National Drug Threat Assessment 2001

The Domestic Perspective

October 2000

National Drug Intelligence Center
U.S. Department of Justice

National Drug Threat Assessment 2001
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From the Director:

I am pleased to present the *National Drug Threat Assessment 2001: The Domestic Perspective,* the culmination of dedicated work by the National Drug Intelligence Center in partnership with federal, state, and local agencies and organizations. In accordance with the provisions of the General Counterdrug Intelligence Plan, signed by the President in February 2000, the National Drug Threat Assessment—the first of its kind—integrates foreign and domestic counterdrug intelligence and information on domestic drug consumption trends in a single report.

This assessment is intended to provide federal, state, and local policymakers and law enforcement decisionmakers with information to assist in forming counterdrug policy and plans and allocating resources in the fight against illegal drugs. It is the first comprehensive assessment, from a domestic perspective, of the threat that drugs and drug-related crime pose to our society. Furthermore, it reflects the collective knowledge of the Drug Enforcement Administration, Federal Bureau of Investigation, U.S. Coast Guard, and U.S. Customs Service and the four national counterdrug intelligence centers—El Paso Intelligence Center, Financial Crimes Enforcement Network, Crime and Narcotics Center, and of course, NDIC. The use and characterization of all demand-related information was coordinated with the U.S. Department of Health and Human Services National Institute on Drug Abuse and Substance Abuse and Mental Health Services Administration, Office of Applied Studies, as well as the U.S. Department of Justice, National Institute of Justice.

The National Drug Threat Assessment draws on recent information from hundreds of law enforcement agencies to document the current threat and emerging trends in drug trafficking and related criminal activity in the United States. It uses national abuse indicators—the Parents' Resource Institute on Drug Education Survey, the National Institute of Justice Arrestee Drug Abuse Monitoring Program, the National Institute on Drug Abuse Monitoring the Future Study, and the Substance Abuse and Mental Health Services Administration Drug Abuse Warning Network, National Household Survey on Drug Abuse, and Treatment Episode Data Set—to construct a historical baseline of drug use data and information.

In January 2000, the NDIC sent copies of the National Drug Threat Survey to 843 state and local law enforcement agencies across the United States. Over 400 agencies responded to the survey, including the police departments of every U.S. city with a population of more than 1 million. Collectively, responding agencies have jurisdiction over 65 percent of the U.S. population.

I would like to thank all participating agencies and organizations without whose contributions this assessment would not have been possible. The assistance they provided in developing the process to publish a national assessment and the detailed information they contributed have been invaluable. I encourage readers to review the document and provide comments on the enclosed Product Survey. I look forward to collaborating on future projects.

Michael T. Horn
October 2000

U.S. Department of Justice
National Drug Intelligence Center

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Executive Summary

The trafficking and abuse of illegal drugs continue to afflict society, and America's young people feel the greatest effect. National demand indicators show continuing overall stability in cocaine, methamphetamine, heroin, and marijuana use but also some disturbing trends in use among adolescents and young adults.

- The Monitoring the Future Study showed continuing increases in reported lifetime and past year use of cocaine among twelfth graders between 1994 and 1997. Changes since 1997 have trended upward but have not been significant. Among eighth and tenth graders, the increases in cocaine use found in the early to mid-1990s have stabilized.
- Nationally, lifetime methamphetamine use is lowest among young people aged 12 to 17, according to the National Household Survey on Drug Abuse. But widespread reports from law enforcement agencies of increased availability and increased use at raves, along with the appearance of compound MDMA/methamphetamine tablets, may indicate future increases in methamphetamine use by adolescents and young adults.
- Overall, adolescent heroin use has stabilized after roughly doubling between 1993 and 1997. Annual use among twelfth graders is currently 1.1 percent, while among both eighth and tenth graders annual use is 1.4 percent. Multiple reports of the use of heroin and MDMA in combination at raves—either simultaneously or during the course of a night—may indicate increased use by young people.
- Overall, the number of marijuana users has remained relatively stable since 1991, although the rate of marijuana use among 12 to 17 year olds declined between 1997 and 1999. Law enforcement reports of increased marijuana-related investigations, seizures, and arrests at elementary and junior high schools, however, suggest imminent changes in marijuana use.

The growing popularity and expansion of the rave culture and the criminal activity that surrounds it pose a major threat to America's youth. Dramatic increases in the availability and use of club drugs, especially MDMA and GHB, and the array of hallucinogens and other illegal drugs available at raves and dance clubs indicate that the full impact of the rave culture has not yet been felt.

- Between 1998 and 1999 reported lifetime, past year, and current use of the increasingly popular club drug MDMA rose substantially among twelfth graders, and past year use increased among tenth graders, according to 1999 Monitoring the Future Study data.
- Over 10 percent of the 412 state and local law enforcement agencies that responded to the National Drug Threat Survey identify the appearance of club drugs—sometimes MDMA or GHB, but usually both—in their jurisdictions in the past year. Responses from over 50 percent of respondents indicate that the rave culture has expanded well beyond large metropolitan areas into smaller cities, towns, and rural areas across the nation.
- In addition to providing an outlet for the distribution of a variety of club drugs, the rave culture provides trafficking organizations and independent profiteers with an opportunity to introduce a variety of drugs to a new group of users.

While international drug trafficking organizations are meeting the demand for all drug types, they are taking steps to make drugs more acceptable, easier to administer and, in general, more appealing to new groups of users. Young people appear to be the primary targets of their efforts.

- Recent seizures of Southeast Asian methamphetamine tablets ("Yaba") in California and the availability of those tablets at southern California nightclubs suggest that the use of Asian methamphetamine tablets may have already spread beyond traditional ethnic Asian users.
- Higher purity heroin that can be snorted or smoked is increasingly available and less expensive than ever before, making it more attractive to new and younger users. While instances are limited, heroin is beginning to appear more frequently at raves and dance clubs.
- Heroin, MDMA, LSD, and combination tablets are available in a wider variety of visually appealing and easy-to-administer forms, most of which are appearing first at raves and on college campuses.

Cocaine. Mexican and Colombian drug trafficking organizations continue to dominate wholesale distribution of cocaine. However, Dominican organizations have secured Mexican sources of cocaine in the Southwest and continue to expand their involvement and influence in cocaine trafficking. Dominican organizations have become the preeminent cocaine distributors in the New England, New York/New Jersey, Mid-Atlantic, and Southeast Regions and are expanding into the Great Lakes, West Central, and Pacific Regions. Local independent dealers—including Caucasians, African Americans, and Hispanics—are heavily involved in cocaine transportation and retail distribution.

Recent information from law enforcement agencies suggests the existence of a well-coordinated logistics system that allows major Mexican and Colombian drug trafficking organizations to manage the movement of cocaine from various points of entry, through transportation hubs and distribution centers, to markets throughout the nation. Six major transportation hubs supply cocaine to distribution centers in major market areas. From Los Angeles, Central Arizona (Tucson and Phoenix), El Paso, Houston, Miami, and Puerto Rico, Mexican and Colombian organizations control the flow of cocaine from Mexico, Colombia, and the Caribbean to markets in the United States.

Methamphetamine. Many agencies throughout the Pacific, Southwest, and West Central Regions continue to report increases in the production, availability, and use of methamphetamine, especially noting increases in small-scale laboratories. California's Central Valley, with the highest rate of "superlab" seizures in the nation, has emerged as a major methamphetamine production center and a source of supply to areas throughout the country. Several agencies in states not generally associated with methamphetamine production note dramatic increases in local production and use, and two major police departments note an increase in the availability of methamphetamine at raves. Although Caucasian dealers and other local independents seem to account for a significant portion of the domestic production and distribution of high purity methamphetamine, Mexican producers probably still account for most of the methamphetamine available in the United States.

There are no indications that any group is positioned to challenge Mexican dominance of illegal methamphetamine production and distribution. But law enforcement information documents the emergence of a multimillion-dollar secondary industry that supports methamphetamine production in the United States. Groups consisting of Middle Eastern, Mexican, and Asian criminals operating in the United States acquire thousands of cases of pseudoephedrine tablets and then use sophisticated schemes to launder pseudoephedrine shipments primarily to Mexican clandestine methamphetamine laboratory operators in the Pacific and Southwest Regions.

