, the number of adolescent marijuana admissions increased from 1992 to 1995 for all referral sources, but while referrals from other sources stabilized or declined after 1995, criminal justice referrals have continued to rise.

Marijuana is the most commonly used illicit drug not only among the general population but also among adult male arrestees, according to ADAM data. Data for 2001 indicate that 54.6 percent of all male arrestees at ADAM sites reported past year marijuana use, more than for any other drug. In 2000 past year marijuana use was reported by 52.9 percent of adult male arrestees.

source areas. Except for Mexico, however, estimates regarding production levels are not conclusive, primarily because of limitations in eradication and seizure data, the unknown extent of indoor cultivation, and unsubstantiated or outdated crop estimates. This uncertainty does not allow for an accurate estimate of the amount of marijuana available in U.S. markets.

While eradication and seizure data are not a reliable indicator of cultivation levels, such data do provide a general idea as to the magnitude of marijuana production in the United States. DEA's Domestic Cannabis Eradication and Suppression Program (DCE/SP), which maintains statistics for cannabis eradication efforts undertaken by federal, state, and local agencies under the auspices of DCE/SP, reports the eradication of 3,304,760 cannabis plants in 2001 from both outdoor (3,068,632) and indoor (236,128) cultivation sites. In 2000 DCE/SP reported the eradication of 2,814,903 cannabis plants from outdoor (2,597,798) and indoor (217,105) cultivation sites.

California appears to be the primary domestic source area for marijuana produced from both outdoor- and indoor-cultivated cannabis. In 2001 California greatly exceeded all states in eradication of cannabis plants from outdoor (1,086,809) and indoor sites (113,009), according to the DCE/SP. The USFS reports that 6 of the 10 leading national forests for plant eradication in 2001 were in California; San Diego County's Cleveland National Forest alone accounted for more than half the cannabis plants eradicated from NFS lands in California. High-grade marijuana (typically sinsemilla) has been produced in the northern California counties of Humboldt, Mendocino, and Trinity for several years, and recent production in the area has been described as high regarding both yield and quality. Moreover, both the DEA Los Angeles and San Francisco Field Divisions report increases in the size and scope of indoor cultivation in their areas, noting the use of structures built exclusively for cultivation operations, some of which are concealed underground.

Kentucky and Tennessee, as well as Hawaii, are principal domestic source areas for marijuana produced primarily from outdoor cultivation. These states account for the highest outdoor eradication figures, excluding California, under the DCE/SP. Kentucky and Tennessee combined accounted for 891,755 cannabis plants eradicated from outdoor sites in 2001, and approximately

three-quarters of the total plants eradicated in these states were eradicated from designated HIDTA counties. Hawaii accounted for 525,041 cannabis plants eradicated from outdoor sites in 2001, according to the DCE/SP. The Hawaii HIDTA reports that 70 to 80 percent of cultivation in Hawaii occurs on public lands and that the largest growing area is on the island of Hawaii.

Much of the outdoor cannabis cultivation in the United States occurs on public lands, where cultivators can take advantage of the remoteness of the areas as well as minimize the risk of asset forfeiture if apprehended. Consequently, NFS lands, as well as lands managed by the Department of the Interior (DOI), account for a considerable number of cannabis plants eradicated each year. The USFS reports eradicating 719,985 cannabis plants from NFS lands in 2001, and the DOI reports eradicating 125,428 cannabis plants in 2001. Cultivation on California NFS lands in particular appears to be rising: the number of plants eradicated in that state in both 2000 (443,595) and 2001 (495,536) was more than double that for Kentucky (201,227 and 170,314), a more prolific state historically with regard to eradication. The size of cultivation sites on NFS lands continues to increase in California, where an average of 2,294 plants were cultivated per site in 2001, and continues to decrease in Kentucky, where the average was 40 plants per site.

Cultivators of domestic cannabis typically are residents of the area in which the cannabis is located. Cannabis cultivators, particularly those in northern California and Appalachia, often run family-based operations or form loose confederations with other cultivators and brokers, occasionally pooling resources to distribute the marijuana produced. Most outdoor cultivators in the United States are Caucasian independent growers; however, over the past few years Mexican drug trafficking organizations have increased their involvement in cultivation operations in the United States, particularly on federal- and state-owned land.

Drought, aggressive eradication programs, increased law enforcement efforts, and the potential to cultivate better quality marijuana have led many cultivators to modify their outdoor operations by decreasing the number of plants grown per site and scattering smaller plots across wider areas, or to completely abandon outdoor sites for indoor operations. DEA Field Divisions in Dallas, Detroit, Miami, and New Orleans report decreases in outdoor cultivation. Conversely, the Gulf Coast HIDTA, although reporting a decline in local production in general, notes a shift toward outdoor cultivation specifically on public lands.

The extent of indoor cultivation in the United States is largely unknown, although eradication data and the frequency with which seizures of indoor grow operations occur suggest indoor cultivation is prevalent throughout the country. According to the DCE/SP, the states with the highest number of plants eradicated from indoor sites in 2001 are California (113,009), Washington (25,779), and Florida (15,151). DEA Field Divisions in Atlanta, Chicago, Miami, and St. Louis—in addition to those in Los Angeles and San Francisco mentioned previously—report increases in indoor cultivation, as do the Central Florida, North Florida, and Rocky Mountain HDTAs. Law enforcement reporting indicates that Florida in particular appears to be the site not only of increasing indoor cultivation but also of increasingly organized growing operations, including the conversion of entire homes to indoor cannabis cultivation operations.

Mexico, Colombia, Canada, and Jamaica are considered the four primary source areas of foreign-produced marijuana available in the United States. According to DEA, Mexico is the source of most foreign-produced marijuana available in the United States. Mexico is also the only source area for which a statistically valid production estimate exists. In 2001 estimated net production of marijuana in Mexico was 7,400 metric tons, up from 7,000 metric tons in 2000. Northern Mexico accounted for almost 70 percent of the total crop in 2001.

Estimates of marijuana production in Colombia have been reported in the INCSR at 4,150 metric tons annually since 1996; however, there are no current accepted interagency estimates of the amount of marijuana destined for the United States from Colombia. Cannabis eradication in that country is limited since resources are deployed against coca and opium cultivation, and the U.S. Government has not confirmed reported cannabis cultivation in Colombia for several years.

The RCMP has estimated marijuana production in Canada at 800 metric tons annually since 1998. But considering reports of the profitability of cannabis cultivation in Canada and the expansion of operations throughout the country, indications are that the level of marijuana production in Canada will increase. The RCMP reports that the majority of cannabis cultivators are Canadian and operate independently but further notes the continued involvement of outlaw motorcycle gangs (primarily Hells Angels) and the growing dominance of Asian criminal groups (typically Vietnamese) in marijuana production. Cannabis cultivators in Canada appear to be moving their operations indoors. The increased prevalence of indoor cultivation magnifies the uncertainty in estimating marijuana production in Canada.

According to the INCSR, Jamaica is the largest source area of marijuana in the Caribbean, and the DEA Caribbean Field Division reports that production on the island is rising steadily. There is, however, no accurate estimate of the amount of cannabis currently under cultivation in that country. The only figure reported for 2001—the number of hectares eradicated (332)—is less than half that reported in 1997 (743), the last year for which a marijuana production estimate was reported. Potential yield was 214 metric tons in that year. Local farmers control cultivation sites in Jamaica, and drug traffickers pay the farmers to plant and harvest cannabis for distribution in the United States, Canada, and Europe.

Transportation

Significant quantities of marijuana produced in foreign source areas are smuggled into the United States primarily via the U.S.–Mexico border, but a considerable amount of marijuana is smuggled into the country via the Caribbean and U.S.–Canada border as well. Marijuana produced in foreign and domestic source areas is transported to and throughout the country primarily overland but also via maritime ports, airports, and mail facilities. Quantities smuggled per shipment vary from just a few pounds to thousands, often depending on the transportation method used. Transporters of marijuana include drug trafficking organizations, criminal groups, outlaw motorcycle gangs, and independent smugglers of Hispanic, Caribbean, Asian, Caucasian, and African American origin.

Most of the foreign-produced marijuana in the United States either originates in or transits Mexico before being smuggled across the U.S.–Mexico border. Mexican drug trafficking organizations and criminal groups with extensive networks of associates within the United States control the smuggling of Mexican marijuana to this country. Methods of transportation are broad and primarily involve commercial and private vehicles crossing the border; tractor-trailers are used most often for shipments of 1,000 pounds or more, while shipments in private vehicles often range from 50 to 500 pounds. Commercial buses that provide cross-border service in the southwestern United States are used frequently for smaller shipments of 30 to 60 pounds. Other overland transport methods include rail, horse, and couriers on foot, such as backpackers who cross the border typically between POEs. Smugglers also use commercial and noncommercial vessels off Mexico's Pacific and western Caribbean coasts as well as aircraft.

EPIC seizure data show that the POEs accounting for most of the marijuana seized along the U.S.–Mexico border in 2001 are El Paso (104,257 kg), San Ysidro (59,073 kg), Calexico

(54,353 kg), Otay Mesa (53,203 kg), and Laredo (34,483 kg). The El Paso and San Ysidro POEs also led all Southwest Border POEs in 2000 with 75,021 and 73,514 kilograms of marijuana seized, respectively, in that year. From POEs along the U.S.–Mexico border, large shipments of marijuana often are initially destined for metropolitan areas such as Los Angeles, San Diego, Phoenix, and Tucson, where traffickers store or break down wholesale quantities to midlevel and retail quantities. Primary market areas supplied with marijuana smuggled over the U.S.–Mexico border include Central Arizona, Chicago, Los Angeles, Miami, New York, and Seattle.

Smuggling Between POEs

Significant amounts of marijuana are smuggled across the U.S.–Mexico border between POEs. EPIC seizure data show marijuana seizures of 248,033 kilograms in 2000 and 264,456 kilograms in 2001. Texas and Arizona accounted for more than 90 percent of the marijuana seized between POEs in both years.

Smugglers also exploit public lands adjacent to the U.S.–Mexico border to move marijuana and other drugs into the country, according to the USFS. Of 92,400 pounds (nearly 42,000 kg) of processed marijuana seized on NFS lands in 2001, 88,229 pounds, or approximately 40,000 kilograms—which the USFS attributes to border trafficking—were seized on the Coronado National Forest in Arizona.

Marijuana smuggled into the United States via POEs in the southeastern United States and along the East Coast is primarily from Colombia and Jamaica. According to FDSS data, Florida accounted for the fifth highest amount of marijuana seized in 2001 (behind the four Southwest Border states only) with 30 metric tons, while the South Atlantic/Caribbean accounted for the majority of marijuana (5.7 of 5.9 mt) seized at sea. Colombian drug trafficking organizations

transport bulk shipments of marijuana from Colombia's coastal regions to the United States either directly via commercial cargo ships or by way of transit countries, such as Mexico and Jamaica, via fishing vessels and go-fast boats. Traffickers based in Jamaica transport local and Colombian marijuana to the United States using couriers on commercial flights as well as commercial cargo ships and go-fast boats that often transit the Bahamas and other islands. Marijuana transported from Colombia and Jamaica has been reported as also transiting the Dominican Republic en route to the United States. The DEA Caribbean Field Division reports that marijuana seizures in the Dominican Republic increased significantly between 2000 and 2001.

EPIC seizure data show that commercial maritime seizures of marijuana at the Miami POE increased from 10,078 kilograms in 2000 to 17,996 kilograms in 2001. The POE at Charleston, South Carolina, was among the leading POEs for commercial maritime seizures of marijuana in 2000 and 2001, with 1,404 and 1,806 kilograms seized, respectively. Commercial air seizures of marijuana at the Miami POE decreased from 1,142 kilograms in 2000 to 697 kilograms in 2001; however, amounts seized from commercial air at the New York POE increased during that period, from 774 to 1,276 kilograms. Primary market areas supplied with marijuana smuggled via the Caribbean include Miami and New York.

Much of the marijuana produced in Canada supplies demand in that country. Nonetheless a sizable yet undetermined amount—much of which is higher potency marijuana—is smuggled into the United States. Those smuggling marijuana from Canada into the United States include outlaw motorcycle gangs such as Hells Angels and Bandidos; Asian criminal groups, particularly Vietnamese but also those of Indian and Pakistani origin; and independent smugglers including Caucasian Canadian or U.S. citizens and Native Americans. Most smuggling across the border is overland but the means vary greatly, from commercial and private vehicles to backpackers and snowmobiles. Private aircraft, fishing

vessels and ferries, as well as mail services are used as well to transport marijuana from Canada to the United States.

EPIC seizure data show that the POEs at Blaine (1,705 kg) and Lynden (468 kg) in Washington accounted for the most marijuana seized at U.S.–Canada POEs in 2001. The Blaine POE has led all U.S.–Canada POEs in amounts seized for the past 3 years, while seizures at the Lynden POE have risen sharply from 71 kilograms seized in 1999 and 393 kilograms in 2000. Seizures of marijuana along the U.S.–Canada border between POEs have fluctuated. The U.S. Border Patrol (USBP) reports seizures of 7,167 pounds (approximately 3,251 kg) in FY2000 and 4,495 pounds, or 2039 kilograms, in FY2001; FY2002 seizures through May totaled 6,835 pounds (approximately 3,100 kg). Primary market areas supplied with marijuana smuggled across the U.S.–Canada border include Los Angeles, New York, and Seattle.

A large amount of domestic marijuana is intended for sale and use in the vicinity in which it is produced. Nonetheless some—especially that grown in high production areas—is intended for transport to other areas of the country, and an undetermined amount of domestic marijuana may be smuggled to other countries. Law enforcement reporting indicates that marijuana is transported from California to Hawaii and to cities throughout the continental United States; from Kentucky and Tennessee to the Great Lakes and Mid-Atlantic regions, California, and New York; and from Hawaii to the mainland, primarily California, as well as to Canada and Mexico.

Many of the same traffickers mentioned previously transport marijuana within the United States. Mexican drug trafficking organizations and criminal groups control the transportation not only of marijuana smuggled through POEs along the U.S.–Mexico border but also of marijuana produced at cultivation sites they control in California. Jamaican criminal groups transport marijuana supplied by Mexican traffickers (some of it hydroponic) from the southwestern United States to markets in the eastern half of the country. Other marijuana transporters within the United

States include outlaw motorcycle gangs, Asian criminal groups, local independent growers and dealers, as well as those of Hispanic, Caribbean, and Caucasian origin—both as members of organized groups and as independent transporters.

The transport of marijuana in the United States occurs mostly overland in commercial and private vehicles, trains, and buses, although commercial and private aircraft and watercraft are used as well. The use of mail services appears to be routine and growing. Data from the U.S. Postal Service (USPS) indicate that marijuana is the drug most commonly seized from parcels, and reporting from several law enforcement agencies indicates growing use of this method. DEA and HIDTA reporting identifies mail services as one of the most common means to transport marijuana in Connecticut, Delaware, and the

Baltimore-Washington, D.C., area. Shipments of marijuana transported through mail services typically range from 5 to 40 pounds per parcel.

During transport, the methods used to conceal wholesale and midlevel quantities of marijuana—often compressed bricks wrapped in cellophane and tape—can range from elaborate, remotely triggered false compartments installed in vehicles to burlap sacks. Marijuana shipments of 1,000 pounds or more frequently are intermingled with legitimate goods such as furniture and produce and transported in cargo containers or refrigerated compartments. According to law enforcement reporting, multipound quantities have been transported in plastic- or canvas-wrapped bales (50–75 lb), in duffel or hockey bags (40–100 lb), and inside tires, television sets, and stereo speakers.

Distribution

Marijuana distribution appears to be stable throughout the country. The level of domestic production, including indoor cultivation, has ensured that the marijuana supply is steady year-round. Demand is also steady, and indications are that the demand for marijuana exceeds that for any other illicit drug. Because of such factors, drug traffickers—from large-scale polydrug organizations to independent dealers—appear to rely on marijuana as a stable commodity that generates considerable profits and that, in some cases, helps finance other drug operations.

Law enforcement reporting indicates that Mexican and Hispanic drug trafficking organizations and criminal groups are the dominant wholesale distributors of most foreign-produced marijuana in the United States. Many of these organizations and groups also distribute cocaine, methamphetamine, and heroin. Asian and Asian American criminal groups distribute wholesale and midlevel marijuana primarily in the Pacific region. Nationally, Caucasian, Mexican, and Jamaican distributors appear to be most active in midlevel distribution. Nonetheless Jamaican criminal groups are identified as primary wholesale

distributors, particularly in the Florida/Caribbean and New York/New Jersey regions, and Caucasian independent dealers are the dominant wholesale and retail distributors of most domestic marijuana throughout the country.

Retail distribution typically reflects the demographics of a given area and involves a wide range of criminal groups, gangs, and independent dealers. Retail distributors of marijuana include criminal groups of Hispanic, Caribbean, Caucasian, and Asian origin; street gangs, such as Gangster Disciples and Latin Kings, as well as local gangs; and Caucasian, African American, Hispanic, Jamaican, and Native American independent dealers.

Typical packaging for marijuana consists of plastic bags, although these now are often heat- or vacuum-sealed, particularly when holding a pound or more. One-pound quantities also have been packaged in paper bags, oven-cooking bags, and vacuum-packed coffee cans. Smaller plastic resealable bags are used most often for retail-level quantities, but the use of small manila envelopes has been reported in the Florida/Caribbean and New York/New Jersey regions. Law enforcement

reporting indicates that plastic bags and envelopes are sometimes marked with color coding or a grade level to denote the quality of the marijuana or with a logo specific to a particular dealer.

Primary Market Areas

Marijuana is widely reported as the most abused illicit drug by law enforcement and public health agencies. Use of marijuana is high and widespread and often occurs sequentially or concurrently with other illicit drugs; therefore for the purposes of this report, primary market areas have been determined based on the role they serve in the national-level distribution of wholesale quantities of marijuana. Primary market areas for marijuana include Central Arizona, Chicago, Los Angeles, Miami, New York, and Seattle. Other significant areas include Dallas, Houston, and San Diego.

Central Arizona. Any significant quantities of marijuana distributed within or from Central Arizona are produced in Mexico; domestic cultivation in the area is somewhat limited. Mexican drug trafficking organizations control wholesale distribution of marijuana in Central Arizona, although Jamaican traffickers are active as well. Mexican marijuana is transported to Phoenix and Tucson, where it typically is stored in lots of 500–1,000 pounds until further distribution is arranged. The Arizona HIDTA reports that loosely affiliated transportation groups provide their services to the drug trafficking organizations to transport the marijuana from Phoenix and Tucson to markets in every region of the country. Transport to these markets occurs mostly via commercial and private vehicles, although the use of mail services is increasing.

Midlevel and retail distributors, both independent dealers and members of organized networks, also travel to Central Arizona from areas throughout the United States to purchase marijuana for distribution in their home areas. Within Phoenix and Tucson, Mexican drug trafficking organizations control retail sales through a network of distribution cells, while gangs deal in gram to ounce quantities. Cellular telephones and pagers are commonly used at all levels of distribution to facilitate sales.

Chicago. Most of the marijuana available in Chicago is produced in Mexico; it is transported in bulk quantities, primarily in commercial vehicles, via southwestern states to the Chicago area. Law enforcement reporting suggests approximately half of the marijuana transported to Chicago is intended for distribution in other markets. These markets are typically within the Great Lakes region and include Cincinnati, Detroit, Indianapolis, Milwaukee, and Minneapolis-St. Paul. Chicago also has been identified as the source of marijuana seized in 2001 in Alabama, Louisiana, and Massachusetts.

Mexican drug trafficking organizations are the primary transporters of marijuana to Chicago, although the DEA Chicago Field Division reports that local traffickers travel to the Southwest Border area and transport bulk shipments back to the Chicago area as well. Mexican drug trafficking organizations also are the primary wholesalers of the drug in the city, supplying midlevel distributors who typically are trusted associates of the organizations. These midlevel distributors supply street gangs such as Gangster Disciples, Latin Kings, and Vice Lords—the dominant retail distributors of marijuana in Chicago. Independent dealers, including members of local criminal groups and growers of locally produced marijuana, also distribute at the retail level. Marijuana retail sales in Chicago typically occur in lower income areas on street corners and in public housing developments; however, some sales are prearranged by cellular telephone or pager and take place in private homes or vehicles.

Los Angeles. Most of the marijuana in Los Angeles is produced in Mexico, smuggled across the U.S.–Mexico border, and stored in the metropolitan area before being distributed to markets in the United States. Marijuana is shipped from Los Angeles by vehicle, rail, aircraft, and mail services to cities in every region of the country.

In the Los Angeles area Mexican drug trafficking organizations and criminal groups are the primary wholesale distributors of Mexican marijuana. Local independent dealers are the primary wholesalers of domestic marijuana, particularly



Figure 8.

that produced through indoor cultivation. Jamaican criminal groups continue to be a presence in the Los Angeles area and maintain ties with Mexican traffickers. Mexican drug trafficking organizations and criminal groups supply marijuana produced in Mexico and in California in wholesale quantities to other trafficking organizations and in retail quantities to African American and Hispanic street gangs. Independent dealers are the primary retail distributors of most marijuana produced domestically.

Miami. Marijuana from Colombia, Jamaica, and Mexico is smuggled into Miami for local, regional, and national distribution. Domestically produced marijuana also is distributed within Miami and from Miami to other U.S. drug markets. Law enforcement reporting identifies increases in the availability of Jamaican, domestic, and sinsemilla marijuana. Marijuana is distributed from Miami to the Florida/Caribbean, Great Lakes, Mid-Atlantic, New England, New York/New Jersey, Pacific, and Southeast regions.

Mexican and Jamaican distributors control the sale of wholesale quantities of marijuana in Miami. Local cultivators, who often are of Cuban origin and produce marijuana from indoor

grow sites, distribute as well. Cellular telephones and pagers are used to facilitate retail distribution, which is increasingly shifting from sales in private homes to transactions involving prearranged locations and deliveries.

New York. Most types of foreign-produced marijuana, as well as domestically produced marijuana, are distributed within New York and from the city to other U.S. drug markets. Mexican and Jamaican criminal groups transport marijuana overland, by air, and by mail from California and the Southwest to the metropolitan area. Colombian and Jamaican traffickers use the same methods to transport marijuana to New York from Florida and the Southeast. The New York/New Jersey HIDTA reports that Mexican, Colombian, and Jamaican traffickers transport marijuana into New York by maritime means as well. Outlaw motorcycle gangs and Vietnamese criminal groups transport marijuana from Canada, typically overland and often through the St. Regis Mohawk/Akwesasne Indian Reservation. Most domestic marijuana available in the city is cultivated in other states or the upstate region of New York; indoor cultivation in the city is limited.

Although no single group controls distribution, Jamaican criminal groups are the most prominent distributors in the city, often maintaining control of the drug from transportation to retail sales. Individuals and groups with past or present associations with traditional organized crime are prominent in wholesale and midlevel marijuana distribution as well as the financing of a limited number of large-scale urban indoor grows. Mexican drug trafficking organizations are active in wholesale and midlevel distribution as well. Marijuana is distributed from New York to cities in the Mid-Atlantic, New England, New York/New Jersey, and Southeast regions. The New York/New Jersey HIDTA reports that some criminal groups in New York supply marijuana to upstate distributors, and the DEA New York Field Division reports that Buffalo appears to be used as a storage location for marijuana smuggled into Canada.

Street gangs such as Bloods and Latin Kings are active in midlevel and retail distribution in various areas of the city. Local independent dealers are increasing their involvement in retail distribution and sell marijuana at open-air markets, indoors, and through call-and-deliver methods. Members of outlaw motorcycle gangs distribute at the retail level but primarily in outlying areas. Joints and blunts are common in New York, and

retail sales sometimes involve packages of rolled joints. Other street-level quantities of marijuana are packaged in manila envelopes, aluminum foil, and small transparent bags.

Seattle. Marijuana is the most widely abused drug in Seattle, and reporting indicates that availability of the drug is increasing. Sinsemilla, produced locally and in Canada (often referred to as BC Bud), and commercial-grade marijuana, produced locally and in Mexico, are widely available in the area. Marijuana is distributed from the area on a national level. Seattle has been identified as the source of marijuana distributed in the Florida/Caribbean, Great Lakes, Pacific, Southeast, and West Central regions as well as in Texas.

Local independent dealers, usually Caucasians, control the distribution of domestic marijuana, while Mexican polydrug trafficking organizations are the primary wholesalers of Mexican marijuana. Hells Angels members and Vietnamese criminal groups are involved principally in the distribution of Canada-produced marijuana. Asian American distributors are active in Seattle as well. Both independent dealers and organized distribution networks conduct retail sales. Retail marijuana distributors in Seattle typically do not sell other drugs.

Key Developments

Law enforcement reporting indicates growing involvement of large-scale trafficking organizations in cannabis cultivation. Drug trafficking organizations based in Mexico supply workers for, or otherwise maintain control of, cannabis cultivation sites in California, including on NFS lands, as well as in Oregon, Washington, Idaho, Utah, and

Arkansas. These organizations often control or coordinate the transportation and distribution of marijuana with other criminal groups. This trend is not limited to the United States. The RCMP and Europol report that organized crime is becoming increasingly involved in cannabis cultivation in Canada and in European Union countries.

Projections

Efforts to ease the penalties associated with marijuana possession will continue. Eight states—Alaska, Arizona, California, Colorado, Maine, Nevada, Oregon, and Washington—have passed initiatives allowing the use of marijuana for claimed medical purposes, and one state (Hawaii) has enacted legislation. Efforts in Nevada during the 2002 election to decriminalize the possession of small amounts of marijuana (up to 3 oz) followed the passing of the state’s medical marijuana initiative in 2000. Arizona also had an initiative on the November 2002 ballot to reduce penalties for possession. Initiatives at the

state and local levels to decriminalize or reduce penalties for the possession of small amounts of marijuana will continue to emerge, particularly in those states that have already passed medical initiatives. Despite the failure of these initiatives to pass in 2002, efforts to decriminalize or reduce penalties for possessing small amounts of marijuana will continue at the state and local levels, particularly in those states that have already passed medical marijuana initiatives.

National Drug Threat Assessment 2003



Heroin

Heroin is a significant drug threat to the United States. Reporting from law enforcement and public health agencies indicates that the availability of heroin is widespread and that it is increasing, particularly in New England and in areas of the Mid-Atlantic. South American heroin is most prevalent in the eastern half of the country, while Mexican heroin is dominant in the western United States.

Despite reports of increasing availability, overall demand for heroin appears to be relatively stable and possibly declining among adolescents. Worldwide heroin production decreased significantly between 2000 and 2001; however, production in the principal sources of heroin to U.S. markets, Mexico and Colombia, may have increased. Heroin is smuggled into the country by private vehicle across the U.S.–Mexico border, by couriers on commercial flights, and by maritime conveyances, including cruise ships. Heroin generally is distributed in metropolitan areas; nonetheless, distribution of the drug has spread to smaller communities, largely facilitated by independent distributors who travel to large cities to purchase midlevel quantities for distribution in their home communities. The primary heroin market areas are Boston, Chicago, Los Angeles, and New York.

NDTS data show that 7.9 percent of state and local law enforcement agencies nationwide identify heroin as their greatest drug threat. Regionally, more state and local law enforcement agencies in the northeastern part of the country

identify heroin as the greatest threat than do those in other parts of the country. According to NDTS data, heroin was identified as the greatest drug threat by 36.1 percent of state and local law enforcement agencies in New England, 26.3 percent of those in the Mid-Atlantic, and 19.1 percent of those in the New York/New Jersey region. In sharp contrast are the percentages for the six remaining OCDETF regions: Florida/Caribbean (3.4%), Great Lakes (3.3%), Southwest (2.4%), Pacific (1.7%), West Central (0.5%), and Southeast (0.0%).

Use of heroin, particularly chronic use, can be very physically damaging. NIDA reports that heroin users experience a range of physical effects that include excessive drowsiness, clouded mental functioning, slowed cardiac function, and depressed breathing. In addition, chronic heroin users may develop infection of the heart lining and valves, liver and kidney disease, pneumonia, and tuberculosis. Intravenous heroin users often develop scarred or collapsed veins, suffer from wound botulism, and are at increased risk for HIV, hepatitis B and C, and other diseases transferred through needle sharing.