Heroin. Demand for high purity heroin continues. To meet demand, the availability of high purity, comparatively low cost heroin is increasing, spurred in part by direct contact and cooperation between Dominican organizations in the East and Mexican organizations in the West. Dominican drug trafficking organizations are expanding beyond their traditional base of operations. Already the dominant distributors of South American heroin in the Northeast, the Dominican organizations' expansion is effecting a rise in the availability of South American heroin in areas of the Great Lakes, Southeast, and West Central Regions.

Mexican authorities have seized at least two laboratories capable of producing high purity white powdered heroin. The presence of these laboratories may indicate that Mexican organizations intend to compete with South American heroin in the larger market areas of the East where white powdered heroin is preferred. Indications of Mexican organizations' expansion are bolstered by reports of the increasing availability of Mexican black tar and brown powdered heroin in the Mid-Atlantic, New York/New Jersey, and New England Regions.

Marijuana. Marijuana is the most widely available and abused illegal drug in the United States. In a country where approximately 20 percent of the population has used the drug at least once, many law enforcement agencies express concern that the marijuana problem is not taken seriously. A development that merits attention is the rise in the number of investigations, arrests, and seizures at and around high schools, which suggests increased marijuana use among youth.

Widespread cannabis cultivation, both indoor and outdoor, is filling the growing demand for high potency marijuana. The potency and yield of cannabis crops is increasing through the use of cloning and hydroponics, and high THC content marijuana is available in more areas of the United States than ever before. Reports of smuggling BC Bud by maritime vessel and motor vehicle from Canada to Washington State illustrate methods used to facilitate this increased availability.

Other Dangerous Drugs. Other Dangerous Drugs, particularly the club drugs MDMA and GHB, pose a much greater threat than is currently perceived. Given continuing and sometimes dramatic increases in availability and use, club drugs may pose a greater immediate threat to adolescents and young adults than any other single drug. Many law enforcement agencies express concern over the perception that club drugs are "safe," noting increases in overdoses, deaths, and sexual assaults that directly coincide with increases in the availability and abuse of club drugs and rave activity.

Recent information generated by a cooperative NDIC–DEA document exploitation mission indicates that the Internet is widely used as a means to order GBL, the primary precursor for GHB. Even more troubling, however, are indications that some purchasers of GBL—potential manufacturers of GHB—are convicted pedophiles, suggesting a more ominous potential misuse of the drug.

Trafficking Trends. The face of drug trafficking may be changing. Trends indicate that the traditional perception that drug traffickers are foreign, nameless entities or members of specific minority groups must change to include more localized groups and individuals, especially Caucasians. Although Mexican and Colombian drug trafficking organizations currently dominate wholesale distribution of illegal drugs, there are strong indications that Caucasian dealers and other local independents are responsible for much of the increased availability and abuse of drugs in suburban and rural areas. Because of the success of Operation Millennium (a coordinated U.S.–Colombian investigation) and to minimize future exposure to law enforcement and the U.S. justice system, Colombian trafficking organizations appear to be moving from extensive involvement in the transportation and distribution of cocaine and heroin to more limited involvement strictly in bulk wholesale supply.

- Colombian organizations are increasingly relying on Dominican organizations based in the United States to transport and distribute cocaine, and U.S.-based Dominican and Mexican organizations are increasing their involvement in transporting and distributing South American heroin.
- Independent domestic traffickers, including Caucasians, African Americans, and Hispanics, are involved in cocaine transportation and retail distribution, methamphetamine production and distribution, and heroin transportation and distribution.
- Independent Caucasian traffickers account for most cannabis cultivation in the United States and a substantial portion of the distribution of domestic and foreign-grown marijuana. Young adult Caucasians, especially college students, are primarily responsible for distributing club drugs nationwide.

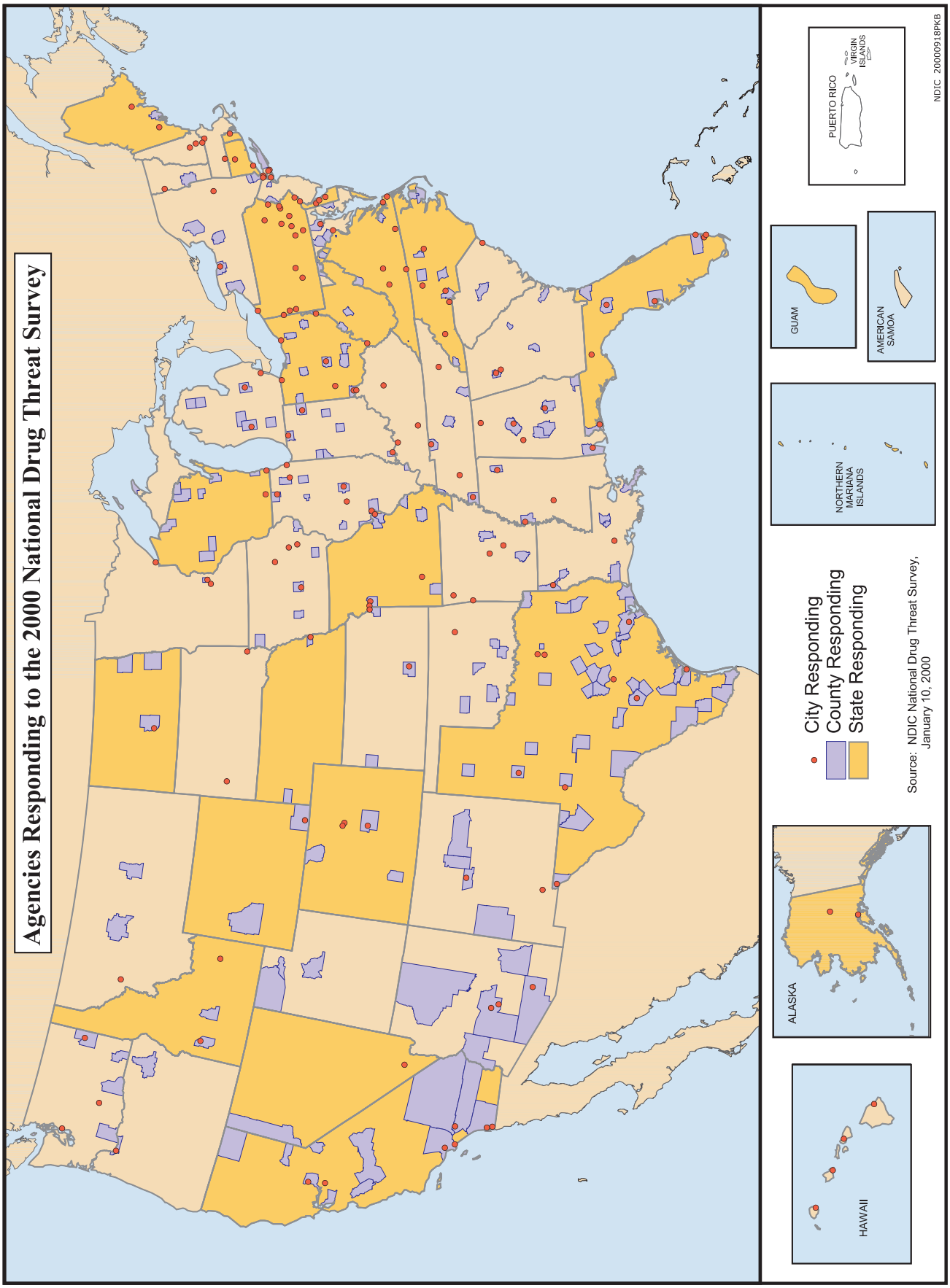
Northern Border. Information from federal, state, and local agencies suggests that the level of drug trafficking across the Northern Border is greater than currently believed. Increased drug trafficking activity in the North could create a demand for a greater law enforcement presence along the Northern Border.

- Law enforcement agencies in California, Montana, Oregon, Vermont, and Washington identify several Canadian cities as transshipment points for drugs, particularly heroin, high potency marijuana, and club drugs, smuggled into their areas.
- The DEA identifies Canada as a source of methamphetamine precursors to clandestine laboratory operators in the United States.

- Agencies in Maine, New York, North Dakota, and Washington identify Canadian cities as final destinations for cocaine transshipped through their areas.

Money Laundering. Money laundering is intrinsic to the illicit drug trade. The enormous revenues generated by the sale of illicit drugs pose a serious threat to the economic security of the United States. Traffickers use laundered drug proceeds to finance further drug operations, promote corruption, and fund insurgency and terrorist organizations. Mexican and Colombian drug trafficking organizations, the primary producers, transporters, and wholesalers of illegal drugs throughout the United States, earn billions of dollars from their drug trafficking activities and pose the greatest challenge to U.S. anti-money laundering efforts. Bulk currency and monetary instrument smuggling and money service businesses are the primary methods used to launder drug proceeds generated in the United States. Colombian traffickers also extensively use the Black Market Peso Exchange, a parallel banking system that is more effective, for their purposes, than the official banking system.

- Domestic money laundering is most prevalent in Chicago, Los Angeles, Miami, New York/New Jersey, San Juan (PR), and the Southwest Border. These areas, with the exception of Chicago and Miami, were recently designated High Intensity Money Laundering and Related Financial Crime Areas, according to *The National Money Laundering Strategy for 2000*.
- An estimated $30 billion in bulk cash and monetary instruments were smuggled into Mexico in fiscal year 1999, indicating Mexico's significance in the money laundering process. There are also indications that the amount of drug proceeds cycled through Mexico directly back to U.S. payees is increasing.


Agencies Responding to the 2000 National Drug Threat Survey
City Responding
County Responding
State Responding
Source: NDIC National Drug Threat Survey, January 10, 2000
ALASKA
HAWAII
GUAM
AMERICAN SAMOA
NORTHERN MARIANA ISLANDS
PUERTO RICO
VIRGIN ISLANDS
NDIC 20000918PKB

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Scope and Methodology

Data provided by hundreds of federal, state, and local agencies and organizations and information gleaned from assessments of specific elements of the drug threat such as the *Interagency Assessment of Cocaine Movement*, the *Global Heroin Threat to the United States*, and the *NDIC Threat Assessment: U.S. Arrival Zone* were used to characterize the drug threat. In accordance with guidance from the U.S. Attorney General and the Director of the Office of National Drug Control Policy to incorporate information from state and local agencies, the NDIC developed the National Drug Threat Survey, a directed research project. The objective was widespread coverage of urban, suburban, and rural areas without regard for population density. Recipients were targeted by U.S. Attorney District and included state police and investigative agencies, county sheriffs, and municipal police departments. The survey specifically targeted agencies in the more populous cities and surrounding counties as well as those in smaller cities and rural counties. Agencies were asked to characterize the drug threat within their respective areas of responsibility and jurisdictions and to provide supporting detailed information by drug type.

Analytical judgment determined the threat posed by each drug type or category, taking into account quantitative and qualitative information on availability, demand, production and cultivation, transportation, and distribution.

- Availability. To evaluate drug availability and that portion of the drug threat it represents, analysts considered quantitative information on seizures, investigations, arrests, indictments, sentencing, purity, and price. Qualitative data, like 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 threat represented by domestic demand for illegal drugs was based on accepted interagency estimates and data captured in national demand monitoring mechanisms. Quantitative and qualitative information compared include the estimated number of total users, prevalence of drug use among various age groups—especially youth, admissions to treatment facilities, influence of drugs on crime and the penal system, emergency department information, and drug-related deaths.

- Production and Cultivation. To evaluate the threat posed by 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 the transportation threat, analysts evaluated 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 the threat posed by drug distribution was almost entirely qualitative. Analysts considered the involvement of organized criminal groups and comparative estimates of their level of sophistication and national influence, their entrenchment in wholesale and retail distribution, indications of their expansion or cooperation with other groups, and the level of criminal activity associated with their distribution activities.

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Cocaine and Crack

Cocaine, in both powdered and crack forms, permeates the United States. Colombian drug trafficking organizations continue to control coca cultivation and cocaine production, most of which occurs in Colombia. Colombian organizations and their surrogates control transportation through the Caribbean Corridor, while Mexican drug trafficking organizations control the movement of cocaine through Mexico and across the Southwest Border.[1] An established system of transportation hubs and distribution centers allows Mexican and Colombian organizations to manage the flow of cocaine to markets throughout the United States. Inside the United States, Mexican organizations dominate transportation and wholesale distribution in the West and Midwest, while Colombian organizations, although still involved, appear to be ceding some responsibility for transportation and wholesale distribution to other groups, particularly Dominicans, in the eastern United States. Although Mexican and Dominican organizations dominate among identifiable groups at the retail distribution level, independent dealers—including African Americans, Caucasians, and Hispanics—appear to be the norm. The production and availability of crack is directly linked to the availability of cocaine powder. Both production and distribution continue to be associated with street gangs.

Assessment of the Threat

Cocaine remains a major problem throughout the country. Availability and demand for both continue to be high. Information provided to NDIC by federal, state, and local agencies and organizations indicates that the transportation, distribution, abuse, and criminal activity related to powdered and crack cocaine continue to constitute the greatest drug threat to the United States.

Of the 412 state and local agencies responding to the National Drug Threat Survey, 109 rate cocaine as one of the greatest drug threats in their areas. Over 280 agencies in every state, the District of Columbia, Guam, and the Northern Marianas consider the cocaine problem in their area stable, but at high levels. Only 80 agencies note an increase in the cocaine problem, and 20 say that the problem is decreasing.

Although cocaine trafficking, abuse, and related criminal activity span the nation, the cocaine problem is greater in certain regions of the country: New England, New York/New Jersey, Mid-Atlantic, Southeast, and Florida/Caribbean.[2] Cocaine has been surpassed by methamphetamine in most of the western and midwestern states, but it is still considered a major threat by law enforcement in metropolitan areas throughout the country and along the Southwest Border.

Crack is a major problem in urban areas. Of those metropolitan police departments identifying crack as a problem, most consider it the greatest threat. The ready availability of cocaine and the movement of street gangs beyond traditional areas of operation have led to the spread of crack to many suburban and rural areas. Law enforcement agencies in many areas report that crack abuse and distribution are having a serious negative impact on society, leading to violence and other criminal activities, principally by street gangs.

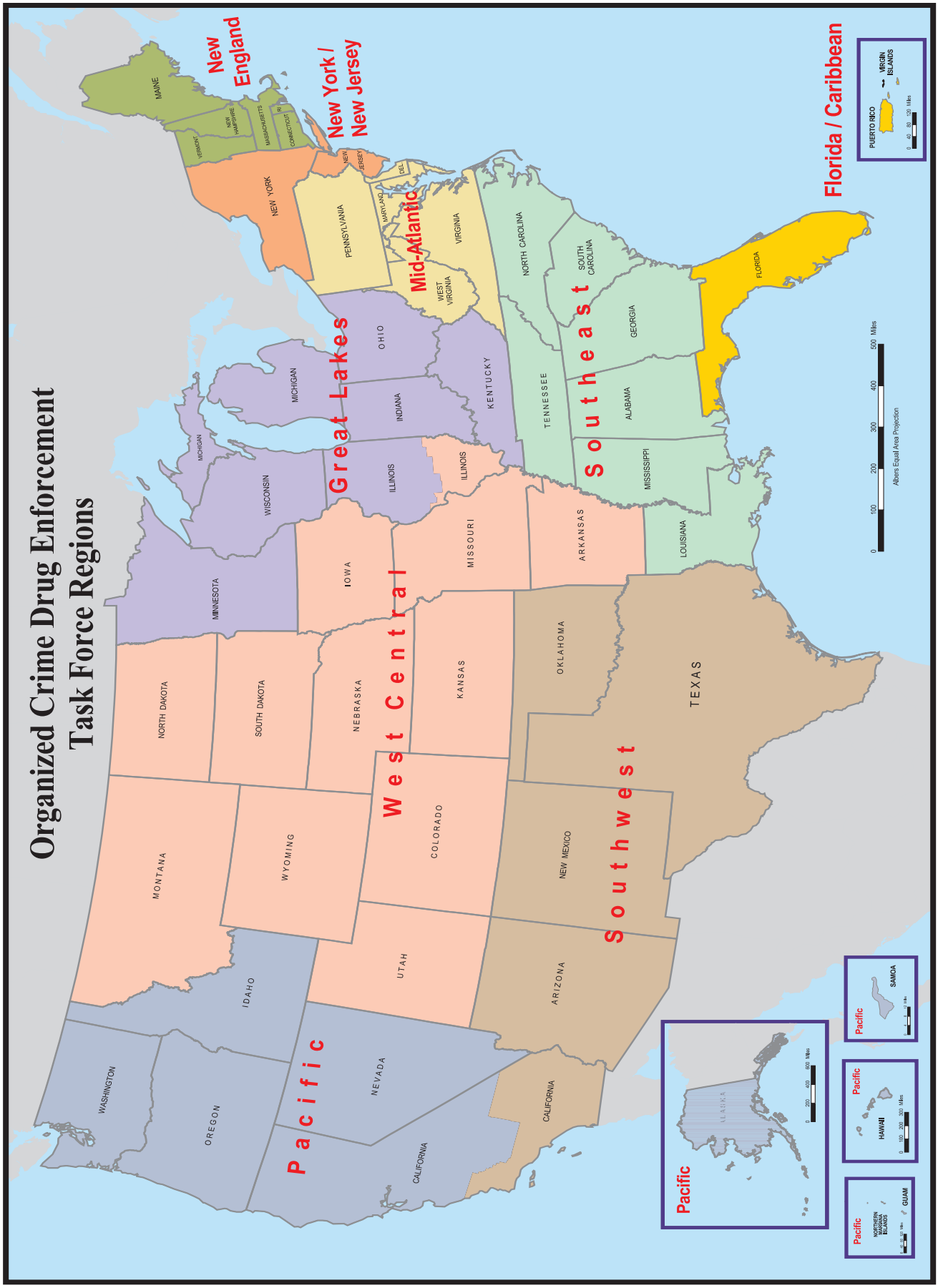
Of the 113 agencies that identify a specific correlation between drugs and violent crime, 67 note a correlation between cocaine and crack trafficking and violent crime. Of those agencies, 53 emphasize the relationship between crack and violent crime—more than for any other drug. Agencies highlight gang-related violence, particularly turf wars, as a primary effect of crack trafficking.