Heroin users typically are not violent. While heroin users do sometimes participate in criminal activity to facilitate their use of the drug, they most often commit nonviolent crimes to fund their drug use. Violence sometimes is associated with heroin trafficking and distribution because of the criminal groups or gangs involved.

Availability

Heroin availability has increased over the past year. Availability is reported as widespread in some areas, primarily metropolitan areas, and increasing in others, particularly in New England and in areas of the Mid-Atlantic. While the amount of heroin seized has increased, heroin-related investigations and indictments have remained relatively stable over the past few years.

NDTS data show that 33.0 percent of state and local law enforcement agencies nationwide report heroin availability is high or medium, while 52.3 percent indicate availability is low. Agencies in the New England (75.1%) and New York/New Jersey regions (60.3%) account for the greatest proportions reporting high or medium availability. Agencies in the West Central (14.1%) and Southeast regions (6.0%) account for the smallest proportions reporting high or medium availability; in fact, 21.2 percent of West Central agencies and 25.3 percent of Southeast agencies report that heroin is not available in their jurisdictions.

DEA and HIDTA reporting indicates that the type of heroin available varies regionally. In the western United States, Mexican black tar heroin is predominant. Other heroin types are present, however. Mexican brown powder heroin is available in many western states, although by no means to the extent of black tar, and Southeast and Southwest Asian heroin are available in some larger cities in the Pacific region. The availability of South American heroin in the western half of the country is very limited.

In the eastern United States, South American heroin is predominant. Nonetheless, heroin from Southeast and Southwest Asia is available, although to a lesser extent, in many East Coast markets such as Baltimore, Boston, Newark, New York, Philadelphia, and Washington, D.C. Mexican black tar heroin is available in limited quantities in the eastern half of the country.

South America remains the predominant source area for heroin analyzed under DEA's Heroin Signature Program. Data show that of the heroin samples analyzed in 2001 most were South American (56%), followed by Mexican (30%), Southwest Asian (7%), and Southeast Asian (7%).¹⁷ A comparison of 2000 data reveals that South American heroin accounted for a similar percentage (59%) of the heroin analyzed in that year, while Mexican, Southwest Asian, and Southeast Asian heroin accounted for 17, 16, and 8 percent, respectively.

Increased heroin availability is reflected in seizure data that show the amount of heroin seized by federal agencies has increased over the past 3 years. According to FDSS data, the amount of heroin reported seized increased from 1,152 kilograms in 1999, to 1,674 kilograms in 2000, to 2,492 kilograms in 2001. New York, Florida, and California accounted for more than 70 percent of the heroin seized in 2001.

While the amount of heroin seized has increased, OCDETF data indicate that heroin-related investigations and indictments are relatively stable. OCDETF investigations involving heroin accounted for 22.3 percent of all OCDETF investigations in FY2001, up slightly from 20.2 percent in FY2000. OCDETF indictments for heroin-related offenses accounted for 7.2 percent of all OCDETF indictments in FY2001, down slightly from 8.0 percent in FY2000. Indictments in the New York/New Jersey, Mid-Atlantic, and Florida/Caribbean regions accounted for 65 percent of OCDETF indictments involving heroin in 2001.

The purity of retail-level heroin overall increased from 35.7 percent in 1999 to 36.8 percent in 2000, according to DEA's Domestic Monitor Program. The average purity of retail heroin purchased in 2000, by type, was 48.1 percent for South American, 34.6 percent for Southwest

17. Under the Heroin Signature Program, DEA's Special Testing and Research Laboratory analyzes heroin samples from POE seizures, as well as a random sample of other seizures and purchases submitted to DEA laboratories, to determine source areas.

Asian, 26.7 percent for Southeast Asian, and 20.8 percent for Mexican heroin.¹⁸

According to DEA price information for 2001, wholesale quantities of South American heroin ranged from \$50,000 to \$250,000 per kilogram nationwide, Southeast and Southwest Asian

heroin ranged from \$35,000 to \$120,000 per kilogram, and Mexican heroin ranged from \$15,000 to \$65,000 per kilogram. Street-level heroin typically sells for \$10 per dose, although prices vary throughout the country.

Demand

The overall demand for heroin appears to be dependent on age group: among adults rates of use are relatively stable, while among adolescents rates of use are stable or decreasing. NHSDA data show that in 2000 and 2001 past year heroin use was reported by 0.4 and 0.5 percent, respectively, of young adults aged 18–25 and by 0.1 and 0.2 percent of those 26 and older.

MTF data show that past year heroin use among college students (19–22) was relatively stable between 2000 and 2001 (0.5% to 0.4%). During the same period past year heroin use among young adults aged 19–28 was also stable at approximately the same level (0.4% to 0.5%). Among MTF respondents aged 35 and 40 past year heroin use was 0.1 percent in both 2000 and 2001.

National-level prevalence studies such as the NHSDA, MTF, and PRIDE indicate that among adolescents heroin use appears to be stable to decreasing. According to the NHSDA, the rate of past year heroin use for those aged 12–17 held steady at 0.2 percent in 2000 and 2001.

Results of the MTF study show no significant changes in past year heroin use among students between 2001 and 2002. In those years, according to MTF data, past year heroin use was reported by 1.0 and 0.9 percent, respectively, of eighth graders, 0.9 and 1.1 percent of tenth graders, and 0.9 and 1.0 percent of twelfth graders.

PRIDE data show sharp reductions in the rate of heroin use among adolescents. According to PRIDE, past year heroin use declined between the 2000–2001 and 2001–2002 school years for

junior high students (1.6% to 1.5%) and decreased significantly for senior high students (3.2% to 2.9%) and twelfth graders (4.4% to 3.7%).

Adolescents' perceptions of the risks associated with heroin use are relatively strong but have shown signs of weakening. PATS reports that 79 percent of teens in 2001 agreed that "heroin is a dangerously addictive drug," down slightly from 81 percent in 2000. According to NHSDA, the percentage of those aged 12–17 indicating they believe there is great risk in trying heroin once or twice dropped slightly between 1999 and 2000, from 62.3 to 61.2 percent. Further, the percentage who believe there is great risk in using heroin once or twice a week decreased from 84.1 to 83.1 percent. More recent data from MTF show that the percentage of twelfth graders who believe there is great risk in using heroin once or twice rose—although not significantly—between 2001 and 2002 (55.6% to 56.0%) as did the percentage who disapprove of trying heroin once or twice (93.1% to 94.1%).

Data from national-level studies gauging the consequences of heroin use are mixed, possibly because of differing reporting periods. DAWN data show a decline in the number of ED heroin mentions between 2000 (94,804) and 2001 (93,064). Declines occurred in each age group except among those 35 and older. DAWN data show that ED heroin mentions among those aged 35 and older trended upward from 51,698 in 2000 to 51,827 in 2001.

18. The Domestic Monitor Program is a heroin purchase program designed to identify the purity, price, and source of origin of retail-level heroin available in drug markets in 23 major U.S. metropolitan areas.

TEDS data show that the number of admissions to publicly funded treatment facilities for which heroin was identified as the primary substance of abuse increased from 229,500 in 1998 to 235,668 in 1999. The average age of those admitted for treatment for heroin abuse was 35.8. TEDS data further indicate that of the 235,668 heroin users seeking treatment in 1999, most

(66.4%) reported injection as the primary route of administration.

ADAM data show that 5.4 percent of adult male arrestees reported past year use of opiates (usually heroin) at ADAM sites in 2001. ADAM data further show that these past year users reported an average frequency of use of 10.5 days in the past month. Past year heroin data for 2000 are unavailable.

Production

Worldwide opium cultivation and heroin production decreased significantly between 2000 and 2001, primarily because of declines in cultivation in Asian source areas, particularly Afghanistan. Intelligence Community reporting indicates that worldwide potential opium cultivation dropped from 5,082 metric tons in 2000 to 1,255 metric

tons in 2001, leading to a decrease in estimated worldwide potential heroin production over that period from 482.2 metric tons to 109.3 metric tons. Despite this overall decrease, production in Mexico and Colombia—the principal sources of heroin to U.S. markets—may have increased.

Transportation

Heroin is smuggled into the United States from the four primary foreign source areas via many transportation methods and routes. Reporting from law enforcement and intelligence agencies indicates that heroin typically is smuggled into the country hidden in commercial and private vehicles driven from Mexico and Canada and carried by couriers traveling on commercial flights from source and transit countries. Maritime transport and mail services are used as well.

Mexican Heroin

Heroin produced in Mexico is transported in multikilogram quantities via private vehicles from production areas in western and southern Mexico to the U.S.–Mexico border. Before being smuggled across the border, the shipments usually are broken down into much smaller quantities; smugglers crossing the U.S.–Mexico border in private vehicles typically carry 1 to 7 kilograms of heroin per trip. Couriers walking across the U.S.–Mexico border smuggle heroin into the country as well. These couriers—often illegal aliens—typically

carry small quantities (1 kg to 2 kg) hidden in handbags and backpacks or on their body. Methods used less frequently to smuggle heroin across the U.S.–Mexico border include couriers on commercial buses and flights, rail traffic, and mail services.

Mexican heroin is smuggled into the United States via various points along the U.S.–Mexico border. EPIC seizure data indicate that more heroin was seized at the San Ysidro (129 kg), Del Rio (42 kg), Otay Mesa (34 kg), and Calexico (33 kg) POEs in 2001 than at any others along the U.S.–Mexico border. The amount seized at Del Rio represents one large seizure, however. Heroin produced in Mexico is smuggled through and between Southwest Border POEs and transported to midlevel distributors in the Pacific, Southwest, West Central, Great Lakes, and Southeast regions. Although DEA reports that some Mexican heroin is transported to cities in the Mid-Atlantic, New England, New York/New Jersey, and Florida/Caribbean regions, the quantities generally are limited. The primary market area for heroin produced in Mexico is Los Angeles.

South American Heroin

South American heroin usually is transported from Colombia to the United States via commercial flights directly to New York or Miami, overland through the Mexico–Central America corridor and, occasionally, via maritime transport. To disguise the true destination and origin of the heroin, couriers on commercial flights sometimes fly to other U.S. cities, such as Houston and Dallas-Ft. Worth, or take indirect flights through Caribbean or Central American countries, such as the Netherlands Antilles or Panama. Law enforcement reporting also suggests that heroin couriers are flying through South American countries such as Chile, Ecuador, and Venezuela with more frequency. These couriers, typically Colombian nationals, swallow as much as 1 kilogram of heroin in latex-wrapped pellets.

Although most South American heroin is smuggled through the POEs at New York and Miami, some is smuggled through Southwest Border POEs as well. South American heroin transported through Mexico is smuggled into the United States at various points along the border primarily via private vehicles and couriers who swallow heroin pellets. From the Southwest Border area Dominican and, to a lesser extent, Mexican, Colombian, and Haitian traffickers transport South American heroin typically by private vehicle to the eastern United States, most often New York. South American heroin smuggled through Southwest Border POEs also is supplied to the primary market areas of Chicago and New York as well as to markets in Atlanta, Detroit, and New Orleans.

Southeast Asian Heroin

Southeast Asian heroin is transported from production areas, primarily in Burma, to North America via containerized maritime cargo, couriers on commercial flights, and mail services. Transportation from Burma to the United States typically follows four principal routes: through Hong Kong, through Hong Kong via Bangkok, through Tokyo via Bangkok, and through Fuzhou (China).

U.S.- and Canada-based Chinese criminal groups typically control the transport of Southeast Asian heroin via containerized cargo. Shipments usually are destined for major POEs on the west coast of North America, including Los Angeles, San Francisco, Seattle, and Vancouver. Most seizures of Southeast Asian heroin from containerized maritime cargo have occurred in Canada in recent years. In many instances some of the heroin smuggled into Vancouver is transported across Canada to Toronto. A small percentage of the heroin smuggled into Canada is transported across the U.S.–Canada border through the POEs at Blaine, Buffalo, and Detroit. Once in the United States, Southeast Asian heroin is transported primarily in private vehicles to markets in the central and eastern United States, including Chicago, Detroit, and New York.

Southeast Asian heroin also is trafficked by Nigerian criminal groups who use couriers to transport the drug from Southeast Asia via commercial flights. Couriers fly primarily to Chicago but also to Atlanta, Baltimore, Dallas, Houston, Newark, New York, and Washington, D.C. Nigerian criminal groups also transport Southeast Asian heroin from East Coast POEs to Chicago via commercial buses, trains, and mail services.

Southwest Asian Heroin

Southwest Asian heroin is transported from production areas, primarily Afghanistan, to the United States through Europe as well as through Africa, Southeast Asia, and the Pacific. The primary method of transportation to the United States is by couriers (swallowers) traveling on commercial flights, although mail services are used frequently as well. Most Southwest Asian heroin is transported to the United States by Southwest Asian, Middle Eastern, and Central Asian criminal groups, particularly those of Afghan, Indian, Lebanese, and Turkish origin. West African criminal groups—typically Nigerians—are prominent transporters of Southwest Asian heroin to the United States, and they sometimes intermingle shipments of Southwest and Southeast Asian heroin. Nigerians employ couriers and coordinate

shipments from Asia, Africa, and Europe. Others associated with the transportation of Southwest Asian heroin to the United States include those of East European and Russian origin.

Most of the Southwest Asian heroin smuggled into the United States is transported through POEs at New York, Detroit, Chicago and, occasionally, Los Angeles. Southwest Asian heroin transported through the Los Angeles POE typically is shipped

to the eastern half of the country, including the primary market areas of Chicago and New York as well as Detroit.

Unlike South American and Southeast Asian heroin, Southwest Asian heroin does not appear to be transported via maritime conveyances with any frequency or in any notable quantity. There were no significant seizures of Southwest Asian heroin from maritime containerized cargo in 2001.

Distribution

Law enforcement reporting indicates that heroin distribution is expanding in several regions of the country. Over the past 2 years, no DEA Field Division or HIDTA has reported a decline in heroin distribution in its area, and several report significant expansion of heroin distribution to new markets. Since 2000 heroin distribution has spread particularly in the New England region, and markets have emerged in many rural communities in Maine, New Hampshire, and Vermont. In other regions heroin distribution has expanded most notably in suburbs of, and other communities near, large cities with well-established, inner-city heroin markets such as Newark, New Orleans, Philadelphia, San Francisco, and the Baltimore-Washington, D.C., metropolitan area.

Facilitating the expansion of heroin distribution, particularly in eastern states, are a growing number of local independent distributors. Independent heroin distributors—who often distribute several other illicit drugs—travel to nearby cities as often as once a week to purchase wholesale and midlevel quantities of heroin, transport the drug back to their distribution areas, and repackage it for retail sales. Previously, distribution in new market areas was conducted primarily by inner-city wholesale distribution groups that would establish and supply a distributor in a new area but maintain control over all aspects of distribution in that new market. While this practice still occurs, today these inner-city distribution groups more often serve as wholesale and midlevel suppliers to several independent distributors.

DEA and HIDTA reporting indicates that Mexican, Colombian, Nigerian, and Dominican criminal groups control most wholesale heroin distribution in the United States. Mexican wholesale distributors are predominant in the Pacific, Southwest, and West Central regions, while Colombian and Dominican criminal groups control most wholesale distribution of heroin in the Florida/Caribbean, Mid-Atlantic, New England, New York/New Jersey, and Southeast regions. Colombian, Nigerian, and Dominican criminal groups are all active in the Great Lakes region, where Mexican wholesalers serve in a minor capacity in Chicago and Detroit—the largest heroin markets within the region.

Puerto Rican wholesale heroin distributors are also prominent in several significant heroin markets in the eastern half of the country, including Boston, Chicago, Miami, Newark, New York, and Philadelphia. Southeast Asian criminal groups are most active in the New England and New York/New Jersey regions; however, DEA reports that Southeast and Southwest Asian criminal groups transport wholesale quantities of heroin through Los Angeles en route to heroin markets primarily in eastern states. West African, particularly Nigerian, wholesale distributors are prominent in several large heroin markets, including Chicago, Detroit, Los Angeles, New York, and Washington, D.C.

Different groups control retail heroin distribution depending primarily on the type of heroin distributed and the location of the market. According to DEA and HIDTA reporting, Mexican criminal

groups and Hispanic gangs that distribute black tar and, occasionally, brown powdered heroin control most retail distribution in the Pacific, Southwest, and West Central regions. Asian gangs distribute some Southeast Asian heroin at the retail level in the Pacific region. African American gangs and independent dealers distributing Southeast and Southwest Asian heroin are prominent in the Great Lakes region, although Dominican retail distributors of South American heroin and Mexican retail distributors are also common in the Great Lakes.

In the Mid-Atlantic, New England, New York/New Jersey, and Southeast regions, numerous retail heroin distributors are active and no single group dominates. African American distributors, however, appear to be the most commonly identified retail distributors in all four regions, selling South American, Southeast Asian, and Southwest Asian heroin. Dominican retail distributors of South American heroin are prominent throughout these regions and their presence is growing, according to DEA reporting. Colombian retail distributors of South American heroin often operate in the same market areas as Dominican retailers, while Puerto Rican retail distributors of South American heroin are active primarily in the New England and New York/New Jersey regions. Asian distributors, particularly Asian gangs, distribute Southeast Asian heroin at the retail level in the New England and New York/New Jersey regions. Retail distributors of Mexican heroin are active in the Southeast but are not prominent in most areas of the New England, New York/New Jersey, and Mid-Atlantic regions, where neither black tar nor brown powdered heroin is common. In the Florida/Caribbean region, Puerto Rican distributors control sales at the retail level.

Primary Market Areas

Heroin is distributed and used in every large city in the country. Reporting from law enforcement and public health agencies suggests, however, that Boston, Chicago, Los Angeles, and New York are the primary market areas for heroin because of high levels of heroin use, significant consequences of that use, and widespread distribution.

Other significant heroin markets include Baltimore, Detroit, Newark, Philadelphia, San Francisco, and Washington, D.C.

Boston. Reporting from law enforcement and epidemiologic sources indicates that heroin use and the consequences of this use have increased sharply in Boston in recent years. DAWN data for Boston show a 12.7 percent increase between 2000 and 2001 in the number of ED mentions for heroin (3,867 to 4,358). According to DAWN mortality data, heroin/morphine was mentioned in 168 of 344 deaths involving drug abuse in Boston in 1999 and in 183 of 343 deaths in 2000, more than for any other drug in both years. It was listed as the drug of abuse in 47 of 116 single-drug deaths in 2000. CEWG reports that heroin may have surpassed cocaine as the most commonly used drug in the Boston area and that admissions for which heroin was the primary drug of abuse now constitute the largest proportion (42%) of illicit drug admissions to publicly funded treatment programs in the city.

Expansion of the Boston heroin market has been facilitated greatly by several New York-based criminal groups. Colombian and Dominican distributors are predominant, supplying wholesale and midlevel quantities of South American heroin to retail distributors in Boston and subsequently throughout New England. Asian midlevel distributors supply Southeast Asian heroin primarily to Asian gangs, who distribute retail quantities in communities in the Boston metropolitan area.

Chicago. Chicago is one of the largest heroin markets in the United States and the consequences of heroin use in the city are high. The most recent DAWN data available show that the number of heroin ED mentions in Chicago declined from 12,454 in 2000 to 11,902 in 2001; however, mentions were still the highest for any city reporting in 2001. DAWN mortality data indicate that heroin/morphine was mentioned in 456 of 878 deaths involving drug abuse in 1999 and in 499 of 869 deaths in 2000. Heroin/morphine was the drug of abuse in 101 of 268 single-drug deaths in Chicago in 2000, second only to cocaine. ADAM data for



Figure 9.

2001 indicate that 21.8 percent of adult male arrestees in Chicago tested positive for opiates.

Heroin from all four source areas is available to varying degrees in Chicago. Colombian and Nigerian traffickers dominate distribution at the wholesale level. Nigerian traffickers smuggling Southwest and Southeast Asian heroin supply African American and Hispanic gangs—particularly Vice Lords, Gangster Disciples, and Latin Kings—who control retail heroin distribution in the city. Nigerian dominance of wholesale distribution is waning, however. Colombian traffickers smuggling South American heroin have secured a sizable portion of the heroin market in Chicago and often supply the same gangs supplied by Nigerian distributors. Mexican distributors of black tar heroin are present at the midlevel and retail levels but are not a significant presence in Chicago.

Chicago-based wholesale and midlevel distributors supply distributors in several other heroin markets primarily in the Great Lakes region, such as Detroit, Indianapolis, Milwaukee, and Minneapolis.

Los Angeles. Los Angeles is in all likelihood the largest heroin market in the western United States and the largest black tar heroin market in

the country. DAWN ED data show that the number of ED mentions for heroin decreased significantly between 2000 and 2001 from 3,177 to 2,878. According to DAWN mortality data, heroin/morphine was mentioned in 644 of 1,887 deaths involving drug abuse in 1999 and in 473 of 1,192 deaths in 2000, when it was the drug of abuse in 76 of 295 single-drug deaths.

In Los Angeles Mexican criminal groups control most distribution of heroin—primarily black tar—at the wholesale, midlevel, and retail levels. Mexican wholesale and midlevel distribution groups also supply black tar heroin to several African American and Hispanic gangs, who conduct a large portion of retail heroin distribution in the city. DEA and HIDTA reporting indicates that Colombian criminal groups may be establishing networks in Los Angeles to distribute South American heroin in the area. Chinese, Nigerian, and Thai criminals facilitate the wholesale distribution of Southeast Asian heroin from Los Angeles to other U.S. markets, but distribution of Southeast Asian heroin at the retail level in Los Angeles is very limited.

Mexican and South American heroin often is distributed from Los Angeles to other heroin

markets throughout the country. Mexican heroin is distributed from Los Angeles to Denver, Honolulu, Las Vegas, Portland, Salt Lake City, San Francisco, Seattle, and St. Louis. South American heroin is distributed from Los Angeles to New Orleans and other markets in eastern states.

New York. New York is possibly the largest heroin market in the United States. The level of heroin use is high, although the consequences of such use appear to have declined slightly from 2000 to 2001. DAWN data show that the number of heroin ED mentions declined between 2000 and 2001 from 11,009 to 10,644—second only to Chicago among DAWN reporting cities. DAWN mortality data show that heroin/morphine was mentioned in 174 of 729 deaths involving drug abuse in 1999 and in 194 of 924 deaths in 2000. ADAM data reflect a decrease (22.0% to 18.7%) in adult male arrestees in New York testing positive for opiates between 2000 and 2001.

Extensive wholesale, midlevel, and retail distribution of South American heroin occurs in New York and, according to DEA, most of the heroin available at the retail level in that city is of South American origin. Southeast and Southwest Asian heroin are available but to a much lesser extent. Numerous criminal groups and gangs distribute

heroin in the city; however, Colombian and Dominican distributors are predominant and often work together to sell South American heroin at all levels of distribution. Colombian and Dominican distributors also supply Puerto Rican criminal groups and African American and Hispanic gangs with retail quantities for distribution.

Asian criminal groups, typically Fukinese Chinese, once controlled heroin distribution in the city. Now they usually supply only wholesale and midlevel quantities of Southeast Asian heroin to groups that distribute the drug at the retail level. Southwest Asian criminal groups, including those of Afghan, Indian, and Pakistani origin, supply wholesale and midlevel amounts of Southwest Asian heroin to midlevel and retail distributors.

New York is a major source of South American heroin to heroin markets throughout the New England, Mid-Atlantic, and Great Lakes regions. New York is also a source of limited amounts of Southeast Asian heroin to heroin markets in some eastern states. Law enforcement reporting indicates that distributors in Atlanta, Baltimore, Boston, Chicago, Cleveland, Detroit, Milwaukee, Newark, Philadelphia, and Washington, D.C., receive heroin from wholesale distributors in New York.

Key Developments

Mexican criminal groups are increasingly transporting South American heroin. DEA reports that in 2002 a significant number of Mexican nationals intending to board flights to Mexico were arrested at airports in Central and South America with South American heroin in their possession. This heroin was to be stored in Mexico and smuggled across the U.S.–Mexico border for transport and distribution to eastern drug markets, primarily New York, by Colombian and Dominican criminal groups.

U.S. Customs Service (USCS) reporting indicates that seizures involving heroin saturation—a technique whereby material such as clothing, blankets, and towels is soaked in heroin solution and then allowed to dry—increased in 2001. Law enforcement reporting indicates that heroin saturation usually is encountered in shipments transported from Colombia to the United States via couriers on commercial flights and in maritime cargo.

Projections

Worldwide heroin production likely will increase in 2002 since, according to Intelligence Community reporting, producers in post-Taliban Afghanistan will resume opium cultivation. Notwithstanding the potential increase, U.S. markets likely will not experience an increase in the availability of Southwest Asian heroin since this heroin generally is consumed in markets in Europe and in central and western Asia.

Increased airport security since September 11, 2001, may result in fewer heroin couriers on commercial flights to the United States. To compensate, Colombian traffickers may rely more heavily on Mexican criminal groups to transport heroin across the U.S.–Mexico border or increase their use of maritime transportation and, possibly, mail services.

National Drug Threat Assessment 2003



MDMA

The trafficking and abuse of MDMA (3,4-methylenedioxymethamphetamine) pose a significant threat to the United States. MDMA is widely available in every region of the country, principally in large metropolitan areas but increasingly in smaller cities and towns. Reporting from law enforcement and public health agencies indicates that MDMA is now considered a mainstream drug in many areas. It—like other drugs—is widely available in nightclubs and schools, at parties and shopping malls, and on street corners and is often sold with other drugs such as crack cocaine, methamphetamine, and heroin.

The demand for MDMA appears to be increasing among both adults and adolescents; however, data from national-level prevalence studies indicate that the rate of increase has slowed. MDMA produced in several countries is available in U.S. markets, but the Netherlands and Belgium continue to be the source of most of the MDMA in the United States. Domestic MDMA production remains limited. MDMA transported from Europe is smuggled into the United States by couriers on commercial flights and, to a lesser extent, via mail services, either directly from European source countries or via transit countries, including France, Germany, Spain, Canada, Mexico, Panama, and various Caribbean island nations. Most MDMA distribution occurs in urban and suburban areas; however, much of the increased distribution is occurring in midsize cities with large college populations. The primary

market areas for MDMA are Los Angeles, Miami, and New York.

NDTS data show that 2.0 percent of state and local law enforcement agencies nationwide identify MDMA as their greatest drug threat. There were regional differences, however. More state and local law enforcement agencies in the Florida/Caribbean (5.7%), New England (4.9%), and New York/New Jersey regions (4.7%) identify MDMA as the greatest threat than do their counterparts in the Mid-Atlantic (2.1%), Great Lakes (1.8%), Pacific (0.9%), Southeast (0.8%), Southwest (0.7%), and West Central regions (0.6%).

The threat of MDMA trafficking and abuse is compounded by the short- and potential long-term effects of the drug. MDMA use causes increased heart rate, blood pressure, and body temperature, which can lead to muscle breakdown and kidney and cardiovascular system failure. Moreover, studies by Johns Hopkins Medical Institutions and the National Institute of Mental Health indicate that MDMA may cause brain damage. Some MDMA users' bodies lose the ability to produce and release proper levels of serotonin—a neurotransmitter that regulates mood, memory, appetite, and sleep—which may lead to chronic depression.

Violence typically is not associated with MDMA use; however, there are occasional reports of violence associated with MDMA retail distributors, particularly if they also sell other drugs.

Availability

MDMA is present throughout the country, and although reporting indicates that availability increased over the past year, the rate of increase appears to have slowed. Nearly all DEA Field

Divisions describe MDMA as readily available, particularly in metropolitan areas, and several report that availability is increasing. More than 90 percent of the sources reporting to Pulse Check

indicate that MDMA is widely or somewhat available. Of these sources, 64 percent report an increase in MDMA availability while 29 percent describe availability as stable.