Availability

Law enforcement agencies throughout the nation generally agree that cocaine availability remains high. Many agencies report an increase in the availability of cocaine in suburban and rural areas, which has contributed to a similar increase in the availability and abuse of crack in many of the same areas. Cocaine and crack continue to consume the resources of law enforcement and the justice system. Of the 412 agencies responding to the National Drug Threat Survey, over 200 identified cocaine availability as high. Federal-wide Drug Seizure System (FDSS) data show a significant increase in cocaine seizures between 1998 and 1999—from approximately 118,500 kilograms in 1998 to over 135,000 kilograms in 1999.[3] U.S. Department of Justice Organized Crime Drug Enforcement Task Forces (OCDETFs) obtained over 2,700 cocaine and crack indictments in 1999—more than three times the number for methamphetamine. Cocaine- and crack-related offenses accounted for almost half of all federal drug sentences in 1998.

Purity levels from 80 to 90 percent are common throughout the New England, New York/New Jersey, Mid-Atlantic, Great Lakes, Southeast, Florida/Caribbean, Southwest, and Pacific Regions. In the West Central Region, cocaine purity varies widely. In urban areas throughout the region, purity levels are comparable to those in the major market areas of the East. In suburban and rural areas, purity can be as low as 20 percent. Wholesale and retail cocaine prices reflect the same general trend: prices for high purity cocaine are lowest in major markets and higher in areas farther away. Wholesale prices generally range from $16,000 to $22,000 per kilogram but have been reported as low as $9,000 in Houston and as high as $35,000 in St. Louis. Retail prices range from $75 to $100 per gram but have been reported as low as $20 per gram in Miami and as high as $125 in Denver.[4]

Law enforcement agencies in urban areas report that crack remains readily available. In most areas where trafficking and abuse of crack have become entrenched, local law enforcement considers it the greatest threat. Many agencies in suburban and rural areas report increased availability of crack and the involvement of street gangs in crack conversion, distribution, and violent criminal activity. Crack purity mirrors that of cocaine in most jurisdictions. Prices are generally low in major urban markets ($10 per rock), higher in suburban areas ($20–$30), and substantially higher in small towns and rural communities (as high as $50).


Organized Crime Drug Enforcement
Task Force Regions
New England
New York / New Jersey
Mid-Atlantic
Florida / Caribbean
Great Lakes
Southeast
West Central
Southwest
Pacific
MAINE
VERMONT
NEW HAMPSHIRE
MASSACHUSETTS
RI
CONNECTICUT
NEW YORK
NEW JERSEY
PENNSYLVANIA
DEL
MARYLAND
VIRGINIA
WEST VIRGINIA
NORTH CAROLINA
SOUTH CAROLINA
GEORGIA
FLORIDA
PUERTO RICO
VIRGIN ISLANDS
OHIO
MICHIGAN
INDIANA
KENTUCKY
TENNESSEE
ALABAMA
MISSISSIPPI
LOUISIANA
WISCONSIN
ILLINOIS
MINNESOTA
IOWA
MISSOURI
ARKANSAS
NORTH DAKOTA
SOUTH DAKOTA
NEBRASKA
KANSAS
OKLAHOMA
TEXAS
MONTANA
WYOMING
COLORADO
NEW MEXICO
IDAHO
UTAH
ARIZONA
WASHINGTON
OREGON
NEVADA
CALIFORNIA
Albers Equal Area Projection
Miles
Pacific
HAWAII
SAMOA
GUAM

Demand

Interagency estimates place annual demand for cocaine in the United States at approximately 300 metric tons, or 35 percent of estimated annual potential production and about 50 percent of estimated worldwide demand.[5] Overall, cocaine use has remained relatively stable for the past 5 years, with the estimated number of hardcore users ranging from 3.3 million to 3.6 million each year.

Table 1. Cocaine Admissions 1993–1998 (Number and percent distribution)

	Nonsmoked	Smoked (Crack)	Total	Percentage of All Drugs
1998	63,002	170,491	233,493	14.9
1997	60,405	169,724	230,129	15.0
1996	66,777	190,143	256,920	16.0
1995	69,421	202,865	272,286	16.6
1994	76,322	217,344	293,666	18.0
1993	75,860	201,216	277,076	17.5

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set, 1998.

National studies indicate relative overall stability in the use of powdered cocaine, or cocaine hydrochloride. In 1999, cocaine was the second most commonly used illegal drug (after marijuana) in the United States. National Household Survey on Drug Abuse (NHSDA) data for 1999 indicate that approximately 25 million individuals aged 12 or older reported lifetime cocaine use, approximately 4 million reported past year use, and 1.5 million reported current use.[6] The prevalence of cocaine use varied considerably across age groups: lifetime use was highest among 35 to 44 year olds, but rates of past year and current use were higher among young adults aged 18 to 25.

The most recent information available from the Treatment Episode Data Set (TEDS), a survey of national admissions to substance abuse treatment services, shows that cocaine accounted for nearly 15 percent of all admissions to publicly funded treatment facilities in 1998 (Table 1).[7] Of those cocaine admissions, 27 percent were for powdered (nonsmoked) cocaine. According to TEDS data, the typical powdered cocaine user admitted to publicly funded treatment is white, male, and 32 years of age (Table 2).

Findings from the Arrestee Drug Abuse Monitoring (ADAM) Program continue to show that cocaine is the drug most frequently detected among arrestees, but the percentage of arrestees testing positive for cocaine has decreased at many sites.[8] Data from the Drug Abuse Warning Network (DAWN), which include both powdered and crack cocaine, show cocaine to be the drug most frequently mentioned in hospital emergency department episodes, accounting for 30 percent of all episodes in 1999.[9] Total cocaine mentions have remained relatively stable for the past 5 years.

Table 2. Cocaine Admissions by Sex/Race/Age

	Non-smoked	Smoked (Crack)
Total Admissions	63,002	170,491
Sex		
Male	65.8%	58.1%
Female	34.2%	41.9%
Total	100.0%	100.0%
Race		
White	49.5%	33.1%
Black	34.6%	59.3%
Hispanic	13.4%	5.6%
Other	2.5%	1.9%
Total	100.0%	100.0%
Average age at admission	32.8	34.4

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set, 1998.

Across the 42 metropolitan areas surveyed by DAWN, cocaine remained the drug most frequently mentioned by medical examiners in 1998. Although medical examiner mentions of cocaine were relatively stable overall, seven cities reported large increases in 1998, while four reported large decreases.[10]

Table 3. Percent of 8th, 10th, and 12th Graders Reporting Lifetime, Past Year, and Current Cocaine Use

	Lifetime			Past Year			Current		
	8th	10th	12th	8th	10th	12th	8th	10th	12th
1999	4.7	7.7	9.8	2.7	4.9	6.2	1.3	1.8	2.6
1998	4.6	7.2	9.3	3.1	4.7	5.7	1.4	2.1	2.4
1997	4.4	7.1	8.7	2.8	4.7	5.5	1.1	2.0	2.3
1996	4.5	6.5	7.1	3.0	4.2	4.9	1.3	1.7	2.0
1995	4.2	5.0	6.0	2.6	3.5	4.0	1.2	1.7	1.8
1994	3.6	4.3	5.9	2.1	2.8	3.6	1.0	1.2	1.5
1993	2.9	3.6	6.1	1.7	2.1	3.3	0.7	0.9	1.3
1992	2.9	3.3	6.1	1.5	1.9	3.1	0.7	0.7	1.3

Source: U.S. Department of Health and Human Services, National Institute on Drug Abuse, Monitoring the Future Study, 1999.

The Monitoring the Future (MTF) Study of secondary school students indicates that although the resurgence in cocaine use in the early to mid-1990s has slowed and, in most cases, stabilized, levels are still quite high compared with those in the early 1990s.[11] Five-year comparisons show increases in the prevalence of lifetime and past year cocaine use among twelfth graders. Notable increases occurred between 1994 and 1997. Changes since 1997 have trended upward but have not been as significant. In 1999, reported lifetime use of cocaine among twelfth graders was 9.8 percent, up from 5.9 percent in 1994. Similar trends were found in high school seniors' past year and current cocaine use. Cocaine use among eighth and tenth graders rose from 1992 to 1997, then leveled off (Table 3).

Table 4. Percent of Past Year Cocaine Use

School Year	Junior High	Senior High	12th Grade	Total (6–12)
99–00	2.2	5.3	7.1	3.7
98–99	2.7	6.1	8.0	4.7
97–98	2.8	6.0	7.9	4.6
96–97	3.0	5.9	7.0	4.5
95–96	2.7	5.6	7.1	4.3
94–95	1.9	4.5	5.3	3.3

Source: Parents' Resource Institute on Drug Education Survey, 1999–2000.
Note: Data is for cocaine and crack combined.

Data from the Parents' Resource Institute on Drug Education (PRIDE) Survey show an increase in past year cocaine and crack use among twelfth graders from 5.3 percent in the 1994–1995 school year to 8.0 percent in the 1998–1999 school year (Table 4).[12] The PRIDE Survey also indicates increases among students in junior high school (sixth to eighth grade) and senior high school (ninth to twelfth grade) over the same period. PRIDE data for the 1999–2000 school year, however, show encouraging declines among junior high, senior high, and twelfth-grade students.

The use of crack, unlike powdered cocaine, has varied considerably over the past 5 years. Estimates of the number of current crack users in the United States have ranged from 650,000 in 1996 to 413,000 in 1999, but there are no estimates of the level of demand for crack. Data from the NHSDA for 1999 indicate that almost 6 million individuals aged 12 or older reported lifetime crack use, while approximately 1 million reported crack use in the past year and about 413,000 reported current use.

Although cocaine and crack accounted for only 15 percent of admissions to publicly funded treatment facilities in 1998, most—73 percent—were for crack. TEDS data indicate that the typical crack user admitted to publicly funded treatment is black, male, and 34 years of age. Almost 42 percent of

admissions to publicly funded treatment for crack abuse were female, compared with 34 percent of admissions for powdered cocaine. Over 40 percent of admissions to publicly funded treatment for crack use smoked on a daily basis; of admissions for powdered cocaine use, less than 29 percent used it daily.

The MTF Study indicates slow but steady increases in crack use from 1993 through 1998, though not all year-to-year changes were statistically significant. In 1999, past year crack use declined among eighth graders and current use decreased among tenth graders. The rate of past year crack use among twelfth graders (2.7%), while the highest in the 1990s, is still well below the rate in 1986 (4.1%).

Production

Coca is cultivated primarily in Colombia; the country accounts for an estimated 67 percent of the powdered cocaine available for worldwide consumption. Peru and Bolivia, which account for 21 and 12 percent, respectively, are the only other significant source countries. The conversion of cocaine to crack occurs almost exclusively at the retail level in the area in which the crack is to be distributed.

Coca cultivation estimates support potential production of 765 metric tons of 100 percent pure cocaine in 1999. Seizures of cocaine bound for the United States indicate that bulk wholesale shipments actually average 80 to 90 percent purity. Of the 587 metric tons of cocaine detected departing South America in 1999, 512 were believed to be destined for the United States. Of this amount, 76 metric tons were seized in transit and another 56 were seized at the U.S. border.

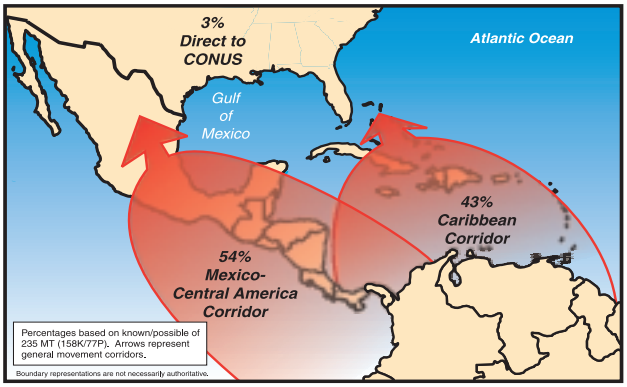
Transportation

Federal, state, and local law enforcement information indicates the existence of a well-coordinated, integrated logistics system that spans the United States, allowing major Mexican and Colombian drug trafficking organizations to manage the flow of cocaine to markets throughout the country. These organizations control the movement of cocaine from source countries to the United States through various points of entry, through and among transportation hubs in the Southwest and Southeast Regions, and from distribution centers to markets throughout the nation.

Transportation to the United States

Interagency analysis of cocaine shipments detected from South America to the United States in 1999 shows a modest change from 1998 in the use of the primary transportation corridors (Mexico–Central America, Caribbean, and Direct to Continental United States). Midyear data for 2000 indicate greater use of Mexico and illustrate the fluidity of cocaine trafficking and the flexibility of the organizations that control it. In 1999, Mexico remained the primary conduit for cocaine destined for the United States, accounting for 54 percent of detected movement (59% in 1998). However, midyear data for 2000 indicate that approximately 66 percent of cocaine bound for the United States transited Mexico. In 1999, the Caribbean Corridor accounted for 43 percent of all detected shipments (30% in 1998), and Haiti and Puerto Rico remained the primary destinations for cocaine shipments through the Caribbean Corridor. Midyear data for 2000 show a reduction in the use of the Caribbean Corridor, particularly Haiti and Puerto Rico, to 33 percent of detected movement, but shipments to Jamaica appear to have increased. In 1999, transit directly to the continental United States accounted for only 3 percent of detected shipments (11% in 1998).

Cocaine Flows to the United States



Source: Defense Intelligence Agency, *Interagency Assessment of Cocaine Movement*, 1999.

Mexican and Colombian drug trafficking organizations continue to control most cocaine transportation to the United States. Mexican organizations control the transit of cocaine across the Southwest Border primarily at ports of entry (POEs) by vehicles (commercial trucks, privately owned vehicles, buses, and taxis) and by couriers on foot. Mexican organizations also use private vehicles, couriers, pack animals, and private aircraft to cross the border between POEs. Colombian organizations, in cooperation with Dominican, Jamaican, Bahamian, and Haitian groups, control the transportation of cocaine in the Caribbean. Containerized cargo, airdrops, go-fast boats, fishing vessels, and coastal freighters are used to move cocaine among the Caribbean islands and to the United States.