According to NDTs data, 54.4 percent of state and local law enforcement agencies nationwide report that the availability of MDMA is high or medium, while 37.1 percent describe it as low. Agencies in the Florida/Caribbean (70.9%) and New England regions (68.8%) account for the greatest proportions reporting high or medium availability, while those in the Southwest (45.5%) and West Central regions (44.4%) account for the smallest.

Data from DEA's System to Retrieve Information from Drug Evidence (STRIDE) show a sharp increase in the number of MDMA dosage units seized between 2000 (3,341,649) and 2001 (5,575,432). Seizure data from USCS show a decrease in the number of MDMA dosage units seized, from 9.3 million MDMA tablets in FY2000 to 7.2 million in FY2001; however, one FY2000 seizure of 2.1 million tablets accounts for the disparity. The recording of MDMA

seizures in FDSS data began in April 2001; figures are yet unavailable.¹⁹

The number of OCDETF investigations involving MDMA increased from 107 in FY2000 to 179 in FY2001. OCDETF indictments involving MDMA also rose from 104 in FY2000 to 193 in FY2001. Arrests for MDMA-related offenses are increasing, although the rate of arrests appears to have slowed. DEA arrests for MDMA-related offenses increased from 577 in 1999, to 1,530 in 2000, to 1,932 in 2001. DEA-initiated investigations against MDMA violators increased from 330 in 1999, to 791 in 2000, to 1,079 in 2001.

MDMA tablets vary in size, weight, and shape; however, DEA reports that MDMA tablets generally contain between 70 and 120 milligrams of MDMA. Nationally, the wholesale price of MDMA ranged from \$5 to \$17 per dosage unit, while the retail price ranged from \$10 to \$60 per dosage unit.

The availability of a highly pure form of MDMA called crystal MDMA appears to be very limited. DEA reports only two seizures of crystal MDMA, one in Philadelphia and one in Florida.

Demand

MDMA use increased steadily over the past several years among both adults and adolescents. As with availability, however, the rate of increase has slowed, particularly among adolescents.

NHSDA data for 2001 indicate that 3.2 million persons aged 12 and older in the United States—1.4 percent of the population—reported past year use of MDMA. Because previous versions of the NHSDA did not track past year use of MDMA, it is not possible to show a trend for past year use. However, estimates of the number of individuals reporting lifetime use (use at least once in a user's lifetime) increased from 5.1 million in 1999, to 6.5 million in 2000, to 8.1 million in 2001. The rate of lifetime use among individuals 12 and older

increased significantly over the same period, from 2.3, to 2.9, to 3.6 percent.

Among adults, MDMA use is rising. Data from the NHSDA show that lifetime MDMA use for young adults aged 18–25 was 7.6 percent in 1999, 9.7 percent in 2000, and 13.1 percent in 2001; the increase between 2000 and 2001 is considered significant. Lifetime use for adults aged 26 or older has trended upward during the same period from 1.5, to 1.8, to 2.0 percent. The rates of past year use in 2001, the first year for which such data are available, were 6.9 percent for those aged 18–25 and 0.4 percent for those 26 and older.

MTF data indicate a slower rate of increase in past year MDMA use for adults in 2001. The rate

19. The STRIDE data set contains information on the total cost, weight, and purity or potency of illicit drugs purchased as well as the date and location of the purchase. There are some overlaps in reporting between STRIDE and USCS seizure statistics.

of past year MDMA use for college students (19–22) increased significantly from 5.5 percent in 1999 to 9.1 percent in 2000 but remained relatively stable at 9.2 percent in 2001. Similarly, past year MDMA use for all young adults (19–28) increased significantly from 3.6 percent in 1999 to 7.2 percent in 2000 and then remained statistically unchanged at 7.5 percent in 2001.

Among adolescents, too, national-level demand indicators show a slowed rate of increase in MDMA use in 2001. NHSDA data show that the percentage of adolescents aged 12–17 reporting lifetime MDMA use increased significantly from 1.8 percent in 1999, to 2.6 percent in 2000, to 3.2 percent in 2001. Past year use for those aged 12–17 was 2.4 percent in 2001, the first year for which past year data are available.

According to MTF data, past year MDMA use for eighth graders increased from 3.1 percent in 2000 to 3.5 percent in 2001 before declining to 2.9 percent in 2002. Likewise, rates of past year MDMA use for tenth graders increased from 5.4 to 6.2 percent before decreasing to 4.9 percent, while those for twelfth graders increased from 8.2 to 9.2 percent before declining to 7.4 percent. Of the declines in past year MDMA use between 2001 and 2002, only the decrease reported for tenth graders is statistically significant.

Data from PATS show a 43 percent increase in teens reporting lifetime MDMA use between 1999 (7%) and 2000 (10%); however, between 2000 and 2001 the rate rose only another 20 percent, to 12 percent reporting lifetime use. According to PATS, 10 percent of students in grades 7 through 12 reported past year MDMA use in 2001, the first year for which past year data are available.

The slower pace at which rates of use are increasing may be attributable to a rise in the perceived dangers of MDMA use among youths. According to PATS, the percentage of teens ranking MDMA as either the most or second most

dangerous drug increased from 12 percent in 1999 to 15 percent in 2000. Furthermore, PATS data reveal that in 2001, 42 percent of teens saw great risk in trying MDMA once or twice, while 72 percent saw great risk in using MDMA regularly. Data from MTF show a statistically significant increase between 2001 and 2002 in the percentage of twelfth graders who perceive great risk in trying MDMA once or twice (45.7% to 52.2%).

As the number of MDMA users has increased, so too have the consequences associated with use of the drug. DAWN data indicate that the estimated number of ED mentions for MDMA increased from 2,850 in 1999, to 4,511 in 2000, to 5,542 in 2001. Although the number of ED mentions has increased, the rate of ED mentions for MDMA remains the lowest among the major drug categories at only 2 mentions per 100,000 population in 2001.

DAWN data further show that the consequences of MDMA use are affecting older age groups, despite the prevalence of MDMA use among young adults and adolescents. More than three-quarters (76.9%) of DAWN ED mentions for MDMA in 2001 were attributed to patients aged 25 and under. Nonetheless between 2000 and 2001 significant increases in ED mentions for MDMA use were noted in patients aged 26–29 (132.2%) and in those aged 35 and older (34.0%).

Although TEDS does not monitor treatment admissions for MDMA as a primary substance of abuse, reporting from epidemiologic sources suggests that the number of patients seeking treatment for MDMA use is increasing. CEWG reports an increase in the number of MDMA users admitted to drug treatment in Denver, Minneapolis, and Texas during 2001.

Production

Most MDMA consumed in the United States is produced in the Netherlands and Belgium. DEA reports that criminal groups operating in these two countries produce most of the MDMA available in the United States. MDMA production also occurs in Poland but is limited. Most of the MDMA produced in that country is consumed in Europe; however, U.S. law enforcement agencies have identified Poland as the source of limited quantities of MDMA in New York, Chicago and, possibly, Las Vegas. Criminal groups in Germany and the United Kingdom also produce MDMA to varying degrees, but the availability in U.S. markets of MDMA produced in these countries appears to be limited.

MDMA is produced in Canada primarily for consumption in that country, although it is likely that some MDMA produced in Canada is smuggled into the United States. DEA reports that MDMA laboratories have been seized in Québec, Ontario, and British Columbia within the past year, and the RCMP reports that the total potential yield of MDMA from laboratories discovered in Canada since 1999 exceeds 10 million tablets.

Transportation

The smuggling of MDMA into the United States occurs via several transportation methods and routes. From Europe, MDMA most often is smuggled into the United States by couriers on commercial flights either directly from European source countries or via transit countries, including France, Germany, Spain, Canada, Mexico, Panama, and various Caribbean island nations. MDMA also is transported from and through the same source and transit countries by mail services, although use of this method appears to have decreased greatly over the past year. MDMA is increasingly smuggled into the United States overland via couriers on foot and in private vehicles crossing the U.S. borders with Mexico and

The smuggling of MDMA from Europe into Canada is a far greater problem in that country than domestic production, however.

There are indications that traffickers operating laboratories in Asia and South America (particularly Brazil and Colombia) may be producing MDMA in greater quantities. Furthermore, law enforcement in California notes that some methamphetamine producers in Mexico are becoming involved in MDMA production as well.

Domestic MDMA production remains limited. Relatively few MDMA laboratories have been seized, and of those seized, most were capable of producing only small amounts of the drug. Data from NCLSS indicate that 13 MDMA laboratories were seized in the United States in 1999, 8 in 2000, and 9 in 2001. No DEA Division, HIDTA, or NDTS responding agency indicated that domestically produced MDMA was available in any significant quantities in its jurisdiction. According to NDTS data, just 2.3 percent of state and local law enforcement agencies nationwide report that MDMA is produced in their areas.

Canada. Israeli and Russian criminal groups control most MDMA transportation to the United States; however, Colombian, Dominican, and U.S. independent distributors have become increasingly prominent in the transportation of MDMA to the United States.

MDMA couriers on commercial flights from Europe often tape between 2.5 and 5.0 kilograms of MDMA tablets to their bodies and smuggle additional amounts (up to 10 kg) in hidden compartments within their luggage. Couriers on commercial flights depart from nearly every major European city en route to the United States. Typical arrival airports in the United States are John F. Kennedy, Miami, and Newark International Airports.

Colombian criminal groups often transport MDMA from Europe to the United States via Panama. From Panama couriers on commercial flights transport MDMA either directly to the United States or to Mexico, from where it is smuggled across the U.S.–Mexico border. According to DEA reports, Dominican criminal groups have become increasingly involved in transporting MDMA from Europe to the United States via the Dominican Republic and Puerto Rico.

The DEA Caribbean Field Division reports that European criminal groups transport MDMA from Europe to the United States via Caribbean countries, particularly those with ties to the Netherlands such as Aruba, Curaçao, and the Netherlands Antilles. DEA reporting indicates that MDMA couriers on commercial flights transport

the MDMA from Europe to the Caribbean and then either directly to the United States or to Mexico for overland transport. Similarly, European criminal groups sometimes use Suriname in South America as an MDMA transit country.

Transport of MDMA produced in or transported through Canada most often occurs via couriers crossing the U.S.–Canada border in private vehicles. EPIC seizure data indicate that these couriers typically transit the POEs at Buffalo, Champlain, and Detroit.

Once smuggled into the United States, MDMA is transported to the primary market areas of Los Angeles, Miami, and New York as well as to smaller cities throughout the country.

Distribution

Nearly all DEA Field Divisions and HIDTAs, as well as sources in most Pulse Check sites, indicate that MDMA is distributed in their areas and that distribution appears to be increasing. Most MDMA distribution occurs in urban and suburban areas; however, distribution appears to be expanding to areas in which colleges and universities are located, such as Billings, Montana; Madison, Wisconsin; and Lawrence, Kansas.

Law enforcement reporting indicates that Israeli criminal groups are the predominant MDMA wholesale distributors, supplying MDMA to midlevel distributors in large cities throughout the country. Other wholesalers, including Asian, Dominican, Mexican, and Russian criminal groups, distribute MDMA but only in a limited number of cities. For example, law enforcement reporting indicates that Asian wholesale distributors are active in Miami, New York, and Seattle; Dominican wholesalers distribute in Miami, Newark, and New York; and Russian MDMA wholesalers maintain a significant presence in Atlanta, New York, and Miami.

Most of the same criminal groups engaged in wholesale MDMA distribution are midlevel distributors as well. Other midlevel distributors were

identified as African American, particularly in the Mid-Atlantic region, and Mexican, primarily in the Florida/Caribbean, Southwest, and West Central regions. Wholesalers sell MDMA to midlevel distributors in quantities of at least 1,000 tablets, typically called “boats.” Midlevel distributors often sell tablets to retail distributors by the “jar,” a quantity of 100 tablets.

Independent MDMA distributors, typically college age Caucasians, dominate the retail-level distribution of MDMA throughout the country, although gangs have become increasingly involved in retail distribution of MDMA. Of those DEA Field Divisions that identified prominent MDMA retail distributors in their areas, most identified Caucasian independent dealers. Law enforcement reporting is increasingly identifying the involvement of gangs in retail distribution of MDMA. Asian gangs have been identified as retail MDMA distributors primarily in the West and Hispanic gangs primarily in the East. African American independent dealers and gangs have emerged as retail MDMA distributors within the past 2 years in eastern states such as Alabama, New York, North Carolina, South Carolina, and Virginia. Other retail distributors identified are

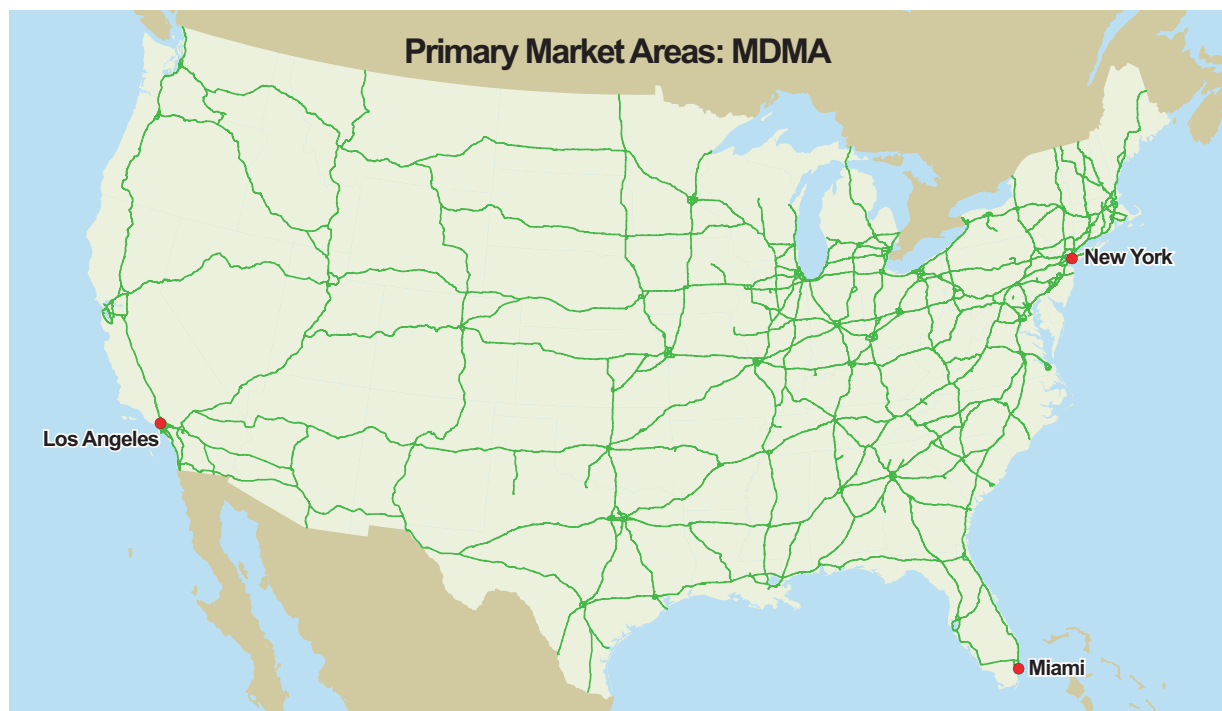


Figure 10.

the Hells Angels and Pagans outlaw motorcycle gangs and Russian gangs in Florida and New Jersey, Dominican criminal groups in New York, and Colombian criminal groups in Florida.

Law enforcement reporting indicates that most MDMA retail distribution occurs at college campuses, raves, dance clubs, bars, gyms, and high schools. Furthermore, several agencies report that a growing number of retail distributors of other drugs—including crack cocaine, methamphetamine, and heroin—are distributing MDMA on streets and in open-air drug markets.

Primary Market Areas

Reporting from law enforcement and public health agencies of widespread use and distribution of MDMA, as well as data from studies that gauge the consequences of drug use, indicates that Los Angeles, Miami, and New York are the primary market areas for MDMA in the United States.

Los Angeles. Reporting from law enforcement and public health agencies indicates that MDMA distribution and use in Los Angeles are widespread and increasing. The DEA Los Angeles Field Division reports that use of MDMA is high, while the

Los Angeles HIDTA notes that use is increasing sharply. CEWG also reports that MDMA use in Los Angeles is increasing. According to DAWN, however, the consequences of MDMA use in Los Angeles are decreasing. DAWN data indicate that the estimated number of ED mentions for MDMA in Los Angeles decreased significantly from 2000 (177) to 2001 (142).

Israeli criminal groups control most wholesale MDMA distribution in Los Angeles, although Russian wholesale distributors are prominent in the area as well. Independent distributors, often Caucasians, primarily control midlevel and retail distribution of MDMA. Retail distribution in Los Angeles most often occurs at raves, nightclubs, and colleges.

Wholesale quantities of MDMA are commonly distributed from Los Angeles to markets in the Great Lakes, Pacific, Southeast, Southwest, and West Central regions as well as in New Jersey and Virginia.

Miami. MDMA use in Miami is relatively high and appears to be increasing. The South Florida HIDTA reports that MDMA use in Miami

is increasing sharply, and CEWG reports that among teens MDMA use surpassed cocaine use for the first time in 2000. DAWN data show a corresponding increase in the estimated number of ED mentions. ED mentions for MDMA use in Miami increased more than 75 percent from 105 in 2000 to 184 in 2001.

Wholesale MDMA distribution in Miami is controlled primarily by Israeli criminal groups, although Asian and Russian criminal groups are active in the area as well. DEA and HIDTA reporting indicates that midlevel MDMA distribution in Miami is not controlled by any single group. Rather, independent distributors as well as criminal groups of Asian, Caucasian, Colombian, Israeli, Mexican, and Russian origin supply retail distributors, who are typically Caucasian independent dealers. Retail distribution most often occurs in Miami nightclubs and raves.

Wholesale quantities of MDMA are distributed from Miami to markets in the Florida/Caribbean, Great Lakes, and Southeast regions; to markets in Kansas, New Jersey, Rhode Island, Texas, and Virginia; and to the primary market area of Los Angeles.

Key Developments

Traffickers of drugs such as cocaine and heroin have become increasingly involved in MDMA trafficking in some areas. HIDTA, Pulse Check, and local law enforcement reporting indicates that cocaine and crack dealers in Florida have expanded their operations to include MDMA because of the drug's profit potential. Similarly, reporting from the DEA New York Field Division and Pulse Check sources indicates that MDMA is being distributed along with cocaine and heroin in New York. The Northern California HIDTA reports that many of the criminal groups distributing MDMA in its area are polydrug traffickers, and Pulse Check sources in Washington, D.C., report that crack cocaine dealers in the city have become increasingly involved in MDMA sales.

New York. New York is possibly the largest MDMA market in the United States, and wholesale quantities of MDMA are distributed from New York to markets throughout the United States. According to DEA and HIDTA reporting, the level of MDMA use in the city is very high and increasing. Data from DAWN, however, indicate that the estimated number of ED mentions for MDMA use in New York declined from 200 in 2000 to 172 in 2001.

Wholesale MDMA distribution in New York is controlled primarily by Israeli criminal groups; Russian wholesale distribution groups are also prominent. Midlevel distributors usually are independent dealers but also include Asian, Israeli, and Russian criminal groups as well as members of traditional organized crime. Retail distributors in New York typically are Caucasian teenagers or young adults.

MDMA is distributed from New York to markets in the Florida/Caribbean, Great Lakes, Mid-Atlantic, New England, New York/New Jersey, Pacific, and Southeast regions; to markets in Texas; and to the primary market area of Los Angeles.

The use of couriers who internally carry MDMA into the country, although still relatively limited, appears to be increasing. The smuggling of MDMA via this method emerged in 2000 with just a few seizures per year. EPIC reports, however, that since July 2002 both the frequency of seizures involving this method and the volume of MDMA seized per incident have increased. According to EPIC, recent seizures have involved couriers swallowing as many as 130 pellets containing between 40 and 50 MDMA tablets each. Seizures of MDMA smuggled internally largely have involved Dominican and Spanish couriers traveling on commercial flights from Western Europe.

Projections

MDMA will become available in more areas of the country, particularly in midsize and smaller cities. But the overall level of MDMA use may increase only slightly or begin to stabilize. National-level drug prevalence data indicate that the rate of MDMA use has slowed, indicating that the sharp yearly increases that began in the mid-1990s may be ending.

Mexican criminal groups appear to be expanding their role in MDMA production and transportation. DEA reporting indicates that MDMA production in Mexico increased in 2002

and that Mexican methamphetamine producers have been consulting with European MDMA producers regarding production methods so that they can begin producing MDMA in addition to methamphetamine. Also, numerous reports from federal, state, and local law enforcement in 2002 indicate that MDMA is increasingly being transshipped through Mexico en route to the United States from Europe. Such increases suggest that Europe–Mexico could become a primary route for transporting MDMA to the United States.

National Drug Threat Assessment 2003



Other Dangerous Drugs

Other dangerous drugs, which include club drugs such as GHB and GHB analogs, ketamine, and Rohypnol as well as hallucinogens such as LSD, PCP, and psilocybin, pose a relatively low threat in comparison with other illicit drugs.²⁰ The availability and use of other dangerous drugs overall appear to be stable; however, the increasing availability of some of these drugs—such as GHB, ketamine, and PCP—is raising concerns among law enforcement and drug treatment providers. Other dangerous drugs are present in every region of the country but are most prevalent in metropolitan areas, where they are used primarily by adolescents and young adults.

NDTS data show that just 1.1 percent of state and local law enforcement agencies nationwide identify other dangerous drugs as their greatest drug threat. Regionally, more state and local law enforcement agencies in the Mid-Atlantic (3.0%), Great Lakes (2.0%), New England (1.7%), and Florida/Caribbean regions (1.6%) identify other dangerous drugs as the greatest threat than do those in the Southeast (0.9%), West Central (0.5%), Pacific (0.2%), and Southwest regions (0.1%). The percentage of agencies in the New York/New Jersey region (0.0%) identifying other dangerous drugs as their greatest threat was negligible.

Club Drugs

The term club drugs refers to a collection of drugs that are commonly distributed and used at dance clubs and raves, including MDMA (see MDMA section), GHB and its analogs (see text box, next page), ketamine, and Rohypnol. The threat associated with each club drug differs; however, the overall threat remained relatively stable over the past year.

GHB

GHB (gamma-hydroxybutyrate), as well as its analogs GBL (gamma-butyrolactone) and BD (1,4-butanediol), is available in every region of the country. Nearly every DEA Field Division and HIDTA reports that GHB is available, and while some report that availability has increased over the past year, the increases appear to be slight. Seldom is GHB reported as widely or

readily available: less than half (17 of 42) of Pulse Check sources, for example, describe GHB as somewhat or widely available. Most reporting indicates that the availability of GHB is limited primarily to raves and dance clubs, although the drug also can be acquired at gyms, on college campuses, at private parties, and from the Internet, where it is sold under the guise of cleaning products and nail polish remover.

NDTS data show that 16.4 percent of state and local law enforcement agencies nationwide describe GHB availability as high or medium, while 50.8 percent indicate availability is low. Another 29.6 percent of state and local law enforcement agencies nationwide report that GHB is not available in their jurisdictions.

20. The use of trademarked names such as Rohypnol in this assessment does not imply any criminal activity, criminal intent, or misdealing on the part of the companies that manufacture these drugs.

Federal, state, and local law enforcement agencies in every region of the country report that because of its powerful sedative properties, GHB currently appears to be the substance most commonly used in drug-facilitated sexual assault. When used to facilitate a sexual assault, the drug usually is mixed into a victim's drink.

Many national-level drug abuse indicators do not measure GHB use or the consequences of that use; however, at least two indicators do show general downward trends. MTF data for 2001 and 2002 show that past year use of GHB was reported by 1.1 and 0.8 percent of eighth graders, 1.0 and 1.4 percent of tenth graders, and 1.6 and 1.5 percent of twelfth graders. Also, according to DAWN, there was a decline between 2000 and 2001 in the estimated number of GHB-related ED mentions from 4,969 to 3,340 (DAWN includes the analog GBL in its GHB data). DAWN data further show that patients aged 20–25 accounted for more than half of GHB ED mentions in 2001. DEA estimates that there had been approximately 72 deaths associated with GHB in the United States by the end of 2001. TEDS does not monitor treatment admissions for GHB as a primary substance of abuse.

GHB is produced illegally in both domestic and foreign clandestine laboratories. Law enforcement agencies in every region of the country report that GHB is produced in their areas, typically by Caucasian independent operators and typically in small amounts. GHB has, at times, been produced in quantities large enough for national-level distribution, however. According to NCLSS data, 20 GHB laboratories were seized in 2000, 12 of which were seized by DEA. In 2001, 13 GHB laboratories were seized.

Law enforcement reporting indicates that GHB is produced illegally in Europe and in Canada and then transported to the United States. GHB produced in Europe is smuggled most often via mail services, while GHB produced in Canada is smuggled into the United States via private vehicles. Within the United States, GHB typically is

transported from domestic production areas via mail services and from POEs in private vehicles. Male Caucasian independent dealers are the primary distributors of GHB; however, African American gangs and other diverse independent dealers are increasingly active in GHB distribution.

GHB Analogs

GHB analogs, which include GBL, BD, GHV (gamma-hydroxyvalerate), and GVL (gamma-valerolactone), are drugs that have chemical structures that closely resemble the chemical structure of GHB. GHB users not only use these analogs—easily purchased over the Internet—to produce GHB, they also ingest them directly. Both GBL and BD metabolize into GHB upon ingestion, and thus produce effects similar to those of GHB. Criminal penalties associated with GHB have been made more stringent, likely leading to apparent increases in the distribution and abuse of GHB analogs. Several DEA Field Divisions and HIDTAs report that GBL and BD are increasingly available in their areas. GBL is a listed chemical and is widely used as an industrial solvent in the United States.

Ketamine

Ketamine is a dissociative anesthetic that has a combination of stimulant, depressant, hallucinogenic, and analgesic properties. It generally is used as a preoperative veterinary anesthetic.

Reporting from law enforcement and public health agencies indicates that the availability of ketamine may be increasing slightly. Most DEA Field Divisions report that ketamine is available in their areas, and several indicate that availability is increasing. While only 12 of 42 sources in Pulse Check sites describe ketamine as somewhat or widely available, availability was reported as increasing in six Pulse Check sites. Notwithstanding the reports of increased availability, STRIDE data show that only 3,185 dosage units of ketamine were seized in 2000 compared with 111,478 dosage units in 2001.

NDTS data show that 10.7 percent of state and local law enforcement agencies nationwide

identify ketamine availability as high or medium, while 49.5 percent indicate availability is low. Another 36.5 percent of state and local law enforcement agencies nationwide report that ketamine is not available in their jurisdictions.

While many national-level drug abuse indicators do not measure ketamine use or the consequences of that use, at least two indicators do show some general upward trends. MTF data indicate that between 2001 and 2002 past year use of ketamine held steady for eighth graders at 1.3 percent and rose—although not significantly—for tenth (2.1% to 2.2%) and twelfth graders (2.5% to 2.6%). In addition, DAWN data show an increase in the consequences of ketamine use. The estimated number of DAWN ED mentions for ketamine increased from 263 in 2000 to 679 in 2001.

Ketamine is produced commercially in the United States and in a number of other countries including Belgium, China, Colombia, Germany, and Mexico. Ketamine production is a complex and time-intensive process, making clandestine production impractical. For this reason, the vast majority of ketamine distributed in the United States is diverted or stolen from legitimate sources, particularly veterinary clinics.

Ketamine powder and capsules typically are distributed among friends and acquaintances, often at private gatherings, raves, and dance clubs. Street sales of ketamine are rare. DEA reports that personal-use quantities of powder ketamine (100 mg to 200 mg) are packaged in small glass vials and small plastic bags as well as in paper, glassine, or aluminum foil folds. These user quantities sell for approximately \$20 each. Liquid ketamine is distributed in small glass vials and bottles that sell for approximately \$100 per 10-milliliter container.

Rohypnol

Rohypnol (flunitrazepam) is a powerful benzodiazepine sedative—up to 10 times stronger than Valium. Although not approved for use in the United States, Rohypnol is prescribed legally in more than 70 countries to treat sleep disorders or for use as a preanesthetic medication.