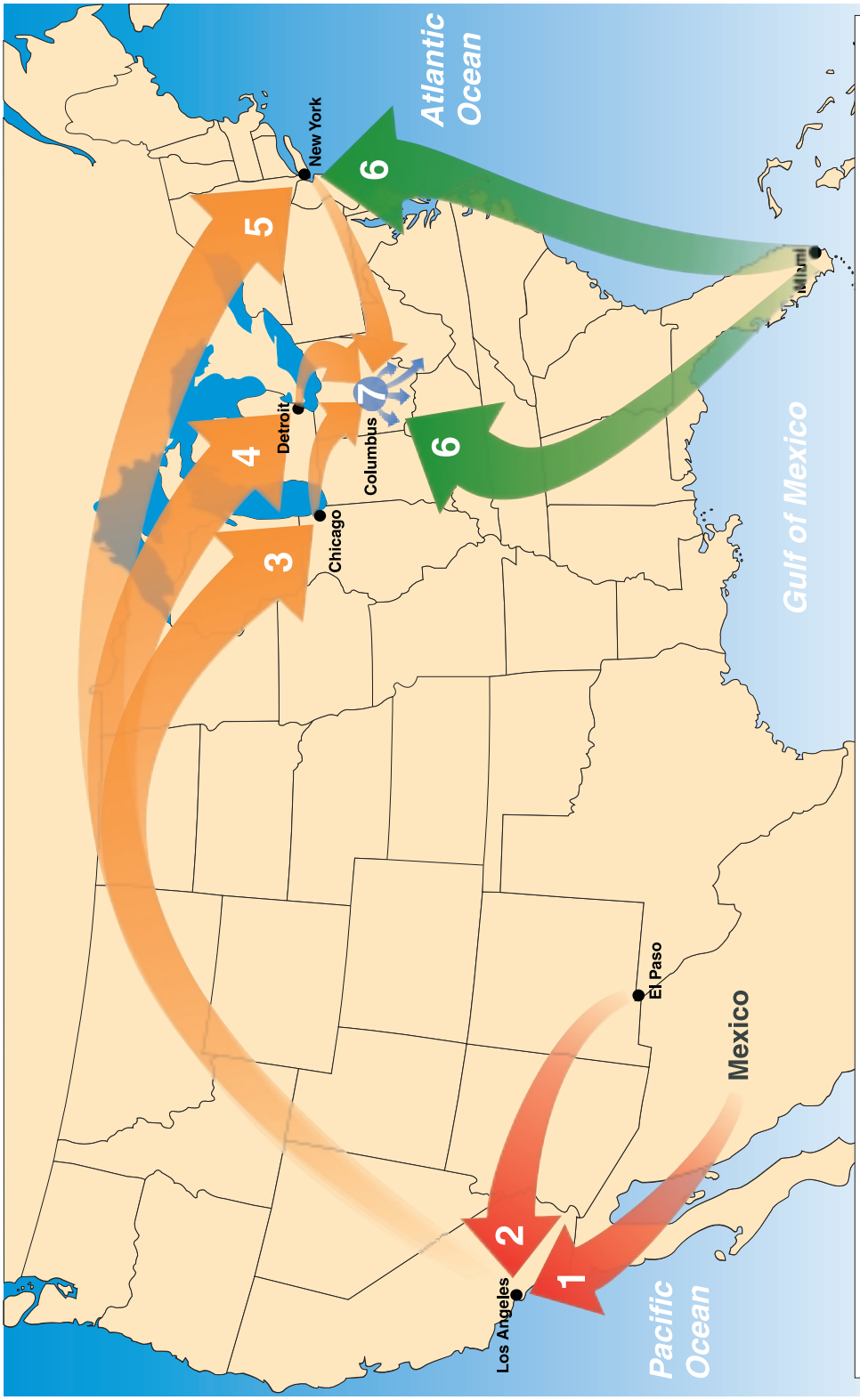
Transportation Within the United States

Law enforcement information indicates that Mexican organizations dominate cocaine transportation in the United States, particularly in the Pacific, West Central, Southwest, Great Lakes, and Southeast Regions. A number of agencies in the Mid-Atlantic Region also note Mexican involvement in cocaine transportation. However, many agencies throughout the country, especially in suburban and rural jurisdictions, state that local independent dealers, mainly Caucasians, are almost as prominent as Mexican organizations.[13] Colombian organizations continue to be involved, particularly in the eastern United States, but have begun to depend more heavily on Caribbean groups—primarily Dominican, Haitian (especially in Florida), and Jamaican—to move cocaine. Organized gangs, including outlaw motorcycle gangs (OMGs) and street gangs, appear to be more prominent in transporting cocaine than was previously believed.

Responses to the National Drug Threat Survey and domestic seizure information provided by the El Paso Intelligence Center (EPIC) document the redundancy and interconnectivity of the logistics system through which drug trafficking organizations manage the flow of cocaine to U.S. markets. This system enables traffickers to direct supply among transportation hubs and distribution centers, to supply multiple markets through alternate routes, and probably to supplement cocaine supplies in areas experiencing shortages as a result of seizures and other law enforcement activity. (The following map illustrates this interconnectivity using Columbus, Ohio, as an example.)

Transportation hub: A city or area that is the intended primary destination of drugs and from which one or more distribution centers are supplied. Transportation hubs usually function as distribution centers as well.
Distribution center: A city that supplies drugs to local markets in and out of state.
Transshipment point: A city or area in which drugs are temporarily stored with the ultimate intent being transportation to another location for distribution.

Secondary Domestic Cocaine Flow



1 Mexican organizations smuggle cocaine via the Southwest Border directly to the Los Angeles transportation hub.

2 Mexican organizations also transport cocaine from El Paso—also a transportation hub—to Los Angeles.

3 From Los Angeles, cocaine is transported to Chicago, a major distribution center, which also supplies cocaine to organizations in Columbus, Ohio, and to markets in at least nine other states.

4 From Los Angeles, cocaine is transported to Detroit, from where it is transported to Columbus and to markets in at least seven other states.

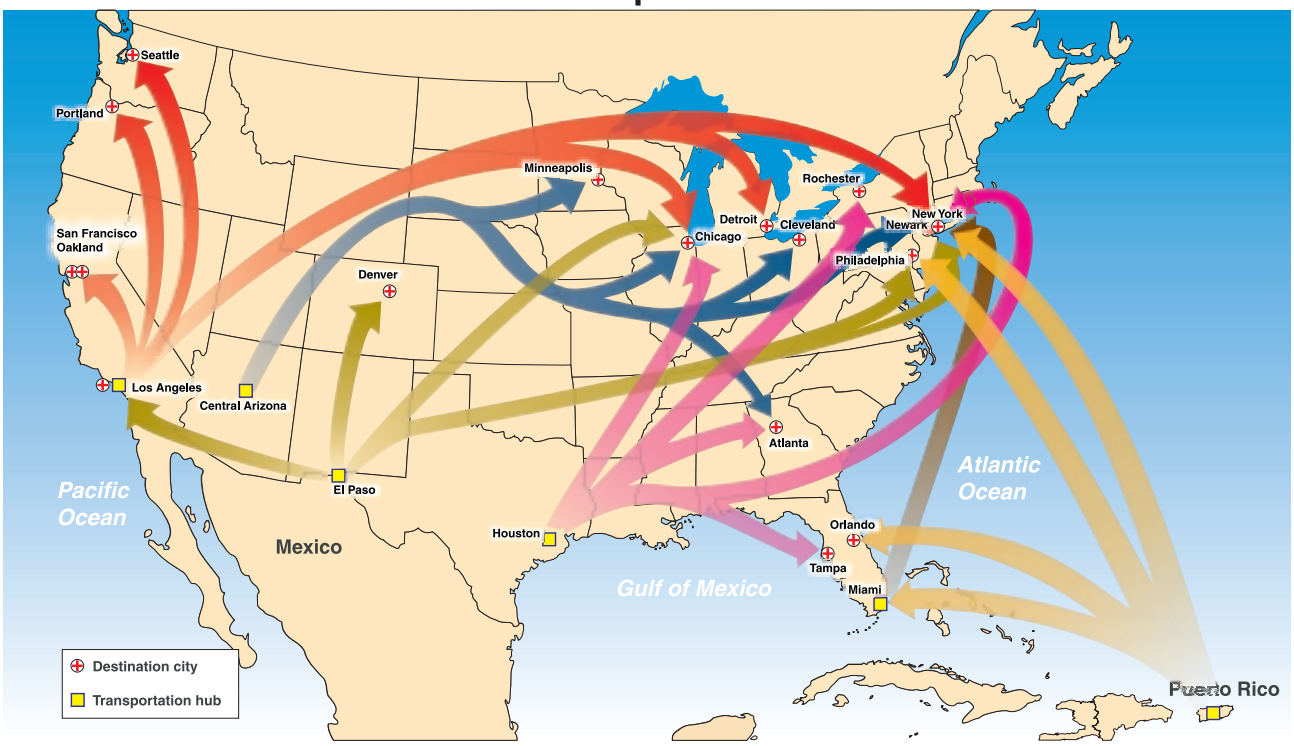
5 Another portion of the cocaine smuggled into Los Angeles is transported to New York City, a major distribution center, from where it is sent on to Columbus and to markets in at least fifteen other states.

6 Colombian organizations in Miami also ship cocaine directly to Columbus and New York City.

7 Dominican, Jamaican, and Mexican organizations distribute cocaine in Columbus and to individuals and groups throughout southern Ohio and West Virginia.

Source: National Drug Intelligence Center, National Drug Threat Survey, 2000, and El Paso Intelligence Center, Operation Pipeline (Convoy and Jetway).

Cocaine Transportation Hubs



Sources: National Drug Intelligence Center, National Drug Threat Survey, 2000, and El Paso Intelligence Center, Operation Pipeline (Convoy and Jetway).

Transportation Hubs

The principal transportation hubs in the United States are Los Angeles, Central Arizona (Tucson and Phoenix), El Paso, Houston, Miami, and Puerto Rico. Mexican organizations control the movement of cocaine to transportation hubs through smuggling corridors in the Southwest Region. They also control the movement of cocaine from transportation hubs in the Southwest to the distribution centers of Atlanta, Chicago, Dallas, New York, and Philadelphia, as well as to markets throughout the country. Colombian organizations control the flow of cocaine into and through Miami and Puerto Rico as well as the flow of some cocaine into Houston, supplying organizations throughout the eastern United States and in the Great Lakes Region.

Los Angeles. The primary source of cocaine to the Los Angeles area is Mexico, via southern California (San Diego) and El Paso, Texas. The Los Angeles High Intensity Drug Trafficking Area (HIDTA) states that Mexican drug trafficking organizations are now sending smaller shipments of cocaine to Los Angeles simultaneously to reduce losses from the seizure of large shipments. From Los Angeles, Mexican organizations supply cocaine to other Mexican organizations in Chicago and Detroit and to Dominican and possibly Colombian organizations in New York. Los Angeles-based Mexican organizations also supply cocaine to associates in cities north of Los Angeles along Interstate 5. Past seizures indicate some maritime transport to Los Angeles from Colombia, but available information does not indicate to what extent. The continued presence of Colombian organizations suggests that they may control some shipments directly to Los Angeles and probably control shipments to associated Colombian organizations in Oakland, San Francisco, Seattle, and other locations on the U.S. West Coast. The Los Angeles Field Division of the Drug Enforcement Administration (DEA) notes that Peruvian groups are attempting to establish cocaine routes to Los Angeles independent of Colombian or Mexican organizations.

Central Arizona. Mexican organizations operating from Tucson and Phoenix control cocaine transportation from Mexico directly into Arizona. From Arizona, they manage the movement of cocaine to Atlanta, Chicago, Cleveland, Los Angeles, Minneapolis, and New York, as well as to several cities between Arizona and the Great Lakes Region.

El Paso. Mexican organizations based in El Paso control the flow of cocaine into El Paso through several entry points in the El Paso metropolitan area and along the border between Columbus, New Mexico, and Del Rio, Texas. In addition to supplying cocaine to Los Angeles, El Paso-based Mexican organizations supply associates—primarily Mexican—in Chicago, Denver, New York, and Philadelphia.

Houston. Mexican and Colombian organizations manage cocaine transportation into and through Houston, which is supplied overland from Mexico via border entry points between Del Rio and Brownsville and by sea. McAllen, Texas, in particular, is a major transshipment point. The DEA Houston Field Division notes a high volume of cocaine shipped through McAllen in tractor-trailers en route primarily to Houston but also to Dallas, Chicago, New York, and other areas to the north and east. Maritime shipments of cocaine directly from Colombia and the Caribbean to Houston probably constitute a majority of the Colombian market share in Houston. From Houston, the cocaine is shipped to associated African-American, Colombian, Dominican, and Mexican organizations in Atlanta, Chicago, New York, Rochester (NY), and Tampa.

Miami. Miami is one of the most important transportation hubs in the eastern United States. Colombian organizations control the flow of cocaine into Miami primarily from the Caribbean, but, according to the Tampa Police Department, Tampa is also a source of some of the cocaine transported to the Miami area. The Miami Police Department reports that New York City is the primary destination for cocaine shipped out of Miami. Additional information from law enforcement agencies indicates a significant increase in cocaine smuggling aboard Haitian coastal freighters.

Puerto Rico. Colombian organizations and their Caribbean associates control cocaine transportation from the northern coasts of Colombia and Venezuela either directly to Puerto Rico or indirectly through the Dominican Republic, Haiti, Trinidad and Tobago, St. Croix, St. Martin/Sint Maarten, and St. Thomas. Traffickers smuggle multihundred-kilogram shipments of cocaine directly to Puerto Rico using a variety of air and maritime methods including commercial and cargo aircraft, go-fast vessels, and containerized cargo. There is a significant lack of information, however, regarding the use of containerized cargo. Traffickers also employ a combination of go-fast vessels, cruise ships, ferries, fishing boats, private yachts, and motherships to "island hop" cocaine to Puerto Rico. There are indications that, because of increased detection and monitoring activity near Haiti and the Dominican Republic, airdrops in the waters east of Puerto Rico may be increasing. From Puerto Rico, traffickers use commercial flights, air cargo, containerized cargo, private watercraft, and cruise ships to move cocaine to associates in New York, Miami, Orlando, Philadelphia, and Newark.

Jacksonville and Tampa, Florida, are noteworthy sources of cocaine to other cities in the United States, but there is insufficient information to classify either as a transportation hub or distribution center. Colombian organizations transport cocaine directly to both cities. Jacksonville appears to lack the widespread influence of the major distribution centers, but criminal organizations in Jacksonville supply cocaine to associates in north Florida, Georgia, New York, and Illinois. The FBI Jacksonville Field Division notes a marked increase in cocaine smuggling through the Port of Jacksonville. Tampa appears to have less influence than even Jacksonville as a distribution center but may supplement cocaine supplies at transportation hubs. Colombian and Central American organizations in Tampa supply and are supplied by associates in Houston and Miami.

Distribution

Mexican organizations continue to dominate wholesale cocaine distribution, particularly in the Pacific, Southwest, West Central, Great Lakes, and Southeast Regions. However, information from law enforcement agencies indicates that Mexican organizations are establishing operations and gaining market share in the eastern United States, especially in New York and Philadelphia. Colombian organizations continue to dominate wholesale distribution in the eastern United States, but apparently have ceded responsibility for some wholesale distribution to Dominican and Jamaican associates throughout the New England, New York/New Jersey, and Florida/Caribbean Regions. Colombian wholesale distribution organizations also dominate the larger market areas of the Mid-Atlantic. According to responses to the National Drug Threat Survey, local independent dealers, particularly Caucasians, are almost as prominent in wholesale cocaine distribution as Mexican organizations—especially in suburban and rural areas. Survey responses also indicate that although Mexican organizations maintain a presence in retail distribution, they surrender dominance to local independent dealers (including Caucasians, African Americans, and Hispanics) and street gangs.

Wholesale: The level of distribution at which drugs are purchased directly from a source of supply or importer and sold, normally, to midlevel distributors in pound, kilogram, or multi-unit quantities.
Midlevel: The level of distribution at which drugs are purchased directly from wholesale distributors in pound, kilogram, or multi-unit quantities and sold in smaller quantities to other midlevel distributors or to retail distributors.
Retail: The level of distribution at which drugs are sold directly to users.