Overall, the availability of Rohypnol appears to be stable at low levels, and Rohypnol is the least available of the club drugs. DEA Field Divisions and HIDTAs typically do not report on Rohypnol availability; however, the Rocky Mountain and South Texas HIDTAs reported increases in the availability of Rohypnol in their areas. According to STRIDE data, the number of Rohypnol dosage units seized declined dramatically between 2000 (4,967) and 2001 (691).

NDTS data show that 5.7 percent of state and local law enforcement agencies nationwide identify Rohypnol availability as high or medium, while 47.4 percent indicate availability is low. Another 42.8 percent of state and local law enforcement agencies nationwide report that Rohypnol is not available in their jurisdictions.

The use of Rohypnol is also at low levels, particularly when compared with the use of other club drugs. According to MTF, past year use of Rohypnol was relatively stable at low levels between 2001 and 2002 for eighth (0.7% to 0.3%) and tenth graders (1.0% to 0.7%). Past year use for twelfth graders is reported at 0.9 percent in 2001 and 1.6 percent for 2002; however, the MTF study indicates that data for twelfth-grade use of Rohypnol are not comparable between these years because of changes in questionnaire forms.

Rohypnol is commercially produced in several countries. Mexico is the primary source for Rohypnol in the United States, although some is smuggled into the country from Colombia. Rohypnol often is diverted from pharmacies in Mexico, particularly those in Tijuana, and smuggled across the U.S.–Mexico border via private vehicle and, to a lesser extent, mail services. Rohypnol from Colombia typically is transported to southern Florida via overnight mail services and couriers on commercial flights. Once in the United States, the drug is distributed primarily at raves, dance clubs, and bars.

Hallucinogens

Hallucinogens include LSD, PCP, and psilocybin—drugs that may distort light, sound, color, time, and perception and that sometimes induce powerful false images. Hallucinogens constitute a moderate to low threat overall because of their limited availability, which is concentrated primarily in metropolitan areas. Although law enforcement reporting indicated increased availability of hallucinogens at raves in 2000 and 2001, there has not been a corresponding increase in hallucinogen use nationally.

LSD

LSD (lysergic acid diethylamide) is available throughout the United States and its availability appears to be relatively stable. Most DEA Field Divisions and HIDTAs report that the availability of LSD is stable or increasing in their areas. CEWG reporting also indicates that LSD is present in most metropolitan areas: sources in 19 of 21 CEWG areas report that LSD is available. Despite reports of widespread and stable availability, STRIDE data show that LSD seizures decreased sharply from 24,460,970 dosage units in 2000 to 93,974 dosage units in 2001.

NDTS data show that 20.9 percent of state and local law enforcement agencies nationwide describe LSD availability as high or medium, while 57.1 percent indicate availability is low. Slightly less than 20 percent of state and local law enforcement agencies nationwide report that LSD is not available in their jurisdictions.

LSD usually is ingested orally but the means of administration can take several forms, such as blotter paper, sugar cubes, gelatin squares, and tablets. Law enforcement reporting indicates, however, that LSD is increasingly distributed and used in its liquid form, which often is “packaged” in small bottles typically used to sell breath drops. The New England and North Texas HIDTAs and the DEA Washington (DC) Field Division report increasing availability of liquid LSD in their areas.

LSD use appears to be trending downward among both younger and older adults. NHSDA data indicate that between 2000 and 2001 past year use of LSD was reported by 3.4 and 3.3 percent, respectively, of those aged 18–25 and held steady among those aged 26 and older at 0.1 percent. MTF data appear to indicate a similar downward trend among young adults, although changes between 2000 and 2001 are not statistically significant. Past year use of LSD among MTF respondents aged 19–28 was 3.7 percent in 2000 and 3.4 percent in 2001.

LSD use also appears to be declining among adolescents. NHSDA data indicate that past year LSD use among those aged 12–17 was 2.2 percent in 2000 and 1.9 percent in 2001. According to MTF, past year use of LSD decreased significantly between 2001 and 2002 for eighth (2.2% to 1.5%), tenth (4.1% to 2.6%), and twelfth graders (6.6% to 3.5%). Data from PATS show a decrease as well in the rate of lifetime LSD use among teens from 12 percent in 2000 to 10 percent in 2001.

The consequences of LSD use have decreased as well. DAWN data show that the estimated number of ED mentions for LSD declined from 4,016 in 2000 to 2,821 in 2001. ED mentions for patients aged 18–25 in particular decreased significantly during that period, dropping 37.5 percent.

DEA reports that LSD production is complex and, for the most part, controlled by a small number of experienced chemists in the San Francisco Bay Area and in the Pacific Northwest. Seizures of LSD laboratories are very infrequent. According to NCLSS data, one possible LSD laboratory was seized in 1998 and one in 2000. No LSD laboratories were seized in 1999, in 2001, or in the first 6 months of 2002.

Those few who control LSD production also control wholesale distribution of the drug, supplying trusted midlevel distributors throughout the country. According to law enforcement reporting, LSD usually is transported from California to midlevel distributors via mail services and private

vehicles. Caucasian independent dealers conduct most retail distribution of LSD, although some gangs and other independent dealers distribute LSD at the retail level as well. Law enforcement reporting indicates that the most common venues for retail LSD distribution are raves, dance clubs, and concerts.

PCP

PCP (phencyclidine) is available in every region of the United States, but for the most part, availability is limited to large metropolitan areas. More than half (14 of 21) of CEWG areas, less than half (9 of 21) of the DEA Field Divisions, and less than half (9 of 32) of the HIDTAs report the availability of PCP in any significant amounts. Of those, only sources in Chicago, Dallas, Houston, and Philadelphia report that availability is increasing. STRIDE data show that the number of PCP dosage units seized has increased sharply from 52,055 in 1999, to 184,938 in 2000, to 1,037,574 in 2001.

NDTS data show that 6.5 percent of state and local law enforcement agencies nationwide identify PCP availability as high or medium, while 50.7 percent indicate availability is low. Another 39.5 percent of state and local law enforcement agencies nationwide report that PCP is not available in their jurisdictions.

PCP is available in tablet, liquid, and powder forms and is either ingested orally or smoked by applying the liquid form to tobacco or marijuana cigarettes or by lacing these and other cigarettes, sometimes containing herbs such as mint or parsley, with PCP powder.

The rate of PCP use is very low but may be rising among young adults. NHSDA data show that past year use of PCP among young adults aged 18–25 was 0.3 and 0.4 percent in 2000 and 2001, respectively. Among adults aged 26 and older NHSDA data show virtually no measurable past year PCP use (0.0%) in both years. MTF data indicate a very low rate of past year PCP use for young adults aged 19–28 as well, and the rate was statistically unchanged from 2000 to 2001 (0.3% to 0.6%).

The level of PCP use among adolescents is also low and may be declining. NHSDA data indicate that past year PCP use among those aged 12–17 held steady between 2000 and 2001 at 0.5 percent. According to MTF data, however, past year use of PCP for twelfth graders—the only group for which data are available—declined from 1.8 percent in 2001 to 1.1 percent in 2002, the lowest rate recorded in the last 12 years.

Despite the very low rates of PCP use, the consequences of that use have been increasing. DAWN data show an increase in the estimated number of ED mentions for PCP from 1999 (3,663), to 2000 (5,404), to 2001 (6,102). Moreover, CEWG reports that admissions to publicly funded treatment facilities for PCP use—while low—have increased, particularly in Los Angeles, Newark, and Texas.

According to DEA, African American gangs produce most of the PCP available in the United States in clandestine laboratories primarily in the Los Angeles area. State and local law enforcement agencies also report PCP production in the Gary, Indiana, and Buffalo, New York, areas. NCLSS data show that few PCP laboratories have been seized over the past several years: five PCP laboratories were seized in 1998 and 1999; four were seized in 2000 and 2001.

The African American gangs responsible for most production of PCP also control most wholesale distribution of the drug. PCP usually is transported from production sites to midlevel distributors via private vehicles and mail services. African American gangs control most retail distribution of PCP as well, distributing in markets such as Chicago, Houston, Los Angeles, New York, Philadelphia, and Washington, D.C.

Psilocybin

The availability of psilocybin mushrooms is limited to certain areas in the United States, primarily in the western and central United States. Of the DEA Field Divisions, only those in Boston and Denver reported psilocybin availability. Only seven HIDTAs reported psilocybin availability: the Northern California, Northwest, Oregon, and Rocky Mountain HIDTAs report the availability

of significant amounts of psilocybin, while the Milwaukee, New England, and New Mexico HIDTAs report that the drug is available but not in significant amounts. State and local law enforcement reporting further indicates that psilocybin mushrooms are encountered frequently in Alaska.

NDTS data show that 17.2 percent of state and local law enforcement agencies nationwide identify psilocybin availability as high or medium, while 52.0 percent indicate availability is low. Another 27.8 percent of state and local law enforcement agencies nationwide report that psilocybin is not available in their jurisdictions.

Most national-level drug prevalence and consequence studies do not measure psilocybin use. The NHSDA tracks lifetime use of psilocybin; however, data for reported age groups are mixed. Lifetime psilocybin use among young adults (18–25) declined from 11.4 percent in 1999 to 11.0 percent in 2000. Among adults 26 and older lifetime use trended upward from 6.0 percent to

6.3 percent over the same period. Similarly, among adolescents (12–17) lifetime use trended upward slightly between 1999 and 2000 (2.5% to 2.6%).

Law enforcement reporting indicates that psilocybin mushrooms are cultivated most frequently by independent growers in the Pacific region, particularly in Oregon and Washington, but agencies in California, Colorado, Maine, New Mexico, North Carolina, and South Dakota report psilocybin mushroom cultivation in their areas as well. Independent growers often cultivate psilocybin mushrooms indoors, increasingly from kits purchased via the Internet.

Most psilocybin mushrooms are transported from source areas to distributors in U.S. markets through mail services, in private vehicles and, occasionally, by couriers on commercial flights. Caucasian independent distributors conduct most retail psilocybin distribution, which occurs primarily in college areas.

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Pharmaceuticals

Pharmaceutical controlled substances, which include narcotics, depressants, and stimulants, are a growing drug threat to the country. Pharmaceutical controlled substances are commonly diverted through fraudulent prescriptions, unscrupulous physicians and pharmacists, and theft. The number of armed robberies of pharmacies has increased substantially over the past 2 years. These robberies have particularly targeted the Schedule II narcotic OxyContin, which commands a very high street value.

Diverted narcotics such as hydrocodone, oxycodone, and codeine are available in drug markets throughout the country, and this availability may be increasing. The overall demand for diverted narcotics is high and increasing, as are the consequences associated with their abuse.

Depressants, including benzodiazepines and barbiturates, are available and abused throughout the country to varying degrees. The abuse of depressants appears to be increasing, and abuse of the benzodiazepine Xanax in particular has increased notably in some eastern states.

The availability of diverted stimulants is increasing in most areas of the country, largely

because of sharp increases in stimulant prescriptions since 1990. And while reporting from law enforcement agencies indicates a rise in stimulant abuse, data from drug consequence studies show declines in ED mentions for stimulants.

NDTS data show that 2.7 percent of state and local law enforcement agencies nationwide identify diverted pharmaceuticals as their greatest drug threat. Regionally, more state and local law enforcement agencies in the Florida/Caribbean (6.9%), Mid-Atlantic (4.3%), Southeast (4.1%), Great Lakes (3.7%), and New England regions (2.8%) identify diverted pharmaceuticals as the greatest drug threat than do their counterparts in the New York/New Jersey (1.8%), Pacific (1.4%), Southwest (0.6%), and West Central regions (0.0%).

NDTS data further reveal that 70.0 percent of state and local law enforcement agencies nationwide identify the availability of diverted pharmaceuticals as high or medium, while 20.2 percent indicate availability is low. Just 7.1 percent of state and local law enforcement agencies nationwide report that diverted pharmaceuticals are not available in their jurisdictions.

Narcotics

Pharmaceutical narcotics are diverted and abused for the euphoric effects they produce. Narcotics such as hydrocodone, oxycodone, hydro-morphone, and codeine are available throughout the country, and law enforcement reports indicate that availability is increasing.

Hydrocodone is the most available and abused of the pharmaceutical narcotics. A semisynthetic opioid structurally related to codeine, hydrocodone

produces opiate-like effects similar to those of morphine. DEA reports that the diversion and abuse of hydrocodone drugs increased sharply since 1990, and DEA Field Divisions in Atlanta, Chicago, Dallas, Houston, Los Angeles, New Orleans, and San Francisco report that Vicodin, Lorcet, and Lortab are the most commonly encountered hydrocodone drugs in their areas. Moreover, data from the National Association of State Controlled Substance Authorities

(NASCSA) 2001 Survey indicate that, overall, hydrocodone—particularly Vicodin—is the most abused and diverted pharmaceutical in the 34 states surveyed.

The availability of diverted oxycodone drugs such as OxyContin, Percocet, and Percodan is rising. Reporting from most DEA Field Divisions, HIDTAs, and sources in Pulse Check sites indicates that the availability and abuse of oxycodone drugs, particularly OxyContin, are increasing in their areas. According to NASCSA, oxycodone is the second most abused and diverted pharmaceutical.

The abuse of OxyContin, a central nervous system depressant with heroin-like effects, is most prevalent in eastern states, particularly in the Mid-Atlantic and New England regions. Over the past year, however, abuse has spread to every region of the country. In many areas where increasing abuse of OxyContin has been reported, law enforcement agencies also have noted increased pharmacy thefts. Moreover, reporting from some HIDTAs and local law enforcement agencies in areas where OxyContin abuse emerged, such as western Pennsylvania and Maine, suggests that recent increases in heroin abuse may be due to OxyContin abusers switching to heroin. Not only is heroin less expensive but efforts to control the diversion of OxyContin may be reducing the availability of OxyContin in some areas. The use of heroin as a substitute for OxyContin has been reported in 12 of 20 Pulse Check sites.

Hydromorphone (Dilaudid) and codeine also are commonly diverted throughout the country, but they generally are abused less frequently than hydrocodone and oxycodone drugs. Six DEA Field Divisions (Dallas, Houston, Los Angeles, New York, San Francisco, and Seattle) and four HIDTAs (Atlanta, Houston, Milwaukee, and Washington/Baltimore) report the availability and abuse of codeine in their areas. The DEA Houston Field Division identifies increases specifically in the abuse of codeine cough syrups.

The demand for narcotics is high and appears to be increasing overall. The NHSDA reports that nearly 8.4 million people abused narcotics (pain relievers) in 2001—more than the number who

abused cocaine or heroin. Among individuals aged 12 and older the rate of past year nonmedical use of pain relievers increased significantly between 2000 and 2001 (2.9% to 3.7%), and in both years, the rates were higher than those for any other drug except marijuana. NHSDA data further show that the number of lifetime nonmedical OxyContin users escalated from 221,000 in 1999, to 399,000 in 2000, to 957,000 in 2001. According to MTF data, past year use of narcotics other than heroin increased significantly among young adults (19–28) from 4.1 percent in 2000 to 5.0 percent in 2001. In 2002 the MTF questioned students regarding use of Vicodin and OxyContin; because this is the first year such data were collected, there are no trend data. In 2002, 2.5 percent of eighth graders, 6.9 percent of tenth graders, and 9.6 percent of twelfth graders reported past year use of Vicodin, while 1.3, 3.0, and 4.0 percent of eighth, tenth, and twelfth graders, respectively, reported past year use of OxyContin.

The consequences associated with the abuse of narcotics are increasing as well. DAWN data show that between 2000 and 2001 the estimated number of ED mentions for hydrocodone drugs rose from 20,098 to 21,567, while those for oxycodone drugs increased significantly from 10,825 to 18,409 over the same period. DAWN data for hydromorphone were incomplete in both 2000 and 2001, while ED mentions for codeine declined during those years from 1,155 to 930.

According to TEDS data, admissions to publicly funded treatment facilities for abuse of narcotics other than heroin increased 41 percent from 1994 (15,436) to 1999 (21,758), when they accounted for 1 percent of all TEDS admissions. Much of this increase likely is due to an increase in the number of individuals seeking treatment for OxyContin abuse. The American Methadone Treatment Association reports an increase in the number of patients admitted to methadone treatment for OxyContin abuse. Moreover, treatment programs in Kentucky, Pennsylvania, and Virginia report that 50 to 90 percent of newly admitted patients in 2001 identified OxyContin as their primary drug of abuse.

Depressants

Pharmaceutical depressants—the most frequently prescribed of which are benzodiazepines and barbiturates—cause relaxation and reduced anxiety; thus, they often are used to treat anxiety and sleep disorders. Depressants are diverted and abused throughout the country to varying degrees. Law enforcement reporting indicates that while benzodiazepines such as alprazolam (Xanax) and diazepam (Valium) are widely available and abused in every region, the availability and abuse of barbiturates such as pentobarbital (Nembutal) and secobarbital (Seconal) are rarely reported. DEA Field Divisions and HIDTAs report that the availability and abuse of benzodiazepines, Xanax in particular, have increased in several areas of the country but primarily in eastern states and particularly in Florida. No DEA

Field Division or HIDTA reports significant availability or abuse of barbiturates.

The consequences of depressant abuse generally are rising. According to DAWN, the estimated number of ED mentions increased significantly for both benzodiazepines (91,078 to 103,972) and barbiturates (7,102 to 9,506) between 2000 and 2001. DAWN data show significant increases in ED mentions for alprazolam between 2000 and 2001 (+16.0%), 1999 and 2001 (+25.2%), and 1994 and 2001 (+49.4%). Likewise, TEDS data show the number of admissions to publicly funded treatment for abuse of benzodiazepines increased from 3,693 to 4,153, while the number of admissions for abuse of barbiturates decreased from 1,118 to 1,030 between 1998 and 1999.

Stimulants

Pharmaceutical stimulants increase alertness and energy and improve concentration; consequently, they are prescribed largely to treat attention deficit disorder (ADD), attention deficit hyperactivity disorder (ADHD), obesity, and narcolepsy. The availability of diverted pharmaceutical stimulants such as dextroamphetamine (Adderall and Dexedrine) and methylphenidate (Concerta, Metadate, Methylphenidate, and Ritalin) is increasing in most areas of the country. DEA and HIDTA reporting indicates that the diversion and abuse of stimulants—Ritalin and Adderall in particular—are increasing. Law enforcement reporting identifies college students as the most common abusers of stimulants, although others abuse stimulants as well. Adolescents, for example, often are identified as abusers of Ritalin.

A sharp rise in the number of prescriptions for Ritalin and Adderall appears to be contributing to

the increased availability of these drugs. According to DEA, approximately 2,000 prescriptions per year were written for methylphenidate (usually for Ritalin) before 1991. By 2000, this number had increased to approximately 11 million per year. The number of amphetamine prescriptions (usually for Adderall) also increased from approximately 1.3 million in 1996 to approximately 6 million in 1999.

Despite reports of increased availability, the abuse of stimulants and the consequences of that abuse appear to be declining. MTF data indicate that between 2001 and 2002 use of Ritalin declined for eighth (2.9% to 2.8%) and twelfth graders (5.1% to 4.0%) and held steady at 4.8 percent for tenth graders. According to DAWN data, ED mentions for methylphenidate declined between 2000 (1,487) and 2001 (1,279), continuing a general decrease since 1997.

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Money Laundering

The trafficking and abuse of illicit drugs—from cocaine to pharmaceuticals—generate enormous profits, and detecting and seizing the money and assets derived from drug trafficking are critical to U.S. counterdrug efforts. The actual dollar amount of money laundered in the United States from the proceeds of drug trafficking is unknown, although interagency estimates suggest that between \$100 billion and \$300 billion in U.S. currency is laundered annually.

Colombian and Mexican drug trafficking organizations are the primary drug money launderers in the United States. While these organizations are active throughout the country, Colombian money launderers are predominant in the Florida/Caribbean, Mid-Atlantic, New York/New Jersey, and Southeast regions, and Mexican money launderers dominate in the Great Lakes, Pacific, Southwest, and West Central regions. Dominican traffickers are prominent money launderers as well but primarily only in the Mid-Atlantic, New England, and New York/New Jersey regions. Drug money laundering activities typically are centered in large drug market areas, such as Los Angeles, Miami, and New York, and in areas where drugs and drug proceeds are transported to and from the United States, such as the Southwest Border area and San Juan, Puerto Rico.

Most drug transactions are conducted in cash and typically involve small denominations, that is, bills of \$20 and under. Thus drug trafficking organizations and criminal groups amass large volumes of bills that must be either smuggled to a foreign destination or placed into the U.S. financial system.

The bulk shipment of currency, as well as of monetary instruments such as money orders and checks, is a principal money laundering method

used by traffickers. Drug proceeds frequently are collected and stored at stash houses in primary market areas before being transported out of the country. Drug proceeds generated throughout the United States often are transported to cities near the U.S.–Mexico border and in the Southeast before being smuggled out of the country.

The smuggling of bulk cash and monetary instruments out of the United States occurs via private vehicles and aircraft; commercial trucks, buses, trains, and aircraft; air and maritime cargo; and couriers on foot. While use of this money laundering method is significant and avoids regulations associated with placing funds in the U.S. financial system, traffickers still launder billions of dollars in drug proceeds through the financial system using techniques of varying complexity.

Traffickers launder drug proceeds through money service businesses such as money remittance, money exchange, and check cashing firms. Money service businesses have been implicated in federal drug investigations for accepting and transferring drug proceeds on behalf of drug trafficking organizations, and the number of such businesses in several U.S. cities, including Atlanta, Chicago, and Philadelphia, has increased. According to Financial Crimes Enforcement Network estimates, in 1999 there were approximately 158,000 money service businesses transacting more than \$200 billion annually. In 2002 the estimated number of such businesses was raised to 200,000. An updated transaction total is not available.

Traffickers also introduce drug proceeds into the legitimate financial system by structuring currency transactions in amounts that fall under threshold reporting requirements (see discussion of the Bank Secrecy Act, this page). Traffickers also

place illicit funds in the U.S. financial system by commingling drug proceeds with funds generated at legitimate businesses, by purchasing real estate and vehicles, and by exploiting the gaming industry.

Traffickers employ a number of other techniques to launder their drug proceeds. Common methods include underground banking systems such as the Colombian Black Market Peso Exchange or the Asia-based Hawala system, trade-based schemes, and the services of fiduciaries such as lawyers, accountants, and securities brokers.

The smuggling of currency to foreign countries through mail services is another technique frequently used by traffickers to launder drug proceeds. Legislation granting the USCS the authority to conduct searches, without a warrant, of outbound USPS mail or parcels exceeding 16 ounces is contained in the Trade Act of 2002 that was signed into law by the President in August 2002. This new authority should greatly enhance the effectiveness of the USCS in preventing the smuggling of currency and monetary instruments through the mail.

In addition to the Trade Act of 2002, several other legislative and regulatory efforts have been enacted to help combat drug money laundering, such as the Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism (USA PATRIOT) Act. This Act, which was signed into law in October 2001, provides for wide-ranging reforms designed to stop the funding of terrorism, but these same reforms will also enhance efforts to combat drug money laundering. For example, the USA PATRIOT Act makes inbound and outbound smuggling of bulk cash a criminal offense for which the USCS has exclusive investigative jurisdiction. Other provisions of the Act include the following:

- Special due diligence for correspondent accounts and private banking accounts
- Prohibition on U.S. correspondent accounts with foreign shell banks
- Prohibitions relating to the use of concentration accounts to conceal the identity of the owner of the funds

- Amendments relating to the reporting of suspicious activities, including reporting of suspicious activities by securities brokers and dealers
- Enhancements to financial institutions' anti-money laundering programs
- Increased penalties for operating an unlicensed money transmitting business

The Foreign Narcotics Kingpin Designation Act was enacted to disrupt the financial activities of drug trafficking organizations and criminal groups. The Kingpin Act was signed into law in December 1999 as an amendment to the Intelligence Authorization Act for FY2000. Modeled after the Specially Designated Narcotics Traffickers program that sought to expose, isolate, and incapacitate the financial infrastructure of key Colombian drug trafficking organizations, the Kingpin Act provides for economic sanctions to be applied to significant foreign drug traffickers and their organizations located worldwide.

The Bank Secrecy Act of 1970 was designed to deter money laundering and the use of secret foreign bank accounts. It established regulatory reporting standards and requirements that, in essence, provide a framework for creating a paper trail for large financial transactions. Reports required under the Bank Secrecy Act include the Currency Transaction Report (CTR), required for cash transactions over \$10,000 conducted at financial institutions, and the Currency Transaction Report by Casinos (CTRC), required for deposits, withdrawals, exchanges of currency or gambling tokens or chips, or other payments or transfers over \$10,000 involving casinos. A Report of Cash Payments Over \$10,000 Received in Trade or Business (Form 8300) is required for cash amounts over \$10,000 received by business enterprises. A Report of Foreign Bank and Financial Accounts (FBAR) is required for foreign bank accounts with aggregate deposits above \$10,000 that are held by U.S. persons. A Report of International Transportation of Currency or Monetary Instruments (CMIR) is required for the physical transport of currency or bearer monetary instruments over \$10,000 into or out of the

United States. The Suspicious Activity Report (SAR) is another requirement of the Bank Secrecy Act. All financial institutions in the United States are required to complete this report for various suspicious transactions including those totaling \$5,000 or more that involve potential money laundering or violations of the Bank Secrecy Act.

Geographic Targeting Orders, which require money remitters to file weekly reports on all currency transactions over an arbitrary figure established by the U.S. Department of the Treasury, have been successful. In 1996 and 1997, for example, Geographic Targeting Orders were adopted requiring remittance agents in New York and Puerto Rico that specialized in wire transfers to Colombia and the Dominican Republic to report cash remittances of \$750 and above and to identify individuals completing these transactions. The Geographic Targeting Orders led to an immediate reduction in the amount of currency being wired to

Colombia and the Dominican Republic from money remitters in these targeted geographic areas, and more than 900 money transmitters ceased their activities as a result of these operations.

The 2002 Money Laundering Strategy calls for continued refinements to the High Intensity Money Laundering and Related Financial Crime Areas (HIFCAs) task forces. By November 2002, each HIFCA task force will have evaluated and identified ways in which to increase the participation of state and local law enforcement, regulatory, and prosecution agencies, which has proven to be particularly effective in fighting financial crimes in the past. The New York El Dorado Task Force, a HIDTA-funded financial crimes task force led by the USCS and Internal Revenue Service but comprising members of 29 federal, state, and local agencies, has seized \$425 million and arrested 1,500 individuals since its inception a decade ago. HIFCA task forces initiated more than 100 cases in 2001.

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Appendix A: National Drug Threat Survey 2002 Methodology

NDIC's National Drug Threat Survey (NDTS) 2002 was administered to a probability-based sample of state and local law enforcement agencies. The sample was designed to provide nationally and regionally representative data for use in the *National Drug Threat Assessment 2003*. Previous versions of the NDTS, conducted in 2000 and 2001, were targeted research projects based on nonprobability, purposive sampling plans that limited the generalization of results to only those agencies responding in a given year.

Survey Instrument

The NDTS 2002 questionnaire (OMB Number 1105-0071) was designed by NDIC. A thorough review of data and response patterns from previous versions of the NDTS was conducted to improve the accuracy of information obtained from respondents. Items in the survey were designed to assess the availability, abuse, overall threat, and past year change in the overall threat of all major drugs of abuse in the United States. Responding law enforcement agencies were asked to rank the greatest drug threats in their areas and to identify not only source cities for the powder cocaine, crack cocaine, heroin, methamphetamine, marijuana, and MDMA transported to their areas but also destination cities for these drugs transported out of their areas. The survey also solicited information on specific groups involved in the transportation, wholesale distribution, and retail sales of these drugs. Information on cultivation, production, and chemical procurement was solicited when applicable to specific drugs. The survey contained open-ended items that permitted responding agencies to provide detailed qualitative information on various aspects of the overall drug situation and the threat of specific drugs in their areas. Such information was used to substantiate and expand drug threat information obtained from other federal, state, and local law enforcement reporting used in the preparation of the *National Drug Threat Assessment 2003*.

Sample Design

The 2000 Census of State and Local Law Enforcement Agencies conducted by the U.S. Bureau of Justice Statistics was the basis for determining a sample frame from which to select law enforcement agencies to be surveyed for the NDTS 2002. After careful review of the more than 17,000 law enforcement agencies in the 2000 Census of State and Local Law Enforcement Agencies, a final sample frame of 7,932 state and local law enforcement agencies with drug law enforcement responsibilities was created. Municipal police departments from every state, including regional and county police departments with 10 or more sworn full time equivalent (FTE) employees, were retained for the sampling frame. County sheriff's offices with 10 or more sworn FTE employees were also retained for the sampling frame except those in six states where county sheriff's offices do not have drug law enforcement responsibilities. In the rest of the country, sheriff's offices were excluded if they did not indicate on the 2000 Census of State and Local Law Enforcement Agencies that they enforce drug laws. Campus police departments, constables, and special police agencies were excluded since most of these agencies, too, have limited or no drug investigation responsibilities. Tribal police departments, whose jurisdictions fall under federal authority, also were eliminated. State drug investigative agencies not in the 2000 Census of State and Local Law Enforcement Agencies were added to the sampling universe.

The sample frame of 7,932 state and local law enforcement agencies was stratified to include the following specific groups of state and local law enforcement agencies to ensure a thorough analysis of the domestic drug situation.

Municipal police departments (stratum 50) or county sheriff's offices (stratum 40) with 75 or more sworn FTE employees as reported in the 2000 Census of State and Local Law Enforcement Agencies were selected with certainty.

State police and state-level investigative agencies (stratum 10) were selected with certainty to provide information on the drug threat situation from a state perspective. State police agencies were obtained from the 2000 Census of State and Local Law Enforcement Agencies. Additional state-level investigative agencies were derived from previous NDTs sampling plans. Typically included for each state were the state police and lead drug enforcement agency, although this pattern varied in some states.

All U.S. members of the Major Cities Chiefs Association (stratum 20) were selected with certainty to ensure adequate assessment of the drug threat situation in major cities, which are the location of many of the primary drug markets in the United States. These agencies were in the 2000 Census of State and Local Law Enforcement Agencies and were identified in a stratum to enable detailed analysis of responses from these agencies by NDIC.

A final stratum selected with certainty comprises 26 municipal police departments and county sheriff's offices with jurisdictions that correspond to ports of entry located along the U.S.–Mexico border (stratum 30). These agencies were in the 2000 Census of State and Local Law Enforcement Agencies and were selected with certainty to allow for analysis of transportation and distribution information provided by agencies at these critical drug trafficking areas.

To ensure that regionally representative statements could be made about results obtained from the NDTs 2002, local law enforcement agencies were coded according to the nine OCDETF regions. Municipal police departments and county sheriff's offices with sworn FTE employees of 10 or more but fewer than 75, and meeting all the criteria discussed above, were included in these strata. These OCDETF regions were used as the noncertainty strata, and a Neyman allocation²¹ was used to allocate the noncertainty sample to the OCDETF region strata.

The actual sample, representing the sampling universe of 7,932 state and local law enforcement agencies, consisted of 3,002 agencies in 23 strata, 5 of which were certainty strata. A summary of the sample design is presented in Table A1, page 77.

Data Collection

NDIC verified the point of contact and mailing address for each law enforcement agency in the sample and mailed the surveys, which were accompanied by a cover letter from NDIC Director Michael T. Horn and a postage-paid return envelope. Field Program Specialists located throughout the country were responsible for follow-up contacts with sample agencies that were mailed a survey.

Of the 3,002 state and local law enforcement agencies in the actual sample, 383 had received the survey earlier in 2002 under a joint effort by NDIC and the HIDTA program that was designed to assist the HIDTAs in preparing their annual threat assessments. Copies of surveys completed by sample agencies under the joint NDIC–HIDTA effort were forwarded to NDIC. Lists of agencies that did not respond were given to Field Program Specialists for follow-up contact, and a second NDTs 2002 survey was either mailed or personally delivered to the nonresponding agency.

21. For more details on Neyman allocation, W.G. Cochran, "Stratified Random Sampling," Chapter 5 in *Sampling Techniques*, 3d ed. New York: John Wiley and Sons, 1977.

NDIC provided daily reports to help Field Program Specialists target nonresponding agencies, which were contacted by telephone, by letter, and in person. All responses were entered in the NDTs database designed and developed by NDIC.

Sample Adjustments

During the survey process, NDIC identified 21 state police and investigative agency records in the original sample as duplicates. Duplicate records were removed, modifying the number of state police and investigative agencies in the original sample file from 99 to 78. NDIC also identified five agencies as ineligible because they had merged with other law enforcement agencies during the period of administering the survey. Two of these agencies were large county sheriff's offices (stratum 40), one was a large county police department (stratum 50), one was a small county police department in the Florida/Caribbean OCDETF region (stratum 55), and one was a small county police department in the Great Lakes OCDETF region (stratum 56).

The original actual sample of 3,002 was corrected to an adjusted sample of 2,976 agencies in 23 strata, 5 of which were certainty strata.

To compensate for the deletion of the two ineligible records in noncertainty strata (stratum 55 and stratum 56) from the sample, a poststratification factor was calculated for the affected strata to correct the base weights for those strata. For all other strata, the poststratification factor is 1.0. The poststratification factors for all strata also are shown in Table 1.

Nonresponse Adjustment Factor

Of the 2,976 agencies in the adjusted sample, 2,386 agencies responded to the NDTs 2002 for an overall response rate of 80.17 percent. Table 2 on page 77 summarizes the response rates by OCDETF region. A nonresponse adjustment factor was applied to account for those agencies that did not respond to the survey.

The nonresponse adjustment factor for each stratum j is calculated as

$$\left(\begin{array}{l} \text{nonresponse} \\ \text{adjustment} \\ \text{factor } j \end{array} \right) = \frac{\sum_{\substack{\text{responding} \\ \text{agencies } j,k}} \left(\begin{array}{l} \text{base} \\ \text{weight} \end{array} \right) \times \left(\begin{array}{l} \text{poststratification} \\ \text{factor} \end{array} \right) + \sum_{\substack{\text{nonresponding} \\ \text{agencies } j,k}} \left(\begin{array}{l} \text{base} \\ \text{weight} \end{array} \right) \times \left(\begin{array}{l} \text{poststratification} \\ \text{factor} \end{array} \right)}{\sum_{\substack{\text{responding} \\ \text{agencies } j,k}} \left(\begin{array}{l} \text{base} \\ \text{weight} \end{array} \right) \times \left(\begin{array}{l} \text{poststratification} \\ \text{factor} \end{array} \right)}$$

where k represents either the k th responding or the k th nonresponding agency in stratum j .

The final weight for each responding agency is calculated as

$$\left(\begin{array}{l} \text{final} \\ \text{weight} \end{array} \right) = \left(\begin{array}{l} \text{base} \\ \text{weight} \end{array} \right) \times \left(\begin{array}{l} \text{poststratification} \\ \text{factor} \end{array} \right) \times \left(\begin{array}{l} \text{nonresponse} \\ \text{adjustment} \\ \text{factor} \end{array} \right)$$

Estimation Techniques

The final weight for each respondent was used to derive national and regional estimates for all applicable survey items (nominal and ordinal data questions). The final adjusted score was summed for each response category (for example, high, medium, and low) for each item, and the proportion of the final scores provided the national or regional estimate for that item. Some respondents did not answer all survey items. The item nonresponse rate ranged from 1.2 to 5.5 percent.

Nonsampling Error

Nonsampling error may affect NDTS 2002 data. Possible nonsampling errors include the following:

- ▶ Inability to obtain information about all agencies in the sample
- ▶ Varied interpretation of response categories (for example, high, medium, and low are defined differently by respondents)
- ▶ Inability or unwillingness of respondents to provide correct information
- ▶ Errors made in collection, coding, or processing of data
- ▶ Failure to represent all agencies within the sample (undercoverage)

Nonsampling error can increase the total error over the error resulting from sampling. Random nonsampling errors can increase the variability of data, while systemic nonsampling errors that are consistent in one direction can introduce bias into the results of a sample survey. NDIC used data collection, coding, and processing procedures designed to limit the effects of random nonsampling error on the NDTS 2002 data. No systemic nonsampling errors were identified.

Table A1. NDTs 2002 Sample Design (2,386 of 2,976 agencies responding)

Stratum description	Stratum code	Sample count	Total	Original base weight	Poststratification factor	Nonresponse adjustment factor	Final weight	
State police and investigative agencies	10	78	78	1.00000	1.00000	1.06849	1.06849	
Major City Chiefs Association member agencies	20	52	52	1.00000	1.00000	1.00000	1.00000	
Southwest Border POE agencies	30	26	26	1.00000	1.00000	1.36842	1.36842	
County sheriff's offices with drug enforcement responsibilities	75+ sworn FTE	40	380	380	1.00000	1.00000	1.25413	1.25413
	New England	41	7	30	4.28571	1.00000	1.16667	5.00001
	New York/New Jersey	42	8	37	4.62500	1.00000	1.00000	4.62500
	Mid-Atlantic	43	10	40	4.00000	1.00000	1.11111	4.44444
	Southeast	44	112	388	3.46429	1.00000	1.31765	4.56472
	Florida/Caribbean	45	8	26	3.25000	1.00000	1.60000	5.20000
	Great Lakes	46	100	391	3.91000	1.00000	1.85185	7.24073
	West Central	47	73	321	4.39726	1.00000	1.17742	5.17742
	Southwest	48	45	190	4.22222	1.00000	1.60714	6.78570
	Pacific	49	34	111	3.26471	1.00000	1.17241	3.82758
Municipal/county/regional police departments	75+ sworn FTE	50	770	770	1.00000	1.00000	1.17378	1.17378
	New England	51	124	478	3.85484	1.00000	1.05085	4.05086
	New York/New Jersey	52	155	590	3.80645	1.00000	1.17424	4.46969
	Mid-Atlantic	53	106	482	4.54717	1.00000	1.23256	5.60466
	Southeast	54	183	745	4.07104	1.00000	1.26207	5.13794
	Florida/Caribbean	55	43	166	3.79545	1.01713	1.22857	4.74285
	Great Lakes	56	304	1233	4.04590	1.00248	1.53535	6.22728
	West Central	57	137	564	4.11679	1.00000	1.23423	5.08107
	Southwest	58	134	498	3.71642	1.00000	1.44086	5.35484
	Pacific	59	87	336	3.86207	1.00000	1.10127	4.25318

Table A2. NDTs 2002 Response Rates by OCDETF Region

Region	Respondents	Sample size	Response rate
New England	206	216	95.37
New York/New Jersey	248	286	86.71
Mid-Atlantic	163	187	87.17
Southeast	419	537	78.03
Florida/Caribbean	125	151	82.78
Great Lakes	407	615	66.18
West Central	293	339	86.43
Southwest	288	386	74.61
Pacific	237	259	91.51

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Appendix B

Selected National Substance Abuse Indicators

Table B1. Percentage of NHSDA Respondents Reporting Use of Specific Drugs in Their Lifetime, by Age Group, 1997–2001

	1997	1998	1999 ^a	2000	2001
Cocaine					
12–17	3.0	2.2	2.4	2.4	2.3
18–25	8.9	10.0	11.9	10.9	13.0
26–34	18.4	17.1	17.8	15.1	15.9
35 & older	9.9	10.4	11.4	11.8	13.0
12 & older	10.5	10.6	11.5	11.2	12.3
Crack					
12–17	1.3	0.7	0.6	0.6	0.6
18–25	2.9	2.7	3.3	2.8	3.4
26–34	3.6	3.9	5.1	3.8	4.5
35 & older	1.4	1.7	2.3	2.2	2.6
12 & older	1.9	2.0	2.7	2.4	2.8
Methamphetamine					
12–17	1.2	0.6	1.4	1.3	1.4
18–25	2.3	2.6	5.2	4.1	5.1
26–34	2.7	2.6	5.4	4.8	4.4
35 & older	2.6	2.2	4.3	4.2	4.5
12 & older	2.5	2.1	4.3	4.0	4.3
Marijuana					
12–17	18.9	17.0	18.7	18.3	19.7
18–25	41.5	44.6	46.8	45.7	50.0
26–34	47.9	47.9	47.7	46.0	47.9
35 & older	29.4	29.4	31.5	31.6	34.5
12 & older	32.9	33.0	34.6	34.2	36.9
Heroin					
12–17	0.5	0.4	0.4	0.4	0.3
18–25	1.0	1.1	1.8	1.4	1.6
26–34	1.0	0.9	1.3	1.1	1.3
35 & older	1.0	1.3	1.5	1.4	1.5
12 & older	0.9	1.1	1.4	1.2	1.4

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, National Household Survey on Drug Abuse, 1997–2001.

Table B1. Percentage of NHSDA Respondents Reporting Use of Specific Drugs in Their Lifetime, by Age Group, 1997–2001

	1997	1998	1999 ^a	2000	2001
MDMA					
12–17	1.3	1.6	1.8	2.6	3.2
18–25	4.6	5.0	7.6	9.7	13.1
26–34	3.1	2.6	1.5 ^b	4.7	6.0
35 & older	0.5	0.5	—	1.1	1.1
12 & older	1.5	1.5	2.3	2.9	3.6
LSD					
12–17	5.2	4.2	3.8	3.6	3.1
18–25	13.2	14.0	14.7	14.0	15.3
26–34	11.8	10.6	12.4	11.8	12.6
35 & older	5.9	6.5	7.3	7.8	7.8
12 & older	7.8	7.9	8.7	8.8	9.0
PCP					
12–17	1.4	1.2	0.9	1.1	1.0
18–25	2.4	3.0	2.4	2.3	2.6
26–34	3.2	4.0	2.2	1.8	2.0
35 & older	3.3	3.9	3.0	3.1	3.1
12 & older	3.0	3.5	2.6	2.6	2.7

— Not available

^a Estimates for 1999 and later should not be compared to earlier NHSDA estimates because of major differences in the data collection methods used prior to 1999.^b In 1999 MDMA was reported in the NHSDA in four age groups: 12–17, 18–25, 26 & older, 12 & older.

Table B2. Percentage of NHSDA Respondents Reporting Use of Specific Drugs in the Past Year, by Age Group, 1997–2001

	1997	1998	1999 ^a	2000	2001 ^b
Cocaine					
12–17	2.2	1.7	1.6	1.7	1.5
18–25	3.9	4.7	5.2	4.4	5.7
26–34	3.1	2.7	2.4	2.1	2.7
35 & older	1.1	0.9	0.8	0.7	0.9
12 & older	1.9	1.7	1.7	1.5	1.9
Crack					
12–17	0.8	0.5	0.4	0.4	0.4
18–25	1.0	0.8	1.0	0.7	0.9
26–34	0.9	0.7	0.7	0.4	0.6
35 & older	0.4	0.3	0.3	0.2	0.3
12 & older	0.6	0.4	0.5	0.3	0.5
Methamphetamine					
12–17	—	—	0.7	0.8	0.8
18–25	—	—	1.5	1.2	1.7
26–34	—	—	0.5	0.5	0.7
35 & older	—	—	0.3	0.2	0.3
12 & older	—	—	0.5	0.5	0.6
Marijuana					
12–17	15.8	14.1	14.2	13.4	15.2
18–25	22.3	24.1	24.5	23.7	26.7
26–34	11.2	9.7	10.3	10.3	11.9
35 & older	4.4	4.1	4.0	3.8	4.1
12 & older	9.0	8.6	8.6	8.3	9.3
Heroin					
12–17	0.3	0.3	0.3	0.2	0.2
18–25	0.5	0.4	0.5	0.4	0.5
26–34	0.2	0.1	0.1	0.0	0.2
35 & older	0.2	*	0.1	0.1	0.1
12 & older	0.3	0.1	0.2	0.1	0.2

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, National Household Survey on Drug Abuse, 1997–2001.

Table B2. Percentage of NHSDA Respondents Reporting Use of Specific Drugs in the Past Year, by Age Group, 1997–2001

	1997	1998	1999 ^a	2000	2001 ^b
MDMA					
12–17	—	—	—	—	2.4
18–25	—	—	—	—	6.9
26–34	—	—	—	—	1.4
35 & older	—	—	—	—	0.1
12 & older	—	—	—	—	1.4
LSD					
12–17	2.9	2.6	2.4	2.2	1.9
18–25	3.7	3.4	4.0	3.4	3.3
26–34	0.5	0.3	0.3	0.4	0.4
35 & older	0.1	0.1	0.0	0.1	0.1
12 & older	0.9	0.8	0.9	0.8	0.7
PCP					
12–17	0.5	0.6	0.4	0.5	0.5
18–25	0.4	0.4	0.4	0.3	0.4
26–34	*	*	*	0.1	0.0
35 & older	0.1	0.1	0.0	0.0	*
12 & older	0.2	0.2	0.1	0.1	0.1

— Not available

* Low precision; no estimate reported

^a Estimates for 1999 and later should not be compared to earlier NHSDA estimates because of major differences in the data collection methods used prior to 1999.^b Estimates for 2001 for past year and past month use of hallucinogens (MDMA, LSD, PCP) should be compared to earlier estimates with caution because of changes to the NHSDA questionnaire in 2001.

Table B3. Percentage of NHSDA Respondents Reporting Use of Specific Drugs in the Past Month, by Age Group, 1997–2001

	1997	1998	1999 ^a	2000	2001 ^b
Cocaine					
12–17	1.0	0.8	0.5	0.6	0.4
18–25	1.2	2.0	1.7	1.4	1.9
26–34	0.9	1.2	1.2	0.8	1.1
35 & older	0.5	0.5	0.4	0.3	0.5
12 & older	0.7	0.8	0.7	0.5	0.7
Crack					
12–17	0.4	0.2	0.1	0.1	0.1
18–25	0.4	0.3	0.3	0.1	0.3
26–34	0.3	0.3	0.4	0.1	0.2
35 & older	0.2	0.1	0.1	0.1	0.2
12 & older	0.3	0.2	0.2	0.1	0.2
Methamphetamine					
12–17	—	—	0.2	0.3	0.2
18–25	—	—	0.5	0.3	0.7
26–34	—	—	0.2	0.2	0.4
35 & older	—	—	0.1	0.1	0.1
12 & older	—	—	0.2	0.2	0.3
Marijuana					
12–17	9.4	8.3	7.2	7.2	8.0
18–25	12.8	13.8	14.2	13.6	16.0
26–34	6.0	5.5	5.4	5.9	6.8
35 & older	2.6	2.5	2.2	2.3	2.4
12 & older	5.1	5.0	4.7	4.8	5.4
Heroin					
12–17	0.2	0.2	0.2	0.1	0.0
18–25	0.1	0.2	0.1	0.1	0.2
26–34	0.2	*	0.1	0.0	0.1
35 & older	0.2	*	0.0	0.1	0.0
12 & older	0.2	0.1	0.1	0.1	0.1

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, National Household Survey on Drug Abuse, 1997–2001.

Table B3. Percentage of NHSDA Respondents Reporting Use of Specific Drugs in the Past Month, by Age Group, 1997–2001

	1997	1998	1999 ^a	2000	2001 ^b
MDMA					
12–17	—	—	—	—	0.6
18–25	—	—	—	—	1.7
26–34	—	—	—	—	0.2
35 & older	—	—	—	—	0.0
12 & older	—	—	—	—	0.3
LSD					
12–17	0.7	0.8	0.6	0.5	0.4
18–25	1.0	1.2	1.0	0.8	0.6
26–34	0.1	0.0	0.0	0.1	0.0
35 & older	*	0.1	0.0	*	0.0
12 & older	0.2	0.3	0.2	0.2	0.1
PCP					
12–17	0.1	0.1	0.1	0.1	0.1
18–25	0.1	*	0.1	0.1	0.1
26–34	*	*	*	0.0	0.0
35 & older	0.1	*	*	0.0	*
12 & older	0.1	*	0.0	0.0	0.0

— Not available

* Low precision; no estimate reported

^a Estimates for 1999 and later should not be compared to earlier NHSDA estimates because of major differences in the data collection methods used prior to 1999.^b Estimates for 2001 for past year and past month use of hallucinogens (MDMA, LSD, PCP) should be compared to earlier estimates with caution because of changes to the NHSDA questionnaire in 2001.

Table B4. MTF: Trends in Lifetime Prevalence of Use of Various Drugs for Eighth, Tenth, and Twelfth Graders, 1998–2002 (%)

	1998	1999 ^a	2000	2001	2002
Cocaine					
8th Grade	3.7	3.8	3.5	3.3	2.8
10th Grade	6.4	6.8	6.0	5.0	5.2
12th Grade	8.4	8.8	7.7	7.4	7.0
Crack					
8th Grade	3.2	3.1	3.1	3.0	2.5
10th Grade	3.9	4.0	3.7	3.1	3.6
12th Grade	4.4	4.6	3.9	3.7	3.8
Methamphetamine					
8th Grade	—	4.5	4.2	4.4	3.5
10th Grade	—	7.3	6.9	6.4	6.1
12th Grade	—	8.2	7.9	6.9	6.7
Marijuana/Hashish					
8th Grade	22.2	22.0	20.3	20.4	19.2
10th Grade	39.6	40.9	40.3	40.1	38.7
12th Grade	49.1	49.7	48.8	49.0	47.8
Heroin					
8th Grade	2.3	2.3	1.9	1.7	1.6
10th Grade	2.3	2.3	2.2	1.7	1.8
12th Grade	2.0	2.0	2.4	1.8	1.7
MDMA					
8th Grade	2.7	2.7	4.3	5.2	4.3
10th Grade	5.1	6.0	7.3	8.0	6.6
12th Grade	5.8	8.0	11.0	11.7	10.5
LSD					
8th Grade	4.1	4.1	3.9	3.4	2.5
10th Grade	8.5	8.5	7.6	6.3	5.0
12th Grade	12.6	12.2	11.1	10.9	8.4
PCP					
8th Grade	—	—	—	—	—
10th Grade	—	—	—	—	—
12th Grade	3.9	3.4	3.4	3.5	3.1

Source: U.S. Department of Health and Human Services, National Institute on Drug Abuse, Monitoring the Future Study, 2002.

— Not available

Table B5. MTF: Trends in Past Year Prevalence of Use of Various Drugs for Eighth, Tenth, and Twelfth Graders, 1998–2002 (%)

	1998	1999 ^a	2000	2001	2002
Cocaine					
8th Grade	2.4	2.3	1.9	1.9	1.8
10th Grade	4.0	4.4	3.8	3.0	3.4
12th Grade	4.9	5.8	4.5	4.4	4.4
Crack					
8th Grade	2.1	1.8	1.8	1.7	1.6
10th Grade	2.5	2.4	2.2	1.8	2.3
12th Grade	2.5	2.7	2.2	2.1	2.3
Methamphetamine					
8th Grade	—	3.2	2.5	2.8	2.2
10th Grade	—	4.6	4.0	3.7	3.9
12th Grade	—	4.7	4.3	3.9	3.6
Marijuana/Hashish					
8th Grade	16.9	16.5	15.6	15.4	14.6
10th Grade	31.1	32.1	32.2	32.7	30.3
12th Grade	37.5	37.8	36.5	37.0	36.2
Heroin					
8th Grade	1.3	1.4	1.1	1.0	0.9
10th Grade	1.4	1.4	1.4	0.9	1.1
12th Grade	1.0	1.1	1.5	0.9	1.0
MDMA					
8th Grade	1.8	1.7	3.1	3.5	2.9
10th Grade	3.3	4.4	5.4	6.2	4.9
12th Grade	3.6	5.6	8.2	9.2	7.4
LSD					
8th Grade	2.8	2.4	2.4	2.2	1.5
10th Grade	5.9	6.0	5.1	4.1	2.6
12th Grade	7.6	8.1	6.6	6.6	3.5
PCP					
8th Grade	—	—	—	—	—
10th Grade	—	—	—	—	—
12th Grade	2.1	1.8	2.3	1.8	1.1

Source: U.S. Department of Health and Human Services, National Institute on Drug Abuse, Monitoring the Future Study, 2002.

— Not available

Table B6. MTF: Trends in Current Prevalence of Use of Various Drugs for Eighth, Tenth, and Twelfth Graders, 1998–2002 (%)

	1998	1999 ^a	2000	2001	2002
Cocaine					
8th Grade	1.0	1.1	0.9	0.9	0.8
10th Grade	1.8	1.6	1.6	1.2	1.3
12th Grade	2.0	2.5	1.7	1.8	1.9
Crack					
8th Grade	0.9	0.8	0.8	0.8	0.8
10th Grade	1.1	0.8	0.9	0.7	1.0
12th Grade	1.0	1.1	1.0	1.1	1.2
Methamphetamine					
8th Grade	—	1.1	0.8	1.3	1.1
10th Grade	—	1.8	2.0	1.5	1.8
12th Grade	—	1.7	1.9	1.5	1.7
Marijuana/Hashish					
8th Grade	9.7	9.7	9.1	9.2	8.3
10th Grade	18.7	19.4	19.7	19.8	17.8
12th Grade	22.8	23.1	21.6	22.4	21.5
Heroin					
8th Grade	0.6	0.6	0.5	0.6	0.5
10th Grade	0.7	0.7	0.5	0.3	0.5
12th Grade	0.5	0.5	0.7	0.4	0.5
MDMA					
8th Grade	0.9	0.8	1.4	1.8	1.4
10th Grade	1.3	1.8	2.6	2.6	1.8
12th Grade	1.5	2.5	3.6	2.8	2.4
LSD					
8th Grade	1.1	1.1	1.0	1.0	0.7
10th Grade	2.7	2.3	1.6	1.5	0.7
12th Grade	3.2	2.7	1.6	2.3	0.7
PCP					
8th Grade	—	—	—	—	—
10th Grade	—	—	—	—	—
12th Grade	1.0	0.8	0.9	0.5	0.4

Source: U.S. Department of Health and Human Services, National Institute on Drug Abuse, Monitoring the Future Study, 2002.

— Not available

Table B7. PRIDE: Percentage of Past Year Drug Use by Junior and Senior High School Students and Twelfth Graders, 1997–1998 through 2001–2002 School Years

	1997–1998	1998–1999	1999–2000	2000–2001	2001–2002
Cocaine					
Junior High	2.8	2.7	2.2	2.1	2.1
Senior High	6.0	6.1	5.3	5.5	5.1
12th Grade	7.9	8.0	7.1	7.9	7.1
Marijuana					
Junior High	12.5	11.0	9.2	9.3	8.3
Senior High	33.4	32.3	31.4	32.3	29.4
12th Grade	38.6	37.8	38.0	39.0	35.7
Heroin					
Junior High	2.1	1.9	1.6	1.6	1.5
Senior High	3.2	3.1	2.9	3.2	2.9
12th Grade	3.8	3.6	3.2	4.4	3.7

Source: Parents' Resource Institute for Drug Education 2001–2002, National Summary, Grades 6 through 12.

Table B8. PRIDE: Percentage of Current Year Drug Use by Junior and Senior High School Students and Twelfth Graders, 1997–1998 through 2001–2002 School Years

	1997–1998	1998–1999	1999–2000	2000–2001	2001–2002
Cocaine					
Junior High	1.6	1.5	1.3	1.2	1.3
Senior High	3.1	3.2	2.9	3.0	2.7
12th Grade	4.0	4.1	3.6	4.2	3.8
Marijuana					
Junior High	7.1	6.5	5.2	5.3	4.7
Senior High	20.8	20.3	19.3	20.5	18.5
12th Grade	23.6	23.1	23.4	24.2	21.9
Heroin					
Junior High	1.3	1.2	1.1	1.0	1.0
Senior High	1.9	2.0	1.9	2.1	1.8
12th Grade	2.3	2.4	2.1	2.8	2.4

Source: Parents' Resource Institute for Drug Education 2001–2002, National Summary, Grades 6 through 12.

Table B9. DAWN: Estimated Number of Emergency Department Drug Mentions and Mentions of Selected Drugs by Year, 1994–2001

	1994	1995	1996	1997	1998	1999	2000	2001
Total Mentions (All Drugs)	899,600	900,287	906,366	942,382	981,764	1,014,243	1,099,306	1,165,367
Drug Mentions (Specific Drugs)								
Cocaine	143,337	135,711	152,420	161,083	172,011	168,751	174,881	193,034
Methamphetamine	17,537	15,933	11,002	17,154	11,486	10,447	13,505	14,923
Marijuana	40,034	45,259	53,770	64,720	76,842	87,068	96,426	110,512
Heroin	63,158	69,556	72,980	70,712	75,668	82,192	94,804	93,064
MDMA	253	421	319	637	1,143	2,850	4,511	5,542
GHB ^a	56	145	638	762	1,282	3,178	4,969	3,340
Ketamine	19	–	81	–	209	396	263	679
Rohypnol	13	–	–	–	–	–	–	–
LSD	5,158	5,682	4,569	5,219	4,982	5,126	4,016	2,821
PCP	5,899	5,963	3,441	3,626	3,436	3,663	5,404	6,102
Hydrocodone drugs	9,320	9,686	11,419	11,570	13,611	15,252	20,098	21,567
Oxycodone drugs	4,069	3,393	3,190	5,012	5,211	6,429	10,825	18,409

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Drug Abuse Warning Network, 1994–2001.

^a Includes GHB and its precursor GBL

– Incomplete data

Table B10. Treatment Admissions and Admissions by Selected Primary Substances of Abuse TEDS 1994–1999

	1994	1995	1996	1997	1998	1999
Treatment Admissions (Total)	1,633,973	1,637,302	1,606,379	1,538,049	1,615,019	1,587,510
Primary Substance						
Cocaine	292,340	272,723	257,909	231,991	244,051	228,206
Smoked	216,688	203,221	190,969	171,201	178,973	166,501
Nonsmoked	75,652	69,502	66,940	60,790	65,078	61,705
Methamphetamine	33,407	47,837	41,014	53,559	56,456	57,834
Marijuana/hashish	142,633	171,381	193,236	199,926	218,483	223,597
Heroin	212,156	221,143	216,906	221,284	229,500	235,668

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set, 1994–1999.

Sources

Bureau of Alcohol, Tobacco and Firearms**Centers for Disease Control and Prevention**

Youth Risk Behavior Surveillance System

Central Intelligence Agency

Crime and Narcotics Center

Defense Intelligence Agency**Drug Enforcement Administration**

Atlanta Field Division

Boston Field Division

Caribbean Field Division

Chicago Field Division

Dallas Field Division

Denver Field Division

Detroit Field Division

El Paso Field Division

El Paso Intelligence Center

Houston Field Division

Los Angeles Field Division

Miami Field Division

New Orleans Field Division

New York Field Division

Newark Field Division

Office of Diversion Control

Philadelphia Field Division

Phoenix Field Division

San Diego Field Division

San Francisco Field Division

Seattle Field Division

Special Operations Division

St. Louis Field Division

Washington DC Field Division

Federal Bureau of Investigation

Albany Field Office

Albuquerque Field Office

Anchorage Field Office

Atlanta Field Office

Baltimore Field Office

Birmingham Field Office

Boston Field Office

Buffalo Field Office

Charlotte Field Office

Chicago Field Office

Cincinnati Field Office

Cleveland Field Office

Columbia Field Office

Criminal Justice Information Service

Dallas Field Office

Denver Field Office

Detroit Field Office

El Paso Field Office

Honolulu Field Office

Houston Field Office

Indianapolis Field Office

Jackson Field Office

Jacksonville Field Office

Kansas City Field Office

Knoxville Field Office

Las Vegas Field Office

Little Rock Field Office

Los Angeles Field Office

Louisville Field Office

Memphis Field Office

Milwaukee Field Office

Minneapolis Field Office

Mobile Field Office

Newark Field Office

New Haven Field Office

New Orleans Field Office

New York Field Office

Norfolk Field Office

North Miami Beach Field Office

Oklahoma City Field Office

Omaha Field Office

Philadelphia Field Office

Phoenix Field Office

Pittsburgh Field Office

Portland Field Office

Richmond Field Office

Sacramento Field Office

Salt Lake City Field Office

San Antonio Field Office

San Diego Field Office

San Francisco Field Office

San Juan Field Office

Seattle Field Office

Springfield Field Office

St. Louis Field Office

Strategic Intelligence and Analysis Unit

Tampa Field Office

Washington DC Field Office

Federal Bureau of Prisons

Financial Crimes Enforcement Network

High Intensity Drug Trafficking Areas

Appalachia
Atlanta
Central Florida
Central Valley California
Chicago
Gulf Coast
Hawaii
Houston
Lake County
Los Angeles
Midwest
Milwaukee
Nevada
New England
New York/New Jersey
North Florida

North Texas
Northern California
Northwest
Ohio
Oregon
Philadelphia/Camden
Puerto Rico/U.S. Virgin Islands
Rocky Mountain
South Florida
Southeast Michigan
Southwest Border
(Arizona Alliance Planning Committee, California
Border Alliance Group, New Mexico, South Texas,
and West Texas Partnerships)
Washington/Baltimore

Immigration and Naturalization Service

Internal Revenue Service

Narcotic Information Networks

HIDTA Bay Area Narcotic Information Network
Los Angeles County Criminal Information Clearinghouse
San Diego/Imperial County Regional Narcotic
Information Network

National Alliance of Gang Investigators Associations

National Institute on Drug Abuse

Community Epidemiology Work Group

Office of Justice Programs

Arrestee Drug Abuse Monitoring Program
Bureau of Justice Assistance
Regional Information Sharing Systems
Middle Atlantic-Great Lakes Organized Crime
Law Enforcement Network (MAGLOCLN)
Mid-States Organized Crime Information Center

New England State Police Information Network
Regional Organized Crime Information Center
Rocky Mountain Information Network
Western States Information Network

Office of National Drug Control Policy

Organized Crime Drug Enforcement Task Forces

Florida/Caribbean
Great Lakes
Mid-Atlantic
New England
New York/New Jersey

Pacific
Southeast
Southwest
West Central

Parents' Resource Institute for Drug Education

Royal Canadian Mounted Police

Substance Abuse and Mental Health Services Administration

Office of Applied Studies

United Nations International Narcotics Control Board

U.S. Attorneys' Offices

U.S. Border Patrol**U.S. Coast Guard****U.S. Customs Service****U.S. Department of Defense**

Joint Interagency Task Force-West

Joint Task Force-6

U.S. Department of the Interior**U.S. Department of State****U.S. Forest Service****U.S. General Accounting Office****U.S. Marshals Service****U.S. Postal Inspection Service****U.S. Sentencing Commission****National Drug Threat Survey Respondents****Alabama**

Alabama Department of Public Safety	Hoover Police Department
Auburn Police Department	Hueytown Police Department
Baldwin County Sheriff	Huntsville Police Department
Barbour County Sheriff	Jasper Police Department
Bay Minette Police Department	Jefferson County Sheriff
Bessemer Police Department	Luverne Police Department
Birmingham Police Department	Madison County Sheriff
Blount County Sheriff	Marshall County Sheriff
Calera Police Department	Mobile County Sheriff
Calhoun-Cleburne County Drug and Violent Crime Task Force	Mobile Police Department
Central Alabama Drug Task Force	Monroeville Police Department
Chambers County Sheriff	Montgomery County Sheriff
Chickasaw Police Department	Montgomery Police Department
Colbert County Drug Task Force	Morgan County Sheriff
Dadeville Police Department	Mountain Brook Police Department
Dale County Sheriff	Opelika Police Department
DeKalb County Drug Task Force	Ozark Police Department
Decatur Police Department	Piedmont Police Department
Dothan Police Department	Rainsville Police Department
Elba Police Department	Russellville Police Department
Escambia County Sheriff	Shelby County Sheriff
Eufaula Police Department	Talladega County Sheriff
Fayette County Sheriff	Talladega Police Department
Florence Police Department	Tallapoosa County Narcotics Task Force
Foley Police Department	Tarrant Police Department
Gadsden Police Department	Tuscaloosa County Sheriff
Geneva County Sheriff Drug Task Force	Tuscaloosa Metro Drug Enforcement Task Force
Greenville Police Department	Valley Police Department
Guntersville Police Department	Walker County Sheriff
Hartselle Police Department	Warrior Police Department
Helena Police Department	Winston County Sheriff

Alaska

Alaska State Troopers	Kenai Police Department
Anchorage Police Department	Valdez Police Department
Juneau Police Department	Wasilla Police Department

National Drug Threat Assessment 2003

Arizona

Arizona Department of Public Safety Highway Patrol Division	Peoria Police Department
Chandler Police Department Narcotics Unit	Phoenix Police Department
Cochise County Border Alliance Group Task Force	Pima County Sheriff
El Mirage Police Department	Pinal County Sheriff
Gilbert Police Department	Safford Police Department
Graham County Sheriff	Scottsdale Police Department
Marana Police Department	Snowflake-Taylor Police Department
Maricopa County Sheriff	South Tucson Police Department
Mesa Police Department	Southwest Border Alliance Narcotics Task Force
Metropolitan Area Narcotics Trafficking Interdiction Squads	Surprise Police Department
Multi-Agency Surveillance Team	Tempe Police Department
Nogales Police Department	Tucson Police Department
Northern Arizona Street Crimes Task Force	Yavapai County Sheriff
Oro Valley Police Department	Yuma County Sheriff
	Yuma Police Department

Arkansas

4th Judicial District Drug Task Force	Little Rock Police Department Narcotics Division
Arkansas County Sheriff	Morrilton Police Department
Arkansas State Police Criminal Investigation Division	Pine Bluff Police Department
Conway Police Department	Poinsett County Sheriff
El Dorado Police Department	Polk County Sheriff
Fayetteville Police Department	Pulaski County Sheriff
Franklin County Sheriff	Searcy Police Department
Ft. Smith Police Department Narcotics Division	Siloam Springs Police Department
Garland County Sheriff Criminal Investigation Division	Springdale Police Department
Greenwood Police Department	Stuttgart Police Department
Hot Springs Police Department	Texarkana Police Department Criminal Investigation Division
Jonesboro Police Department	Washington County Sheriff
	West Memphis Police Department Narcotics Division

California

Alameda County Sheriff	California Department of Justice Bureau of Narcotic Enforcement
Alameda Police Department	California Highway Patrol
Albany Police Department	Carlsbad Police Department
Alhambra Police Department	Chico Police Department
Anaheim Police Department	Chino Police Department
Antioch Police Department	Chula Vista Police Department
Arcata Police Department	Claremont Police Department
Arroyo Grande Police Department	Clovis Police Department
Auburn Police Department	Concord Police Department
Bakersfield Police Department	Contra Costa County Sheriff
Baldwin Park Police Department	Corcoran Police Department
Banning Police Department	Corning Police Department
Berkeley Police Department	Corona Police Department
Beverly Hills Police Department	Coronado Police Department
Bishop Police Department	Costa Mesa Police Department
Brea Police Department	Culver City Police Department
Brisbane Police Department	Cypress Police Department
Buena Park Police Department	Daly City Police Department
Burbank Police Department	Downey Police Department
Butte County Sheriff	El Cajon Police Department
Calaveras County Sheriff	El Dorado County Sheriff
Calexico Police Department	

El Monte Police Department	Montebello Police Department
Escondido Police Department	Monterey County Sheriff
Eureka Police Department	Monterey Park Police Department
Fairfield Police Department	Mountain View Police Department
Fontana Police Department	Napa County Sheriff
Fremont Police Department	Napa Police Department
Fresno County Sheriff	National City Police Department
Narcotics Unit	Nevada County Sheriff
Fresno Police Department	Newman Police Department
Fullerton Police Department	Newport Beach Police Department
Garden Grove Police Department	Oakland Police Department
Gardena Police Department	Oceanside Police Department
Glendale Police Department	Ontario Police Department
Greenfield Police Department	Orange Police Department
Gridley Police Department	Orland Police Department
Hanford Police Department	Oxnard Police Department
Hawthorne Police Department	Pacific Grove Police Department
Hayward Police Department	Palo Alto Police Department
Hemet Police Department	Palm Springs Police Department
Hollister Police Department	Palos Verdes Estates Police Department
Humboldt County Sheriff	Pasadena Police Department
Huntington Beach Police Department	Pinole Police Department
Imperial County Narcotics Task Force	Pismo Beach Police Department
Imperial County Sheriff	Pittsburg Police Department
Imperial Police Department	Placentia Police Department
Imperial Valley Street Interdiction Team	Placer County Sheriff
Indio Police Department	Pleasant Hill Police Department
Inglewood Police Department	Pleasanton Police Department
Inland Crackdown Allied Task Force	Plumas County Sheriff
Inland Regional Narcotics Enforcement Team	Pomona Police Department
Irvine Police Department	Redlands Police Department
Inyo Narcotic Enforcement Team	Redondo Beach Police Department
Kern County Sheriff	Redwood City Police Department
Kings County Sheriff	Rialto Police Department
La Habra Police Department	Richmond Police Department
La Mesa Police Department	Riverside Police Department
La Palma Police Department	Riverside County Sheriff
Lake County Sheriff	Rohnert Park Department of Public Safety
Lincoln Police Department	Roseville Police Department
Livermore Police Department	Sacramento County Sheriff
Lodi Police Department	Sacramento Police Department
Long Beach Police Department	Salinas Police Department
Los Angeles County Sheriff	San Bernardino County Sheriff
Los Angeles Police Department	San Bernardino Police Department
Madera County Narcotic Enforcement Team	San Diego County Sheriff
Manhattan Beach Police Department	San Diego Police Department
Marin County Major Crimes Task Force	San Francisco Police Department
Marin County Sheriff	San Joaquin County Sheriff
Mariposa County Sheriff	San Jose Police Department
Martinez Police Department	San Leandro Police Department
Marysville Police Department	San Luis Obispo County Sheriff
Menlo Park Police Department	San Mateo County Narcotics Task Force
Merced County Sheriff	San Mateo County Sheriff
Merced Police Department	Sanger Police Department
Mill Valley Police Department	Santa Ana Police Department
Millbrae Police Department	Santa Barbara County Sheriff
Milpitas Police Department	Santa Barbara Police Department
Modesto Police Department	Santa Clara Police Department
Modoc County Sheriff	Santa Cruz County Sheriff
Montclair Police Department	Santa Cruz Police Department

National Drug Threat Assessment 2003

Santa Maria Police Department
Santa Monica Police Department
Santa Paula Police Department
Santa Rosa Police Department
Seaside Police Department
Shasta Interagency Narcotic Task Force
Sierra Madre Police Department
Simi Valley Police Department
Solano County Sheriff
Sonoma County Sheriff Narcotics Task Force
Sonoma Police Department
South Gate Police Department
South San Francisco Police Department
Southern Alameda County Gang Violence Suppression Task Force
Southern Alameda County Narcotics Enforcement Team
Southern California Drug Task Force
Stanislaus Drug Enforcement Agency
Stockton Police Department
Suisun City Police Department
Sunnyvale Department of Public Safety

Tehama and Glenn Methamphetamine Enforcement Team
Torrance Police Department
Trinity County Sheriff
Tulare Police Department
Tuolumne County Sheriff
Tustin Police Department
Twin Cities Police Department
Upland Police Department
Vacaville Police Department
Vallejo Police Department
Ventura County Sheriff
Ventura Police Department
Visalia Police Department
Walnut Creek Police Department
West Contra Costa County Narcotic Enforcement Team
West Covina Police Department
West Sacramento Police Department
Westminster Police Department
Whittier Police Department
Winters Police Department
Yuba-Sutter Narcotic Enforcement Team

Colorado

Adams County Sheriff
Arapahoe County Sheriff
Arvada Police Department
Aurora Police Department
Basalt Police Department
Boulder County Sheriff
Boulder Police Department
Broomfield Police Department
Canon City Police Department
Cherry Hills Police Department
Colorado Springs Police Department
Metro Vice & Narcotics and Intelligence Unit
Colorado State Patrol
Investigative Services Section
Commerce City Police Department
Craig Police Department
Cripple Creek Police Department
Denver Police Department
Douglas County Sheriff
El Paso County Sheriff
Englewood Department of Safety Services
Erie Police Department
Fountain Police Department
Fremont County Sheriff
Front Range Task Force
Fruita Police Department
Ft. Collins Police Services
Glenwood Springs Police Department
Golden Police Department
Grand Junction Police Department
Grand Valley Joint Drug Task Force

Grand, Routt & Moffat Narcotics Enforcement Team
Greeley Police Department
Gunnison County Sheriff
Jefferson County Sheriff
La Junta Police Department
La Plata County Sheriff
Lakewood Police Department
Larimer County Drug Task Force
Larimer County Sheriff
Las Animas County Sheriff
Littleton Police Department
Longmont Police Department
Mesa County Sheriff
Metro Gang Task Force
Monte Vista Police Department
Morgan County Sheriff
North Metro Task Force
Park County Sheriff
Pueblo County Sheriff
Pueblo Police Department
San Miguel County Sheriff
Silverthorne Police Department
South Metro Drug Task Force
Southwest Drug Task Force
Thornton Police Department
Two Rivers Drug Enforcement Team
Weld County Drug Task Force
Weld County Sheriff
West Metro Drug Task Force
Westminster Police Department

Connecticut

Bethel Police Department
Bridgeport Police Department
Bristol Police Department
Cheshire Police Department

Connecticut State Police
Statewide Narcotics Task Force
Danbury Police Department

East Central Narcotics Task Force
 Manchester Police Department
 South Windsor Police Department
 East Hartford Police Department
 East Windsor Police Department
 Enfield Police Department
 Fairfield Police Department
 Glastonbury Police Department
 Greenwich Police Department
 Hamden Police Department
 Hartford Police Department
 Madison Police Department
 Meriden Police Department
 Middlebury Police Department
 Middletown Police Department
 Milford Police Department
 Naugatuck Police Department
 New Britain Police Department
 New Haven Police Department

New London Police Department
 Newington Police Department
 North Branford Police Department
 Norwalk Police Department
 Norwich Police Department
 Orange Police Department
 Plainville Police Department
 Portland Police Department
 Southbury Police Department
 Stamford Police Department
 Stratford Police Department
 Torrington Police Department
 Waterbury Police Department
 Waterford Police Department
 West Hartford Police Department
 West Haven Police Department
 Westport Police Department
 Willimantic Police Department
 Windsor Locks Police Department

Delaware

Delaware State Police
 Troop 9
 Dover Police Department

Milford Police Department
 New Castle County Police Department
 Wilmington Police Department

District of Columbia

Metropolitan Police Department

Florida

Alachua County Sheriff
 Atlantis Police Department
 Aventura Police Department
 Baker County Sheriff
 Bal Harbour Police Department
 Boca Raton Police Department
 Boynton Beach Police Department
 Bradenton Police Department
 Bradford County Sheriff
 Broward County Sheriff
 Bunnell Police Department
 Cape Coral Police Department
 Casselberry Police Department
 Central Florida Heroin Task Force
 Central Florida Methamphetamine Task Force
 Charlotte County Sheriff
 Citrus County Sheriff
 Clay County Sheriff
 Clearwater Police Department
 Clewiston Police Department
 Collier County Sheriff
 Columbia County Sheriff
 Coral Gables Police Department
 Coral Springs Police Department
 Davie Police Department
 Daytona Beach Police Department
 Delray Beach Police Department
 Edgewood Police Department
 Escambia County Sheriff
 Fernandina Beach Police Department
 Flagler County Sheriff

Florida Department of Law Enforcement
 Jacksonville Regional Operations Center
 Miami Regional Operations Center
 Orlando Regional Operations Center
 Pensacola Regional Operations Center
 St. Augustine Field Office
 Florida Fish and Wildlife Conservation Commission
 Florida Highway Patrol
 Troop E Miami
 Troop G Jacksonville
 Franklin County Sheriff
 Frostproof Police Department
 Ft. Lauderdale Police Department
 Ft. Meade Police Department
 Ft. Myers Police Department
 Ft. Pierce Police Department
 Gainesville Police Department
 Gilchrist County Sheriff
 Glades County Sheriff
 Green Cove Springs Police Department
 Gulf County Sheriff
 Haines City Police Department
 Hallandale Beach Police Department
 Hernando County Sheriff
 Hialeah Police Department
 Highland Beach Police Department
 Highlands County Sheriff
 Hillsborough County Sheriff
 Holly Hill Police Department
 Hollywood Police Department
 South Broward Drug Enforcement Unit

Holmes Beach Police Department
Homestead Police Department
Indianalantic Police Department
Indian Creek Public Safety Department
Indian Harbour Beach Police Department
Indian River County Sheriff
Jacksonville Sheriff
Key West Police Department
Kissimmee Police Department
Lake County Sheriff
Lake Placid Police Department
Lake Wales Police Department
Lake Worth Police Department
Lakeland Police Department
Lauderhill Police Department
Leesburg Police Department
Leon County Sheriff
Levy County Sheriff
Lighthouse Point Police Department
Live Oak Police Department
Lynn Haven Police Department
Maitland Police Department
Margate Police Department
Marion County Sheriff
Melbourne Police Department
Metropolitan Bureau of Investigations
Miami Police Department
Miami Beach Police Department
Miami-Dade Police Department
Miami Shores Police Department
Miami Springs Police Department
Miramar Police Department
Monroe County Sheriff
Monticello Police Department
Mount Dora Police Department
Naples Police Department
Nassau County Sheriff
Neptune Beach Police Department
New Port Richey Police Department
New Smyrna Beach Police Department
North Miami Beach Police Department
North Miami Police Department
Ocala Police Department
Okaloosa County Sheriff
Okeechobee County Sheriff
Orange City Police Department
Orange County Sheriff

Orlando Police Department
Osceola County Sheriff
Palm Beach County Sheriff
Palm Beach Gardens Police Department
Palm Beach Police Department
Palm Springs Department of Public Safety
Pasco County Sheriff
Pembroke Pines Police Department
Pinellas County Sheriff HIDTA Task Force
Pinellas Park Police Department
Plantation Police Department
Polk County Sheriff
Ponce Inlet Police Department
Port Orange Police Department
Port Richey Police Department
Port St. Lucie Police Department
Punta Gorda Police Department
Putnam County Sheriff
Riviera Beach Police Department
Sanford Police Department
Sarasota County Sheriff
Sarasota Police Department
Strategic Narcotics Section
Sebastian Police Department
Seminole County Sheriff
St. Augustine Police Department
St. Johns County Sheriff
St. Lucie County Sheriff
St. Petersburg Beach Police Department
St. Petersburg Police Department
Stuart Police Department
Sumter County Sheriff
Sunrise Police Department
Tallahassee Police Department
Tampa Police Department
Titusville Police Department
University of Florida Police Department
University of North Florida Police Department
Vero Beach Police Department
Volusia County Sheriff
Washington County Sheriff
Wauchula Police Department
West Palm Beach Police Department
Williston Police Department
Winter Park Police Department
Zephyrhills Police Department

Georgia

Albany Police Department
Albany-Dougherty Drug Unit
Athens-Clarke County Sheriff
Atlanta Police Department
Auburn Police Department
Barnesville Police Department
Bartow County Sheriff
Ben Hill County Sheriff
Berrien County Sheriff
Bibb County Sheriff
Blakely Police Department

Bloomingdale Police Department
Brunswick Police Department
Bryan County Sheriff
Burke County Sheriff
Cairo Police Department
Cedartown Police Department
Chatham-Savannah Counter Narcotics Team
Clayton County Sheriff
Cobb County Police Department
Marietta-Cobb-Smyrna Narcotics Unit
Cobb County Sheriff

College Park Police Department	Laurens County Sheriff
Columbia County Sheriff	Lee County Sheriff
Columbus Police Department	Lowndes County Sheriff
Cordele Police Department	Lumpkin County Sheriff
Covington Police Department	Macon County Sheriff
Crawford County Sheriff	Macon Police Department
Crisp County Sheriff	Madison Police Department
Dalton Police Department	Marietta Police Department
Dawson Police Department	Meriwether County Sheriff
DeKalb County Police Department	Monroe Police Department
Douglas County Sheriff	Muscogee County Sheriff
Douglas Police Department	Newton County Sheriff
Early County Department of Public Safety	Norcross Police Department
East Metro Drug Enforcement Team	Paulding County Sheriff
East Point Police Department	Pelham Police Department
Elbert County Sheriff	Pike County Sheriff
Fayette County Sheriff	Port Wentworth Police Department
Floyd County Police Department	Richmond County Sheriff
Forsyth County Sheriff	Rockdale County Sheriff
Forsyth Police Department	Rockmart Police Department
Fulton County Police Department	Rome Police Department
Gainesville Police Department	Screven County Sheriff
Georgia State Patrol	Smyrna Police Department
Glynn County Police Department	Snellville Police Department
Greene County Sheriff	Statesboro Police Department
Grovetown Department of Public Safety	Stephens County Sheriff
Gwinnett County Police Department	Summerville Police Department
Hall County Sheriff	Tifton Police Department
Harris County Sheriff	Troup County Sheriff
Hawkinsville Police Department	Tyrone Police Department
Henry County Sheriff	Union City Police Department
Houston County Sheriff	Valdosta Police Department
Jackson Police Department	Vidalia Police Department
Jefferson County Sheriff	Walton County Sheriff
Jefferson Police Department	Warner Robins Police Department
Jesup Police Department	Washington County Sheriff
Jonesboro Police Department	Waynesboro Police Department
La Grange Police Department	Whitfield County Sheriff
Lamar County Sheriff	

Guam

Government of Guam
 Customs and Quarantine Agency

Hawaii

Hawaii County Police Department	Honolulu Police Department
Hawaii Department of Public Safety	Kauai Police Department
Narcotics Enforcement Division	Maui Police Department

Idaho

Ada County Sheriff	Idaho State Police
Boise Police Department	Jerome Police Department
Bonner County Sheriff	Minidoka County Sheriff
Cassia County Sheriff	Moscow Police Department
Clearwater County Sheriff	Oneida County Sheriff
Emmett Police Department	Pocatello Police Department
Garden City Police Department	Twin Falls Police Department
Idaho County Sheriff	Weiser Police Department
Idaho Falls Police Department	

Illinois

- Antioch Police Department
- Arlington Heights Police Department
- Aurora Police Department
- Bannockburn Police Department
- Barrington Hills Police Department
- Bedford Park Police Department
- Bensenville Police Department
- Berwyn Police Department
- Bloomington Police Department
- Blue Island Police Department
- Bridgeview Police Department
- Broadview Police Department
- Brookfield Police Department
- Buffalo Grove Police Department
- Burbank Police Department
- Calumet Park Police Department
- Calumet Park Police Department
- Canton Police Department
- Champaign Police Department
- Channahon Police Department
- Charleston Police Department
- Chatham Police Department
- Chicago Police Department
 - Narcotic and Gang Investigation Section
- Cicero Police Department
- Clinton County Sheriff
- Colona Police Department
- Comit Drug Task Force
- Cook County Sheriff
 - Cook County Sheriff's Police Department
 - North Suburban Initiative
 - South Suburban Initiative
- Country Club Hills Police Department
- Countryside Police Department
- Decatur Police Department
- Des Plaines Police Department
- DeWitt County Sheriff
- Dixon Police Department
- DuPage County Sheriff
- East Hazel Crest Police Department
- East Peoria Police Department
- Effingham City-County Special Operations Group
- Elgin Police Department
- Evanston Police Department
- Evergreen Park Police Department
- Fairfield Police Department
- Flossmoor Police Department
- Forest Park Police Department
- Forest View Police Department
- Freeport Police Department
- Fulton County Sheriff
- Glenwood Police Department
- Granite City Police Department
- Gurnee Police Department
- Hanover Park Police Department
- Harvey Police Department
- Harwood Heights Police Department
- Henderson County Sheriff
- Hillside Police Department
- Hoffman Estates Police Department
- Homewood Police Department
- Hoopeston Police Department
- Illinois State Police
- Jefferson County Sheriff
- Joliet Police Department
- Justice Police Department
- Kane County Sheriff
- Kendall County Cooperative Police Assistance Team
- LaGrange Park Police Department
- Lansing Police Department
- Lemont Police Department
- Libertyville Police Department
- Lincoln Police Department
- Lincolnwood Police Department
- Lynwood Police Department
- Lyons Police Department
- McHenry Police Department
- McHenry County Sheriff
- Melrose Park Police Department
- Mendota Police Department
- Morris Police Department
- Morton Grove Police Department
- Mount Prospect Police Department
- Murphysboro Police Department
- Naperville Police Department
- Norridge Police Department
- Northbrook Police Department
- Northfield Police Department
- Oak Lawn Police Department
- Oak Park Police Department
- Orland Park Police Department
- Palatine Police Department
- Paris Police Department
- Park Forest Police Department
- Peru Police Department
- Phoenix Police Department
- Posen Police Department
- Rantoul Police Department
- River Grove Police Department
- River Forest Police Department
- Robinson Police Department
- Rockford Police Department
- Rolling Meadows Police Department
- Romeoville Police Department
- Roselle Police Department
- Round Lake Beach Police Department
- Sangamon County Sheriff
- Schaumburg Police Department
- Schiller Park Police Department
- Skokie Police Department
- South Barrington Police Department
- South Holland Police Department
- Sparta Police Department
- Springfield Police Department
- Steger Police Department
- Stickney Police Department
- Streamwood Police Department
- Tinley Park Police Department

Washington Police Department
 Waterloo Police Department
 Waukegan Police Department
 Westchester Police Department
 Western Springs Police Department
 Wheaton Police Department
 Wheeling Police Department

Will County Gang Suppression Unit
 Winnetka Police Department
 Winthrop Harbor Police Department
 Wood Dale Police Department
 Worth Police Department
 Yorkville Police Department
 Zion Police Department

Indiana

Allen County Sheriff
 Avon Police Department
 Bartholomew County Sheriff
 Bloomington Police Department
 Brownsburg Police Department
 Burns Harbor Police Department
 Carmel Police Department
 Charlestown Police Department
 Columbus Police Department
 East Chicago Police Department
 Evansville Police Department
 Fayette County Sheriff
 Fort Wayne Police Department
 Garrett Police Department
 Gary Police Department
 Griffith Police Department
 Indiana State Police
 Indianapolis Police Department
 Jasper County Sheriff
 Johnson County Sheriff
 Kendallville Police Department
 Lafayette Police Department
 Lake County Drug Task Force

Lake County Sheriff
 Madison County Drug Task Force
 Marion County Sheriff
 Merrillville Police Department
 Michigan City Police Department
 Mishawaka Police Department
 Monroe County Sheriff
 Morgan County Sheriff
 New Castle Police Department
 Plymouth Police Department
 Portage Police Department
 Porter County Sheriff
 Randolph County Sheriff
 Richmond Police Department
 South Bend Police Department
 Union County Sheriff
 Valparaiso Police Department
 Vanderburgh County Sheriff
 Wabash Police Department
 Washington Police Department
 Whiting Police Department
 Winchester Police Department

Iowa

Bettendorf Police Department
 Black Hawk County Sheriff
 Boone Police Department
 Buchanan County Sheriff
 Cedar Rapids Police Department
 Cherokee Police Department
 Clarinda Police Department
 Council Bluffs Police Department
 Davenport Police Department
 Delaware County Sheriff
 Denison Police Department
 Des Moines Police Department
 Dubuque Police Department
 Grundy County Sheriff
 Iowa City Police Department
 Iowa Department of Public Safety
 Intelligence Bureau
 Johnson County Sheriff
 Johnston Police Department

Lee County Narcotics Task Force
 Linn County Sheriff
 Marion Police Department
 Mid-Iowa Drug Task Force
 Muscatine County Drug Task Force
 Newton Police Department
 O'Brien County Sheriff
 Oelwein Police Department
 Osceola County Sheriff
 Polk County Sheriff
 Shenandoah Police Department
 Sioux City Police Department
 South Central Iowa Drug Task Force
 Spencer Police Department
 Urbandale Police Department
 Waterloo Police Department
 Webster City Police Department
 Webster County Sheriff
 Woodbury County Sheriff

Kansas

Abilene Police Department
 Chanute Police Department
 Cloud County Sheriff
 Coffeyville Police Department
 Colby Police Department

Columbus Police Department
 Dickinson County Sheriff
 Douglas County Sheriff
 Finney County Sheriff
 Gardner Police Department

National Drug Threat Assessment 2003

Hays Police Department
I-135/I-70 Drug Task Force
Johnson County Sheriff
Junction City Police Department
Kansas Bureau of Investigation
 Great Bend Regional Task Force
 Southeast Kansas Drug Enforcement Task Force
Kansas City Police Department
Kansas Highway Patrol
Kearny County Sheriff
Lawrence Police Department
Liberal Police Department
McPherson County Sheriff
Miami County Sheriff
Mission Police Department

Montgomery County Sheriff
Olathe Police Department
Overland Park Police Department
Park City Police Department
Reno County Sheriff
Riley County Police Department
Salina Police Department
Sedgwick County Sheriff
Shawnee County Sheriff
Shawnee Police Department
Topeka Police Department
Ulysses Police Department
Wichita Police Department
Wilson County Sheriff

Kentucky

Albany Police Department
Barbourville Police Department
Beattyville Police Department
Bellevue Police Department
Bowling Green Police Department
Breathitt County Sheriff
Campbellsville Police Department
Columbia Police Department
Corbin Police Department
Covington Police Department
Edgewood Police Department
Franklin County Sheriff
Grayson Police Department
Hardin County Sheriff
Henderson Police Department
Hyden Police Department
Independence Police Department
Jackson Police Department
Jefferson County Police Department
Kentucky State Police
 Appalachia HIDTA Unit
 Intelligence Section
 Posts 3, 6, 8, 9, 10, 11, 12, 15
Knox County Sheriff
La Grange Police Department

Lake Cumberland Area Drug Task Force
Lawrenceburg Police Department
Lebanon Police Department
Leslie County Sheriff
Lexington-Fayette Urban County Division of Police
London Police Department
Louisville Division of Police Metro Narcotics Unit
Madisonville Police Department
Monticello Police Department
Newport Police Department
Owensboro Police Department
Paducah Police Department
Paris Police Department
Pikeville Police Department
Pineville Police Department
Pippa Passes Police Department
Pulaski County Sheriff
Radcliff Police Department
Rowan County Sheriff
Russellville Police Department
Salyersville Police Department
Simpson County Sheriff
Somerset Police Department
Taylor County Sheriff
Tompkinsville Police Department

Louisiana

Acadia Parish Sheriff
Alexandria Police Department
 Narcotics Division
Ascension Parish Sheriff
Baker Police Department
Baton Rouge Police Department
Berwick Police Department
Bogalusa Police Department
Bossier City Police Department
Caddo Parish Sheriff
Calcasieu Parish Sheriff
Cameron Parish Sheriff
Carencro Police Department
Concordia Parish Sheriff
Crowley Police Department
Dequincy Police Department

East Baton Rouge Parish Sheriff
Eunice Police Department
Evangeline Parish Sheriff
Gramercy Police Department
Gretna Police Department
Hammond Police Department
Iberville Parish Sheriff
Jackson Parish Sheriff
Jefferson Davis Parish Sheriff
Jefferson Parish Sheriff
Jonesboro Police Department
Kenner Police Department
Lafayette Metro Narcotics Task Force
Lafayette Police Department
Lafourche Parish Sheriff Task Force
Lake Charles Police Department

Livingston Parish Sheriff
 Louisiana State Police
 Madison Parish Sheriff
 Mansfield Police Department
 Monroe Police Department
 Morehouse Parish Sheriff
 New Iberia Police Department
 New Orleans Police Department
 New Roads Police Department
 Ouachita Parish Sheriff
 Metro-Narcotics Drug Task Force
 Plaquemines Parish Sheriff
 Pointe Coupee Parish Sheriff
 Rapides Parish Sheriff
 Metro Narcotics
 Richland Parish Sheriff
 Scott Police Department
 Shreveport Police Department
 Narcotics Division

St. Bernard Parish Sheriff
 St. Charles Parish Sheriff
 St. Helena Parish Sheriff
 St. James Parish Sheriff
 St. Landry Parish Sheriff
 St. Martin Parish Sheriff
 St. Mary Parish Multi-Jurisdictional Narcotics Task Force
 St. Tammany Parish Sheriff
 Tangipahoa Parish Sheriff
 Terrebonne Parish Sheriff
 Tri-Parish Narcotics Task Force
 Vermilion Parish Sheriff
 Vernon Parish Sheriff
 Vidalia Police Department
 Webster Parish Sheriff
 West Feliciana Parish Sheriff
 West Monroe Police Department
 Westwego Police Department
 Zachary Police Department

Maine

Bangor Police Department
 Bar Harbor Police Department
 Bath Police Department
 Belfast Police Department
 Biddeford Police Department
 Brewer Police Department
 Bridgton Police Department
 Bucksport Police Department
 Calais Police Department
 Camden Police Department
 Caribou Police Department
 Cumberland County Sheriff
 Cumberland Police Department
 Dexter Police Department
 Ellsworth Police Department
 Fairfield Police Department
 Farmington Police Department
 Gardiner Police Department
 Hancock County Sheriff
 Kennebunk Police Department
 Lewiston Police Department
 Lincoln County Sheriff

Maine Drug Enforcement Agency
 Augusta Task Force Office
 Lewiston Task Force Office
 Portland Task Force Office
 Maine State Police
 Mexico Police Department
 Orono Police Department
 Piscataquis County Sheriff
 Portland Police Department
 Presque Isle Police Department
 Saco Police Department
 Sanford Police Department
 Scarborough Police Department
 South Portland Police Department
 Topsham Police Department
 Waldoboro Police Department
 Washington County Sheriff
 Waterville Police Department
 Westbrook Police Department
 Yarmouth Police Department
 York Police Department

Maryland

Annapolis Police Department
 Anne Arundel County Police Department
 Narcotics Unit
 Baltimore County Sheriff
 Narcotics Task Force
 Baltimore Police Department
 C3I Narcotics Investigation Unit of Allegany County
 Calvert County Sheriff
 Cambridge Police Department
 Charles County Sheriff
 Delmar Police Department
 District Heights Police Department
 Dorchester County Sheriff
 Frederick County Sheriff

Frederick Police Department
 Drug Enforcement Unit
 Frostburg Police Department
 Gaithersburg Police Department
 Greenbelt Police Department
 Hagerstown Police Department
 Harford County Sheriff
 Havre de Grace Police Department
 Howard County Police Department
 Laurel Police Department
 Maryland Natural Resources Police Department
 Maryland State Police
 Criminal Intelligence Division
 Montgomery County Police Department
 Special Investigations Division

National Drug Threat Assessment 2003

Ocean City Police Department
Pocomoke City Police Department
Prince George's County Police Department
Salisbury Police Department

Somerset County Sheriff
St. Mary's County Sheriff
Wicomico County Narcotics Task Force

Massachusetts

Abington Police Department
Agawam Police Department
Amherst Police Department
Andover Police Department
Ashland Police Department
Athol Police Department
Attleboro Police Department
Barnstable Police Department
Bellingham Police Department
Belmont Police Department
Beverly Police Department
Boston Police Department
 Drug Control Division
Bourne Police Department
Boxford Police Department
Braintree Police Department
Brewster Police Department
Brockton Police Department
Brookline Police Department
Burlington Police Department
Cambridge Police Department
Chelsea Police Department
Chicopee Police Department
Clinton Police Department
Danvers Police Department
Dartmouth Police Department
Dedham Police Department
Dighton Police Department
Dover Police Department
Dracut Police Department
Dudley Police Department
East Bridgewater Police Department
East Brookfield Police Department
Easton Police Department
Fall River Police Department
 Vice and Intelligence Unit
Falmouth Police Department
Fitchburg Police Department
Framingham Police Department
Freetown Police Department
Georgetown Police Department
Gloucester Police Department
Hanover Police Department
Harvard Police Department
Haverhill Police Department
Hingham Police Department
Holden Police Department
Holyoke Police Department
Hudson Police Department
Lakeville Police Department
Lawrence Police Department
Lee Police Department
Leicester Police Department
Lenox Police Department

Leominster Police Department
Lexington Police Department
Lowell Police Department
Ludlow Police Department
Lunenburg Police Department
Lynn Police Department
Malden Police Department
Manchester Police Department
Mansfield Police Department
Marlborough Police Department
Massachusetts State Police
Medfield Police Department
Medford Police Department
Melrose Police Department
Merrimac Police Department
Methuen Police Department
Milford Police Department
Millbury Police Department
Nahant Police Department
Natick Police Department
New Bedford Police Department
Newbury Police Department
Newton Police Department
North Andover Police Department
North Attleboro Police Department
North Brookfield Police Department
Northampton Police Department
Northborough Police Department
Norton Police Department
Palmer Police Department
Peabody Police Department
Pittsfield Police Department
Plainville Police Department
Plymouth Police Department
Provincetown Police Department
Quincy Police Department
Reading Police Department
Salem Police Department
Sandwich Police Department
Saugus Police Department
Scituate Police Department
Sharon Police Department
Shrewsbury Police Department
Somerville Police Department
South Hadley Police Department
Southborough Police Department
Southbridge Police Department
Spencer Police Department
Springfield Police Department
Suburban Middlesex County Drug Task Force
Sunderland Police Department
Swampscott Police Department
Swansea Police Department
Taunton Police Department

Tisbury Police Department
 Townsend Police Department
 Tyngsboro Police Department
 Wakefield Police Department
 Ware Police Department
 Watertown Police Department
 West Newbury Police Department
 West Springfield Police Department
 Westborough Police Department
 Westfield Police Department

Westford Police Department
 Westminster Police Department
 Weymouth Police Department
 Wilbraham Police Department
 Williamstown Police Department
 Wilmington Police Department
 Winchester Police Department
 Woburn Police Department
 Worcester Police Department

Michigan

Adrian Police Department
 Allegan Police Department
 Allegan County Sheriff
 Allen Park Police Department
 Alpena Police Department
 Ann Arbor Police Department
 Battle Creek Police Department
 Bay City Police Department
 Benton Township Police Department
 Benzie County Sheriff
 Calhoun County Sheriff
 Centerline Department Of Public Safety
 Chippewa County Sheriff
 Davison Police Department
 Dearborn Heights Police Department
 Dearborn Police Department
 Detroit Police Department
 Farmington Hills Police Department
 Franklin Police Department
 Grosse Pointe Woods Department of Public Safety
 Hamburg Township Police Department
 Hamtramck Police Department
 Huron County Sheriff
 Ingham County Sheriff
 Inkster Police Department
 Jackson Police Department
 Kalamazoo Valley Enforcement Team
 Kent County Sheriff
 Lansing Police Department
 Lenawee County Sheriff
 Livingston County Sheriff
 Livonia Police Department
 Macomb County Sheriff

Marquette County Sheriff
 Marquette Police Department
 Mason County Sheriff
 Michigan State Police
 Monroe County Sheriff
 Mount Morris Police Department
 Mundy Township Police Department
 Muskegon Police Department
 Norton Shores Police Department
 Ogemaw County Sheriff
 Ontonagon County Sheriff
 Ottawa County Sheriff
 Owosso Police Department
 Petoskey Department of Public Safety
 Plainwell Police Department
 Plymouth Police Department
 Royal Oak Police Department
 Saginaw Police Department
 Shiawassee County Sheriff
 Southfield Police Department
 Spring Lake/Ferrysburg Police Department
 St. Clair Shores Police Department
 St. Johns Police Department
 Sterling Heights Police Department
 Taylor Police Department
 Troy Police Department
 Washtenaw County Sheriff
 Waterford Police Department
 Wayne County Sheriff
 Wayne Police Department
 Westland Police Department
 Wexford County Sheriff

Minnesota

Alexandria Police Department
 Anoka County Sheriff
 Becker County Sheriff
 Brooklyn Center Police Department
 Carver County Sheriff
 Cass County Sheriff
 Chaska Police Department
 Chisago County Sheriff
 Cook County Sheriff
 Coon Rapids Police Department
 Crookston Police Department
 Duluth Police Department
 Grand Forks Police Department

Goodhue County Sheriff
 Hennepin County Sheriff
 Lake City Police Department
 Lake County Sheriff
 Marshall Department of Public Safety
 McLeod County Sheriff
 Minneapolis Police Department
 Narcotics Unit
 Minnesota Department of Public Safety
 Bureau of Criminal Apprehension
 Minnesota State Patrol
 Minnetonka Police Department
 Morrison County Sheriff

National Drug Threat Assessment 2003

Mound Police Department
New Hope Police Department
Olmsted County Sheriff
Ramsey County Sheriff
Red Wing Department of Public Safety
Richfield Police Department
Rochester Police Department

St. Louis County Sheriff
Stillwater Police Department
Thief River Falls Police Department
Wadena Police Department
Washington County Sheriff
Willmar Police Department

Mississippi

Aberdeen Police Department
Alcorn County Sheriff
Attala County Sheriff
Biloxi Police Department
Brookhaven Police Department
Calhoun County Sheriff
Capital Cities Metro Narcotics Unit
Claiborne County Sheriff
Cleveland Police Department
Coahoma County Sheriff
Columbus Police Department
Copiah County Sheriff
Forest Police Department
Greenville Police Department
Grenada Police Department
Gulfport Police Department
Hancock County Sheriff
Narcotic Division
Harrison County Sheriff
Hattiesburg Police Department
Hinds County Sheriff
Houston Police Department
Humphreys County Sheriff
Indianola Police Department
Jackson County Sheriff
Jackson Police Department
Jones County Sheriff
Kosciusko Police Department
Lafayette County Metro Narcotics Unit
Lee County Sheriff
Leflore County Sheriff
Leland Police Department
Lincoln County Sheriff
Long Beach Police Department
Louisville Police Department

Macon Police Department
Marshall County Sheriff
McComb Police Department
Meridian Police Department
Mississippi Bureau of Narcotics
Gulfport District Office
Hattiesburg District Office
Jackson District Office
Meridian District Office
Oxford District Office
Pascagoula District Office
Southaven District Office
Tupelo District Office
Mississippi Highway Safety Patrol
Criminal Investigation Bureau
Monroe County Sheriff
Natchez-Adams County Metro Narcotics Unit
Newton Police Department
Oktibbeha County Sheriff
Oxford Police Department
Panola-Tate Narcotics Task Force
Philadelphia Police Department
Picayune Police Department
Pike County Sheriff
Pontotoc Police Department
Prentiss County Sheriff
Quitman Police Department
Simpson County Sheriff
South Mississippi Narcotics Task Force
Southaven Police Department
Tate County Sheriff
Tunica County Sheriff
Tupelo Police Department
Vicksburg Police Department
Water Valley Police Department

Missouri

Bel-Nor Police Department
Bel-Ridge Police Department
Blue Springs Police Department
Boone County Sheriff
Boonville Police Department
Cameron Police Department
Chesterfield Police Department
Christian County Sheriff
Clay County Sheriff
Claycomo Police Department
Columbia Police Department
East Central Drug Task Force
Gladstone Department of Public Safety
Glendale Police Department

Greene County Sheriff
Hannibal Police Department
Harrisonville Police Department
Henry County Sheriff
Independence Police Department
Iron County Sheriff
Jackson County Drug Task Force
Jasper County Drug Task Force
Jefferson City Police Department
Jefferson County Sheriff
Joplin Police Department
Kansas City Police Department
Lafayette County Narcotics Unit
Lees Summit Police Department

Manchester Police Department
 Maplewood Police Department
 Maryland Heights Police Department
 Kansas City Metropolitan Drug Task Force
 Miller County Sheriff
 Miner Police Department
 Missouri State Highway Patrol
 Moniteau County Sheriff
 Nevada Police Department
 Nixa Police Department
 Normandy Police Department
 North Central Missouri Drug Task Force
 Overland Police Department
 Pemiscot County Sheriff
 Pike County Sheriff
 Platte City Police Department
 Pleasant Hill Police Department
 Pleasant Valley Police Department
 Pulaski County Sheriff
 Raytown Police Department

Rolla Police Department
 Scott County Sheriff
 Sedalia Police Department
 Sikeston Department of Public Safety
 Southeast Missouri Drug Task Force
 Springfield Police Department
 St. Charles County Drug Task Force
 St. Charles County Sheriff
 St. Charles Police Department
 St. John Police Department
 St. Joseph Police Department
 St. Louis Metropolitan Police Department
 Taney County Sheriff
 Troy Police Department
 Union Police Department
 University City Police Department
 Versailles Police Department
 Vinita Park Police Department
 Warrensburg Police Department

Montana

Big Horn County Sheriff
 Billings Police Department
 Hamilton Police Department
 Kalispell Police Department
 Laurel Police Department
 Missoula Police Department

Missouri River Drug Task Force
 Montana Department of Justice
 Division of Criminal Investigations
 Roosevelt County Sheriff
 Yellowstone County Sheriff

Nebraska

III Corps Drug Task Force
 Beatrice Police Department
 Chadron Police Department
 Columbus Police Department
 Dodge County Sheriff
 Douglas County Sheriff
 Fremont Police Department
 Grand Island Police Department
 Lancaster County Sheriff
 Lincoln Police Department

Nebraska State Patrol
 North Platte Police Department
 Omaha Area Metro Drug Task Force
 Sarpy County Sheriff
 Saunders County Sheriff
 Scottsbluff Police Department
 Seward County Sheriff
 Tri-City Drug Task Force
 Western Intelligence Narcotics Group (WING)
 York Police Department

Nevada

Carson City Sheriff
 Douglas County Sheriff
 Fallon Police Department
 Henderson Police Department
 Las Vegas Metropolitan Police Department
 Lincoln County Sheriff
 Lyon County Sheriff
 Nevada Department of Public Safety
 Investigation Division
 Elko Office
 Las Vegas Office
 Mesquite Office
 Winnemucka Office

Nevada Highway Patrol
 North Las Vegas Police Department
 Nye County Sheriff
 Pershing County Sheriff
 Reno Police Department
 Sparks Police Department
 Tri-Net Narcotics Task Force
 Washoe County Sheriff
 White Pine County Sheriff

New Hampshire

Alton Police Department
 Atkinson Police Department

Berlin Police Department
 Claremont Police Department

National Drug Threat Assessment 2003

Concord Police Department
Derry Police Department
Dover Police Department
Durham Police Department
Enfield Police Department
Exeter Police Department
Farmington Police Department
Goffstown Police Department
Gorham Police Department
Hillsboro Police Department
Hudson Police Department
Jaffrey Police Department
Laconia Police Department
Lancaster Police Department
Londonderry Police Department

Milford Police Department
Nashua Police Department
New Hampshire Drug Task Force
New Hampshire State Police
Newmarket Police Department
Newport Police Department
Northfield Police Department
Pelham Police Department
Pembroke Police Department
Plaistow Police Department
Plymouth Police Department
Portsmouth Police Department
Rochester Police Department
Salem Police Department

New Jersey

Aberdeen Township Police Department
Allenhurst Police Department
Alpine Police Department
Andover Township Police Department
Asbury Park Police Department
Atlantic City Police Department
Atlantic County Prosecutor
 Narcotics Unit
Avalon Police Department
Barnegat Township Police Department
Bergen County Prosecutor
 Narcotic Task Force
Berkeley Township Police Department
Berlin Township Police Department
Bernardsville Police Department
Bloomfield Police Department
Bogota Police Department
Boonton Township Police Department
Branchburg Township Police Department
Brick Township Police Department
Brielle Police Department
Brigantine Police Department
Caldwell Police Department
Camden County Prosecutor
Camden Police Department
Cape May County Prosecutor
Carneys Point Police Department
Chatham Borough Police Department
Cherry Hill Police Department
Clayton Borough Police Department
Clifton Police Department
Closter Police Department
Dumont Police Department
East Brunswick Police Department
East Rutherford Police Department
Edison Police Department
Egg Harbor Township Police Department
Elizabeth Police Department
Emerson Police Department
Essex County Sheriff
 Bureau of Narcotics
Evesham Township Police Department
Ewing Township Police Department

Fairview Police Department
Fanwood Police Department
Florham Park Police Department
Fort Lee Police Department
Franklin Township Police Department
Freehold Township Police Department
Gloucester Township Police Department
Haddon Heights Police Department
Hamilton Township Police Department
Highlands Police Department
Hoboken Police Department
Howell Township Police Department
Hunterdon County Prosecutor
Irvington Police Department
Jersey City Police Department
Kearny Police Department
Kenilworth Police Department
Kinnelon Police Department
Lakewood Police Department
Linden Police Department
Manalapan Township Police Department
Manasquan Police Department
Mansfield Township Police Department
Manville Police Department
Medford Lakes Police Department
Mercer County Prosecutor
 Special Investigations Unit
Metuchen Police Department
Middlesex County Prosecutor
 Narcotics Task Force
Middletown Township Police Department
Milltown Police Department
Monmouth County Prosecutor
Montclair Police Department
Morris County Prosecutor
Mount Arlington Police Department
Mount Olive Township Police Department
Mullica Township Police Department
New Brunswick Police Department
New Jersey State Police
 Narcotics and Organized Crime Section
Newark Police Department
North Bergen Township Police Department

North Brunswick Township Police Department
 North Plainfield Police Department
 North Wildwood Police Department
 Northfield Police Department
 Ocean City Police Division
 Ocean County Prosecutor
 Ocean Township Police Department
 Oceanport Police Department
 Old Bridge Township Police Department
 Orange Police Department
 Paramus Police Department
 Passaic Police Department
 Perth Amboy Police Department
 Pine Hill Police Department
 Piscataway Police Department
 Plainfield Police Department
 Plainsboro Township Police Department
 Pleasantville Police Department
 Princeton Township Police Department
 Rahway Police Department
 Ramsey Police Department
 Raritan Township Police Department
 Red Bank Police Department
 Ridgewood Police Department
 Rockaway Borough Police Department
 Roselle Park Police Department
 Salem Police Department
 Sayreville Police Department
 Seaside Park Police Department
 Somerville Police Department

South River Police Department
 Spring Lake Heights Police Department
 Stone Harbor Police Department
 Summit Police Department
 Sussex County Prosecutor
 Teaneck Police Department
 Tewksbury Township Police Department
 Trenton Police Department
 Union City Police Department
 Union County Prosecutor
 Narcotic Strike Force
 Union Township Police Department
 Vernon Township Police Department
 Verona Police Department
 Vineland Police Department
 Wanaque Police Department
 Warren Township Police Department
 Washington Township Police Department
 Wayne Police Department
 West Long Branch Police Department
 West Milford Township Police Department
 West New York Police Department
 West Orange Township Police Department
 Wildwood Crest Police Department
 Willingboro Township Police Department
 Winslow Township Police Department
 Woodbridge Police Department
 Wood-Ridge Police Department
 Wyckoff Police Department

New Mexico

Albuquerque Police Department
 Aztec Police Department
 Bernalillo County Sheriff
 Farmington Police Department
 Grant County Sheriff
 Hidalgo County Sheriff
 Lea County Sheriff
 Lincoln County Sheriff
 New Mexico Department of Public Safety
 New Mexico State Police
 Otero County Narcotics Enforcement Unit
 HIDTA Interdiction Task Force
 Pecos Valley Drug Task Force
 Region I Drug Enforcement Task Force
 Region II Drug Enforcement Task Force

Region III Drug Enforcement Task Force
 Region IV Drug Enforcement Task Force
 Region V Drug Enforcement Task Force
 Region VI Drug Enforcement Task Force
 Lea County Unit
 Region VII Drug Enforcement Task Force
 Rio Arriba County Sheriff
 Rio Rancho Department of Public Safety
 Ruidoso Police Department
 San Juan County Sheriff
 Santa Fe Police Department
 Sierra County Sheriff
 Silver City Police Department
 Taos Police Department

New York

Albany County Sheriff
 Albany Police Department
 Albion Police Department
 Amherst Police Department
 Amityville Village Police Department
 Baldwinsville Police Department
 Binghamton Police Department
 Blooming Grove Police Department
 Briarcliff Manor Police Department
 Broome County Sheriff
 Buffalo Police Department

Canastota Police Department
 Catskill Police Department
 Cattaraugus County Sheriff
 Chautauqua County Sheriff
 Cheektowaga Police Department
 Chenango County Sheriff
 Chester Village Police Department
 City of Batavia Police Department
 City of Beacon Police Department
 City of Hudson Police Department
 City of Newburgh Police Department

National Drug Threat Assessment 2003

City of Poughkeepsie Police Department
Clarkstown Police Department
Corinth Village Police Department
Cortland City Police Department
Dobbs Ferry Police Department
Dolgeville Police Department
Dryden Police Department
Dutchess County Drug Task Force
East Greenbush Police Department
East Hampton Town Police Department
East Hampton Village Police Department
Elmira City Police Department
Erie County Sheriff
Fairport Police Department
Floral Park Police Department
Fort Plain Village Police Department
Freeport Police Department
Greece Town Police Department
Greenburgh Police Department
Guilderland Police Department
Hamburg Village Police Department
Hempstead Village Police Department
Highland Falls Police Department
Hyde Park Police Department
Ilion Police Department
Ithaca Police Department
Kingston Police Department
Lake Placid Police Department
Lakewood-Busti Police Department
Livingston County Sheriff
Lynbrook Police Department
Lyons Police Department
Malverne Police Department
Monroe County Sheriff
Mount Pleasant Police Department
Mount Vernon Police Department
Nassau County Police Department
New Castle Police Department
New Hartford Town Police Department
New Rochelle Police Department
New York City Police Department
New York State Police
Niagara Falls Police Department
North Castle Police Department
North Tonawanda Police Department
Northport Police Department
Ogden Police Department
Oneida County Sheriff

Onondaga County Sheriff
Ontario County Sheriff
Orange County Sheriff
Orangetown Police Department
Otsego County Sheriff
Pelham Manor Police Department
Pleasantville Police Department
Poughkeepsie Town Police Department
Putnam County Sheriff
Quogue Village Police Department
Ramapo Police Department
Rochester Police Department
Rockland County Sheriff
Rockville Centre Police Department
Rome Police Department
Saratoga County Sheriff
Saugerties Town Police Department
Schenectady Police Department
Schodack Police Department
Schuyler County Sheriff
Smithtown Department of Public Safety
Southampton Town Police Department
Steuben County Sheriff
Stony Point Police Department
Suffolk County District Attorney
Suffolk County Police Department
Sullivan County Sheriff
Syracuse Police Department
Tarrytown Police Department
Tioga County Sheriff
Town of Colonie Police Department
Town of Ellicott Police Department
Town of Hamburg Police Department
Town of Kent Police Department
Town of Mamaroneck Police Department
Town of Tonawanda Police Department
Troy Police Department
Utica Police Department
Village of Haverstraw Police Department
Village of Spring Valley Police Department
Village of Suffern Police Department
Washington County Sheriff
Watertown Police Department
Wayne County Sheriff
Wellsville Police Department
Westchester County Police Department
White Plains Police Department
Yonkers Police Department

North Carolina

Alexander County Sheriff
Anson County Sheriff
Asheboro Police Department
Ayden Police Department
Belhaven Police Department
Benson Police Department
Brunswick County Sheriff
Burke County Narcotics Task Force
Cabarrus County Sheriff
Carrboro Police Department

Cary Police Department
Chapel Hill Police Department
Charlotte-Mecklenburg Police Department
Chatham County Sheriff
Cleveland County Sheriff
Concord Police Department
Durham County Sheriff
Durham Police Department
Edenton Police Department
Fayetteville Police Department

Franklin County Sheriff
 Gaston County Police Department
 Gaston County Sheriff
 Gastonia Police Department
 Greensboro Police Department
 Guilford County Sheriff
 Halifax County Sheriff
 Harnett County Sheriff
 Haywood County Sheriff
 Henderson County Sheriff
 Hendersonville Police Department
 High Point Police Department
 Highlands Police Department
 Jacksonville Police Department
 Johnston County Sheriff
 Kinston Police Department
 Leland Police Department
 Lenoir Police Department
 Louisburg Police Department
 Maiden Police Department
 Marion Police Department
 Matthews Police Department
 Maxton Police Department
 Mitchell County Sheriff
 Montgomery County Sheriff
 Morganton Department of Public Safety
 New Bern Police Department
 North Carolina State Bureau of Investigation
 North Carolina State Highway Patrol
 Northampton County Sheriff

Oak Island Police Department
 Orange County Sheriff
 Pitt County Sheriff
 Raleigh Police Department
 Randolph County Sheriff
 Richmond County Sheriff
 Roanoke Rapids Police Department
 Rocky Mount Police Department
 Rowan County Sheriff
 Roxboro Police Department
 Sanford Police Department
 Shelby Police Department
 Siler City Police Department
 Southern Pines Police Department
 Spencer Police Department
 Stanley Police Department
 Stanly County Sheriff
 Tarboro Police Department
 Union County Sheriff
 Wadesboro Police Department
 Wake County Sheriff
 Wayne County Sheriff
 Wilkes County Sheriff
 Wilmington Police Department
 Wilson County Sheriff
 Wilson Police Department
 Wingate Police Department
 Winston-Salem Police Department
 Yadkin County Sheriff
 Zebulon Police Department

North Dakota

Bismarck Police Department
 Fargo Police Department
 Grand Forks Police Department
 Minot Police Department

North Dakota Bureau of Criminal Investigation
 North Dakota Highway Patrol
 Valley City Police Department
 Williams County Sheriff

Northern Mariana Islands

Commonwealth of the Northern Mariana Islands

Department of Public Safety
 DEA/Commonwealth of the Northern Mariana Islands Narcotic Task Force

Ohio

Akron Police Department
 Alliance Police Department
 Aurora Police Department
 Austintown Police Department
 Bay Village Police Division
 Beachwood Police Department
 Bedford Heights Police Department
 Bellefontaine Police Department
 Berea Police Department
 Boardman Police Department
 Brecksville Police Department
 Brimfield Police Department
 Bryan Police Department
 Butler County Sheriff
 Canfield Police Department
 Canton Police Department
 Carlisle Police Department

Centerville Police Department
 Chardon Police Department
 Cincinnati Police Department
 Clark County Sheriff
 Clermont County Sheriff
 Cleveland Police Department
 Clinton Township Police Department
 Columbiana County Sheriff
 Columbiana Police Department
 Columbus Police Department
 Conneaut Police Department
 Cuyahoga County Sheriff
 Cuyahoga Metropolitan Housing Authority Police Department
 Darke County Sheriff
 Dayton Police Department
 East Cleveland Police Department
 Elyria Police Department

National Drug Threat Assessment 2003

Fairview Park Police Department
Fayette County Sheriff
Franklin Township Police Department
Gates Mills Police Department
Geauga County Sheriff
Genoa Township Police Department
Granville Police Department
Greene County Agencies for Combined Enforcement
Task Force
Greene County Sheriff
Hamilton Police Department
Hamilton County Sheriff
Independence Police Department
Johnstown Police Department
Kent Police Department
Kettering Police Department
Lake County Sheriff
Lakewood Police Department
Liberty Township Police Department
Lima Police Department
Lincoln Heights Police Department
Lockland Police Department
Lorain Police Department
Lyndhurst Police Department
Madison Township Police Department
Madison Village Police Department
Mahoning Valley Drug Task Force
Mansfield Police Department
Marion Police Department
Marlboro Township Police Department
Massillon Police Department
Meigs County Sheriff
Middleburg Heights Police Department
Middletown Police Department
Montgomery County Sheriff
Moraine Police Department
Mount Healthy Police Department
Munroe Falls Police Department
Muskingum County Sheriff
Northwood Police Department
Norton Police Department
Oakwood Village Police Department
Oberlin Police Department
Obetz Police Department
Ohio Bureau of Criminal Identification and Investigation

Ohio HIDTA Caribbean/Gang Drug Task Force
Ohio HIDTA Money Laundering Intelligence Initiative
Ohio State Highway Patrol
Parma Police Department
Pickerington Police Department
Pike County Sheriff
Preble County Sheriff
Rocky River Police Department
Shaker Heights Police Department
Sharon Township Police Department
Shelby Police Department
Shelby County Sheriff
Sidney Police Department
Solon Police Department
Spencerville Police Department
Springfield Police Department
St. Bernard Police Department
Stark County Sheriff
Stark Metro Narcotics Unit
Stark County Violent Crimes Initiative
Steubenville Police Department
Streetsboro Police Department
Strongsville Police Department
Sugarcreek Police Department
Summit County Drug Unit
Sylvania Police Division
Sylvania Township Police Department
Tipp City Police Department
Toledo Police Department
Metro Drug Task Force
Tuscarawas County Sheriff
Twinsburg Police Department
Upper Arlington Police Department
Van Wert County Sheriff
Van Wert Police Department
Warren County Drug Task Force
Warrensville Heights Police Department
Wayne County Sheriff
Westshore Enforcement Bureau
Narcotics/Vice/Diversion Task Force
Williams County Sheriff
Wilmington Police Department
Wyoming Police Department
Youngstown Police Department

Oklahoma

Bixby Police Department
Broken Arrow Police Department
Carter County Sheriff
Choctaw Police Department
Coweta Police Department
Cushing Police Department
Custer County Sheriff
District II Drug Task Force
Elk City Police Department
Edmond Police Department
Enid Police Department
Guymon Police Department
Healdton Police Department

Lawton Police Department
Lone Grove Police Department
Midwest City Police Department
Moore Police Department
Norman Police Department
Oklahoma Bureau of Narcotics
Oklahoma City Police Department
Oklahoma County Sheriff
Oklahoma Department of Public Safety
Okmulgee Police Department
Owasso Police Department
Ponca City Police Department
Purcell Police Department

Rogers County Sheriff
Tulsa County Sheriff
Tulsa Police Department

Wagoner Police Department
Woodward County Sheriff

Oregon

Albany Police Department
Ashland Police Department
Beaverton Police Department
Bend Police Department
Clatsop County Interagency Narcotics Task Force
Coos County Sheriff
 South Coast Interagency Narcotics Team
Crook County Sheriff
Curry County Sheriff
Dallas Police Department
Deschutes County Sheriff
Douglas County Sheriff
Eugene Police Department
Forest Grove Police Department
Gresham Police Department
Hillsboro Police Department
Hood River County Sheriff
Jackson County Narcotics Enforcement Team
Josephine Interagency Narcotics Team
Keizer Police Department

Klamath County Sheriff
Lane County Sheriff
Lebanon Police Department
Linn County Sheriff
Malheur County Sheriff
Medford Police Department
Monmouth Police Department
Multnomah County Sheriff
Oregon City Police Department
Oregon State Police
 Criminal Investigation Services Division
Portland Police Department
Salem Police Department
Sandy Police Department
Stayton City Police Department
Sutherlin City Police Department
Troutdale Police Department
Washington County Sheriff
Westside Interagency Narcotics Team

Pennsylvania

Abington Township Police Department
Allegheny County Police Department
Beaver Police Department
Bensalem Township Police Department
Bethel Park Police Department
Bethlehem City Police Department
Bloomsburg Police Department
Braddock Hills Police Department
Brentwood Police Department
Butler Township Police Department
California Borough Police Department
Cheltenham Township Police Department
Chester City Police Department
Colonial Regional Police Department
Duryea Police Department
East Hempfield Township Police Department
East Lampeter Township Police Department
East Norriton Township Police Department
Easttown Township Police Department
Edwardsville Borough Police Department
Ellwood City Police Department
Emmaus Police Department
Ephrata Township Police Department
Erie Police Department
Findlay Township Police Department
Grove City Police Department
Hampden Township Police Department
Harrisburg Police Department
Hermitage Police Department
Homestead Borough Police Department
Jeannette Police Department
Jefferson Borough Police Department
Jenkintown Police Department

Kennedy Township Police Department
Lansdowne Police Department
Lower Merion Township Police Department
Lower Pottsgrove Township Police Department
Lower Saucon Township Police Department
Manor Township Police Department
McCandless Police Department
McKees Rocks Police Department
Meadville Police Department
Montgomery Township Police Department
Murrysville Police Department
Nanticoke Police Department
North Strabane Township Police Department
Office of Attorney General
 Bureau of Narcotics Investigation
 Allentown Regional Office
 Butler Regional Office
 Erie Regional Office
 Greensburg Regional Office
 Harrisburg Regional Office
 Philadelphia Regional Office
 State College Regional Office
 Wilkes-Barre Regional Office
Old Forge Police Department
Penn Hills Police Department
Pennsylvania State Police
 Bureau of Drug Law Enforcement
 Area I Tactical Narcotics Team
 Area II Tactical Narcotics Team
 Area III Tactical Narcotics Team
 Area IV Tactical Narcotics Team
Perkasie Borough Police Department
Philadelphia District Attorney's Office

National Drug Threat Assessment 2003

Philadelphia Police Department
Narcotics Field Unit – East
Narcotics Strike Force
Pittsburgh Police Department
Plains Township Police Department
Plum Borough Police Department
Richland Township Police Department
Salisbury Township Police Department
Sandy Township Police Department
Sayre Police Department
Scranton City Police Department
Sewickley Police Department
Somerset Borough Police Department
South Strabane Township Police Department
Trainer Borough Police Department
Upper Darby Township Police Department

Upper Merion Township Police Department
Upper Moreland Township Police Department
Uwchlan Township Police Department
Warminster Township Police Department
Waynesboro Township Police Department
West Chester Police Department
West Conshohocken Borough Police Department
West Norriton Township Police Department
West Shore Regional Police Department
Whitehall Township Police Department
Whitemarsh Township Police Department
Wilkes Barre Township Police Department
Wilkins Township Police Department
York City Police Department

Puerto Rico

Puerto Rico Department of Justice
Special Investigation Bureau

Rhode Island

Charlestown Police Department
Coventry Police Department
Cranston Police Department
East Providence Police Department
Jamestown Police Department
Lincoln Police Department
Middletown Police Department
Newport Police Department
North Kingstown Police Department

North Providence Police Department
Pawtucket Police Department
Providence Police Department
Rhode Island Department of Attorney General
Rhode Island State Police
Warren Police Department
Warwick Police Department
Westerly Police Department
Woonsocket Police Department

South Carolina

Abbeville County Sheriff Narcotics Office
Aiken County Sheriff
Aiken Department of Public Safety
Anderson Police Department
Andrews Police Department
Bamberg Police Department
Barnwell Police Department
Beaufort County Sheriff
Calhoun County Sheriff
Camden Police Department
Charleston Police Department
Charleston County Sheriff
Chester Police Department
Clinton Police Department
Conway Police Department
Dillon Police Department
Easley Police Department
Fairfield County Sheriff

Florence County Sheriff
Florence Police Department
Goose Creek Police Department
Hampton County Sheriff
Horry County Police Department
Manning Police Department
Marlboro County Sheriff
Mount Pleasant Police Department
Myrtle Beach Police Department
Orangeburg Department of Public Safety
South Carolina Highway Patrol
Spartanburg County Sheriff
Spartanburg Public Safety Department
Saint George Police Department
Sumter County Sheriff
Sumter Police Department
York County Multijurisdictional Drug Enforcement Unit

South Dakota

Huron Police Department
Pennington County Sheriff
Rapid City Police Department
Sioux Falls Area Drug Task Force
Sioux Falls Police Department
South Dakota Division of Criminal Investigation

South Dakota Highway Patrol
Sturgis Police Department
Unified Narcotics Enforcement Team
Watertown Police Department

Tennessee

3rd Judicial District Drug Task Force	Lenoir City Police Department
4th Judicial District Drug Task Force	Lewisburg Police Department
5th Judicial District Drug Task Force	Livingston Police Department
18th Judicial District Drug Task Force	Lookout Mountain Police Department
19th Judicial District Drug Task Force	Marion County Sheriff
Alcoa Police Department	Maryville Police Department
Ashland City Police Department	McMinn County Sheriff
Bartlett Police Department	Memphis Police Department
Campbell County Sheriff	Metropolitan Nashville Police Department
Carroll County Sheriff	Morristown Police Department
Chattanooga Police Department	Mount Pleasant Police Department
Cheatham County Sheriff	Murfreesboro Police Department
Cleveland Police Department	Newport Police Department
Cocke County Sheriff	Obion County Sheriff
Collegedale Police Department	Paris Police Department
Cumberland County Sheriff	Portland Police Department
Dayton Police Department	Rutherford County Sheriff
Dyersburg Police Department	Scott County Sheriff
Erwin Police Department	Sevier County Sheriff
Franklin Police Department	Sewanee Police Department
Goodlettsville Police Department	Shelby County Sheriff
Greene County Sheriff	Narcotics Unit
Grundy County Sheriff	Tennessee Bureau of Investigation
Hamblen County Sheriff	Tennessee Highway Patrol
Hamilton County Sheriff	Cookeville District
Hancock County Sheriff	Fall Branch District
Hawkins County Sheriff	Jackson District
Henderson Police Department	Knoxville District
Hendersonville Police Department	Lawrenceburg District
Jefferson County Sheriff	Tipton County Sheriff
Johnson City Bureau of Police	Unicoi County Sheriff
Kingsport Police Department	Weakley County Sheriff
Kingston Police Department	White County Sheriff
Knox County Sheriff	White House Police Department
Knoxville Police Department	Whitwell Police Department
Lawrence County Sheriff	Wilson County Sheriff
Lawrenceburg Police Department	Winchester Public Safety Department

Texas

Alamo Police Department	Bryan Police Department
Allen Police Department	Burnet Police Department
Alpine Police Department	Calhoun County Sheriff
Amarillo Police Department	Cameron County Sheriff
Angleton Police Department	Narcotics Division
Anthony Police Department	Carrollton Police Department
Arlington Police Department	Cedar Park Police Department
Atascosa County Sheriff	College Station Police Department
Austin County Sheriff	Collin County Sheriff
Austin Police Department	Colorado County Sheriff
Bandera County Sheriff	Comal County Sheriff
Bastrop Police Department	Conroe Police Department
Beaumont Police Department	Coppell Police Department
Beeville Police Department	Copperas Cove Police Department
Bell County Sheriff	Corpus Christi Police Department
Bellaire Police Department	Crowley Police Department
Bexar County Sheriff	Culberson County Sheriff
Brenham Police Department	Dallas County Sheriff
Brewster County Sheriff	Special Investigative Division
Brownsville Police Department	Dallas Police Department

National Drug Threat Assessment 2003

Decatur Police Department
Deer Park Police Department
Del Rio Police Department
Denton Police Department
Diboll Police Department
Dogwood Trails Narcotics Task Force
Duval County Sheriff
Eagle Pass Police Department
Ector County Sheriff
Edinburg Police Department
El Paso County Metro Narcotics Task Force
El Paso Police Department
Ellis County Sheriff
Eules Police Department
Fort Bend County Narcotics Task Force
Fort Stockton Police Department
Fort Worth Police Department
Fredericksburg Police Department
Freestone County Sheriff
Garland Police Department
Gatesville Police Department
Gladewater Police Department
Grand Prairie Police Department
Grapevine Police Department
Gun Barrel City Police Department
Hamilton County Sheriff
Harris County Sheriff
Hays County Sheriff
Helotes Police Department
Hidalgo County Sheriff
Hidalgo Police Department
Highland Village Police Department
Hill County Sheriff
Hillsboro Police Department
Horizon City Police Department
Houston Police Department
Howard County Sheriff
Hutchinson County Sheriff
Independence Narcotics Task Force
Irving Police Department
Jim Wells County Sheriff
Johnson County Sheriff
Kerrville Police Department
Lacy-Lakeview Police Department
Lampasas County Sheriff
Lancaster Police Department
Laredo Police Department
Lavaca County Sheriff
League City Police Department
Livingston Police Department
Longview Police Department
Lubbock Police Department
Luling Police Department
McAllen Police Department
McKinney Police Department
McLennan County Sheriff
Mercedes Police Department
Mesquite Police Department
Midland County Sheriff
Midland Police Department
Midlothian Police Department
Monahans Police Department
Montgomery County Sheriff
Moore County Sheriff
Nassau Bay Police Department
North Richland Hills Police Department
Odessa Police Department
Office of the Texas Attorney General
Orange County Sheriff
Orange Police Department
Palmview Police Department
Panola County Sheriff
Pearland Police Department
Pecos County Sheriff
Pecos Police Department
Perryton Police Department
Pharr Police Department
Plainview Police Department
Plano Police Department
Presidio County Sheriff
Refugio County Sheriff
Richardson Police Department
Rio Grande City Police Department
Rockwall County Sheriff
Roma Police Department
Sachse Police Department
Saginaw Police Department
San Angelo Police Department
San Antonio Police Department
San Marcos Police Department
Santa Fe Police Department
Seagoville Police Department
Seguin Police Department
Seminole Police Department
Smith County Sheriff
Smithville Police Department
Snyder Police Department
South Padre Island Police Department
Sugar Land Police Department
Tarrant County Sheriff
Taylor Police Department
Terrell County Sheriff
Terrell Hills Police Department
Texarkana Police Department
Texas City Police Department
Texas Department of Public Safety
 Criminal Law Enforcement Division
 Narcotics Service
Tom Green County Sheriff
Travis County Sheriff
Universal City Police Department
University Park Police Department
Uvalde County Sheriff
Victoria County Sheriff
Victoria Police Department
Waco Police Department
Watauga Department of Public Safety
Webb County Sheriff
Weslaco Police Department
Wharton Police Department

Wichita Falls Police Department
 Williamson County Sheriff
 Willow Park Police Department

Wilmer Police Department
 Yoakum County Sheriff

Utah

American Fork Police Department
 Davis County Sheriff
 Davis Metro Narcotics Strike Force
 Kaysville Police Department
 Grand County Sheriff
 Heber City Police Department
 Hurricane Police Department
 Iron County Sheriff
 Midvale Police Department
 Nephi Police Department
 Ogden Police Department
 Orem Department of Public Safety
 Price Police Department
 Provo Police Department
 Salt Lake City Police Department

Salt Lake County Sheriff
 Sandy City Police Department
 Springville Police Department
 St. George Police Department
 Tooele County Sheriff
 Tooele Police Department
 Utah County Major Crimes Task Force
 Utah County Sheriff
 Utah Department of Public Safety
 State Bureau of Investigation
 Wasatch Range Task Force
 Washington County Drug Task Force
 Washington Terrace Police Department
 West Jordan Police Department
 West Valley City Police Department

Vermont

Bellows Falls Police Department
 Bennington Police Department
 Brattleboro Police Department
 Burlington Police Department
 Caledonia County Sheriff
 Essex Police Department
 Milton Police Department
 Montpelier Police Department

Newport Police Department
 Rutland Police Department
 Springfield Police Department
 St. Johnsbury Police Department
 Vermont State Police
 Williston Police Department
 Windham County Sheriff

Virginia

Albemarle County Police Department
 Alexandria Police Department
 Arlington County Police Department
 Ashland Police Department
 Blacksburg Police Department
 Blackstone Police Department
 Buena Vista Police Department
 Campbell County Sheriff
 Charlottesville Police Department
 Chesapeake Police Department
 Chesterfield County Police Department
 Culpeper Police Department
 Danville Police Department
 Fairfax County Police Department
 Fredericksburg Police Department
 Hampton Police Division
 Hanover County Sheriff
 Harrisonburg Police Department
 Henrico County Police Department
 Lynchburg Police Department
 Manassas City Police Department
 Newport News Police Department
 Norfolk Police Department
 Narcotics Division
 Petersburg Police Department

Portsmouth Police Department
 Prince William County Police Department
 Radford Police Department
 Richlands Police Department
 Richmond Police Department
 Roanoke City Police Department
 Roanoke County Police Department
 Rocky Mount Police Department
 Suffolk Police Department
 Vienna Police Department
 Vinton Police Department
 Virginia Beach Police Department
 Special Investigations
 Virginia State Police
 Bureau of Criminal Investigation
 Drug Enforcement Division
 Appomattox Field Office
 Chesapeake Field Office
 Culpeper Field Office
 Fairfax Field Office
 Salem Field Office
 Wyethville Field Office
 Waynesboro Police Department
 Wise Police Department

Washington

Aberdeen Police Department	Mill Creek Police Department
Arlington Police Department	Mukilteo Police Department
Asotin County Sheriff	Ocean Shores Police Department
Bainbridge Island Police Department	Orting Police Department
Bellevue Police Department	Pierce County Sheriff
Bellingham Police Department	Port Townsend Police Department
Bothell Police Department	Pullman Police Department
Chelan County Sheriff	Renton Police Department
Cheney Police Department	Seattle Police Department
Clallam County Sheriff	Snohomish Police Department
Clark-Skamania Drug Task Force	Snohomish Regional Drug Task Force
College Place Police Department	South Snohomish County Narcotics Task Force
Cowlitz County Sheriff	Spokane County Sheriff
Edmonds Police Department	Spokane Police Department
Ellensburg Police Department	Tacoma Police Department
Ephrata Police Department	Thurston County Narcotics Task Force
Everett Police Department	Union Gap Police Department
Federal Way Police Department	Valley Narcotics Enforcement Team
Forks Police Department	Vancouver Police Department
Franklin County Sheriff	Walla Walla Police Department
Gig Harbor Police Department	Washington State Patrol
Jefferson County Sheriff	West Richland Police Department
Kennewick Police Department	West Sound Narcotics Enforcement Team
Kent Police Department	Whatcom County Sheriff
King County Sheriff	Whitman County Sheriff
Kittitas County Sheriff	Yakima Police Department
Mercer Island Police Department	

West Virginia

Berkeley County Sheriff	Parkersburg Violent Crime and Narcotics Task Force
Bridgeport Police Department	South Charleston Police Department
Cabell County Sheriff	Sutton Police Department
Charleston Police Department	Vienna Police Department
Gilmer County Sheriff	Welch Police Department
Huntington Police Department	West Virginia State Police
Huntington Violent Crime/Drug Task Force	Danville Detachment
Kanawha County Sheriff	Gilbert Detachment
Lewis County Sheriff	Hamlin Detachment
Marshall County Sheriff	Logan Detachment
Mason County Sheriff	Point Pleasant Detachment
Metropolitan Drug Enforcement Network Team	Sutton Detachment
Mingo County Sheriff	Wayne Detachment
Morgantown Police Department	Wood County Sheriff
Ohio Valley Drug Task Force	Wyoming County Sheriff
Wheeling Police Department	

Wisconsin

Appleton Police Department	Edgerton Police Department
Ashland Police Department	Fitchburg Police Department
Beloit Police Department	Fond du Lac County Sheriff
Berlin Police Department	Fox Point Police Department
Brown County Drug Task Force	Green Bay Police Department
Caledonia Police Department	Hayward Police Department
Chippewa County Sheriff	Janesville Police Department
Clark County Sheriff	Jefferson County Sheriff
Crawford County Sheriff	Kenosha County Sheriff
Dane County Sheriff	Kenosha Police Department
Eau Claire Police Department	Kewaunee County Sheriff

La Crosse Police Department
Lake Mills Police Department
Lake Winnebago Area Metropolitan Enforcement Group
Manitowoc County Sheriff
Marathon County Sheriff
McFarland Police Department
Milwaukee County Sheriff
Milwaukee Police Department
Monona Police Department
Mukwonago Village Police Department
New Richmond Police Department
Oconomowoc Police Department
Oshkosh Police Department
Outagamie County Sheriff
Ozaukee County Sheriff
Pewaukee Police Department
Pierce County Sheriff
Pleasant Prairie Police Department
Racine Police Department

Ripon Police Department
Rusk County Sheriff
Sheboygan Falls Police Department
Sheboygan Police Department
State Line Area Narcotics Team
Stevens Point Police Department
Stoughton Police Department
Superior Police Department
Two Rivers Police Department
Vernon County Sheriff
Walworth County Sheriff
Watertown Police Department
Waukesha Police Department
Waupaca County Sheriff
West Allis Police Department
Winnebago County Sheriff
Wisconsin Department of Justice
Division of Narcotic Enforcement

Wyoming

Campbell County Sheriff
Casper Police Department
Cheyenne Police Department
Cody Police Department
Evanston Police Department
Goshen County Sheriff
Laramie County Sheriff
Laramie Police Department
Natrona County Sheriff
Powell Police Department
Sheridan County Sheriff
Wyoming Division of Criminal Investigation
Wyoming Highway Patrol

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