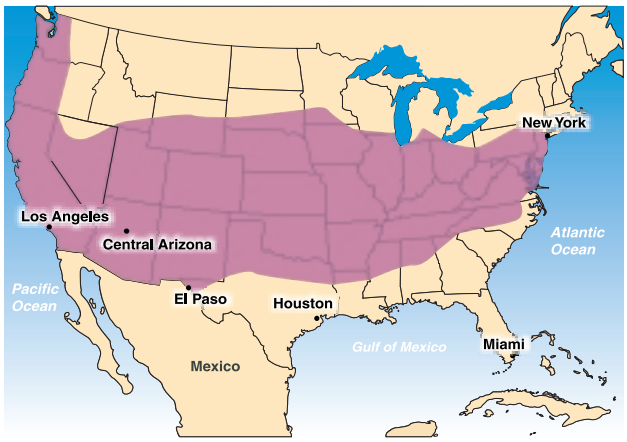
Local independent dealers and street gangs continue to dominate crack distribution, almost all of which occurs at the retail level. Federal, state, and local law enforcement agencies report that crack distributors prefer to move cocaine and convert it to crack locally to avoid the more severe penalties associated with trafficking crack. Almost 300 of the 412 state and local agencies responding to the National Drug Threat Survey identify crack as a problem in their areas, of which almost 80 percent state that crack conversion occurs locally. Local independent dealers, African-American groups, and street gangs are identified as prominently involved in converting cocaine to crack. Several agencies also note the involvement of Mexican, Caucasian, and Dominican groups in crack conversion and distribution.

Crack distribution patterns mirror those of cocaine: street gangs and local independent dealers control crack distribution to associates in and out of state. Of 412 respondents to the National Drug Threat Survey, 270 agencies identify local independent dealers and 190 identify street gangs as the dominant crack distributors in their areas. The next most frequently mentioned are Caucasians, identified by 122 different agencies, and Mexicans, mentioned by only 49.

Transportation Hubs as Distribution Centers

Major Mexican and Colombian drug trafficking organizations control the availability of cocaine throughout the nation by directing the flow of cocaine into the United States and managing the movement of cocaine from transportation hubs to distribution centers nationwide. Transportation hubs—except for Puerto Rico, which almost exclusively supplies only distribution centers—also serve as distribution centers, but their regional influence and importance vary widely.

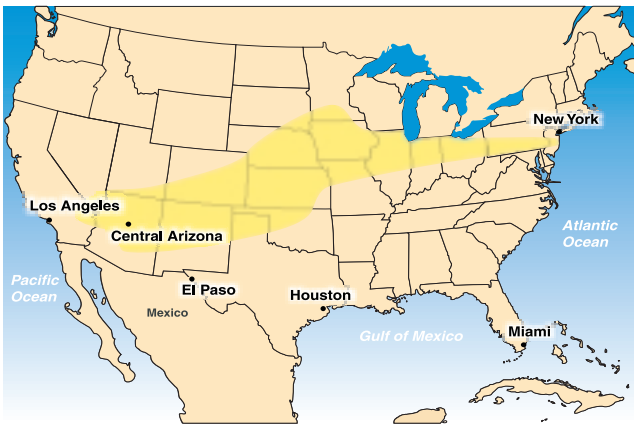
Cocaine Distribution from Los Angeles



Sources: National Drug Intelligence Center, National Drug Threat Survey, 2000, and El Paso Intelligence Center, Operation Pipeline (Convoy and Jetway).

Los Angeles. In addition to supplying the distribution centers mentioned above, Los Angeles-based Mexican and Colombian organizations supply multikilogram quantities of cocaine to associated organizations and independent groups and individuals throughout much of the United States. Law enforcement agencies identify Los Angeles as a primary source of cocaine to cities throughout California and in at least 20 other states: Alabama, Alaska, Arkansas, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Louisiana, Michigan, Minnesota, Mississippi, Nevada, New Mexico, New York, North Carolina, Ohio, South Dakota, Tennessee, and Washington, D.C.

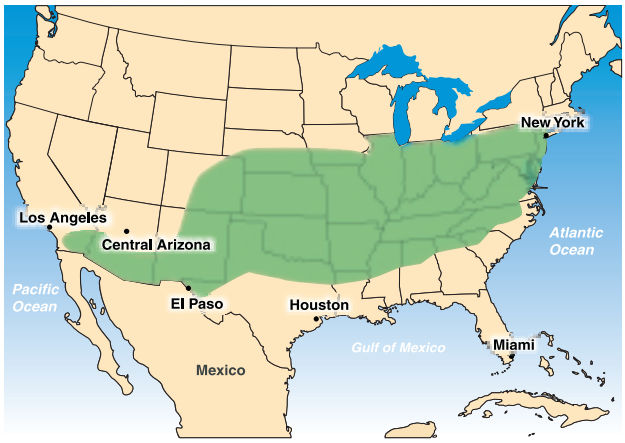
Cocaine Distribution from Central Arizona



Sources: National Drug Intelligence Center, National Drug Threat Survey, 2000, and El Paso Intelligence Center, Operation Pipeline (Convoy and Jetway).

Central Arizona. From Tucson and Phoenix, Mexican drug trafficking organizations supply cocaine to associated Mexican, Jamaican, and other groups throughout Arizona and in at least 12 other states: California, Colorado, Georgia, Illinois, Iowa, Kansas, Minnesota, Nevada, New Mexico, New York, Ohio, and Texas.

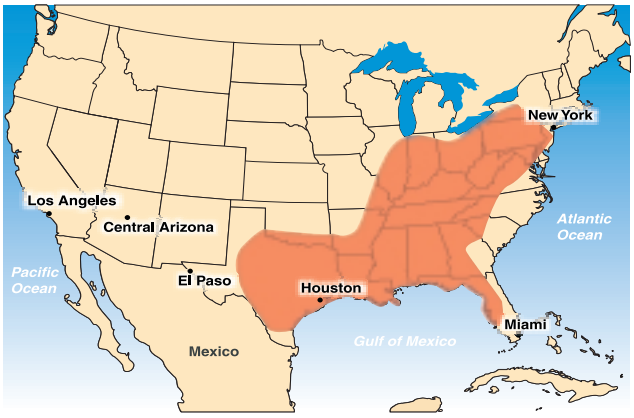
Cocaine Distribution from El Paso



Sources: National Drug Intelligence Center, National Drug Threat Survey, 2000, and El Paso Intelligence Center, Operation Pipeline (Convoy and Jetway).

El Paso. Mexican organizations in El Paso supply cocaine to associated organizations throughout north and west Texas. Few agencies outside Texas identified El Paso as a primary source of cocaine; most of the agencies were in midsize to large cities like Colorado Springs and Denver, Colorado; Kansas City, Missouri; Montgomery, Alabama; Raleigh-Durham and Greensboro, North Carolina; Richmond, Virginia; and suburban areas near Chicago.

Cocaine Distribution from Houston

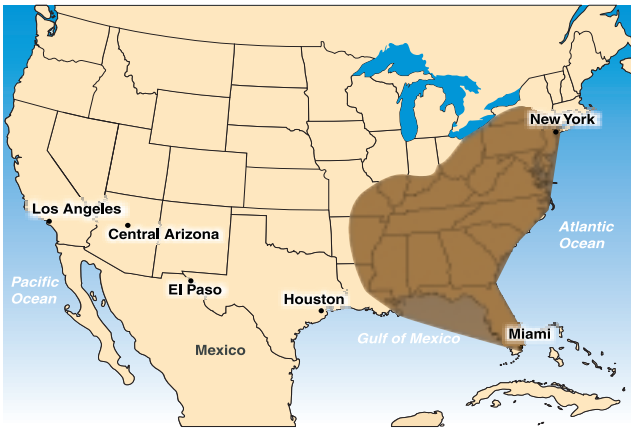


Sources: National Drug Intelligence Center, National Drug Threat Survey, 2000, and El Paso Intelligence Center, Operation Pipeline (Convoy and Jetway).

Houston. Law enforcement agencies in cities and towns throughout east Texas—most of which identify Mexican organizations as the predominant cocaine distributors—also identify Houston as the

primary source of cocaine to their areas. From Houston, Mexican and Colombian drug trafficking organizations supply associated organizations throughout the Southeast including Alabama, Arkansas, Georgia, Louisiana, Mississippi, North Carolina, and Tennessee.

Cocaine Distribution from Miami



Sources: National Drug Intelligence Center, National Drug Threat Survey, 2000, and El Paso Intelligence Center, Operation Pipeline (Convoy and Jetway).

Miami. Colombian organizations based in Miami control supplies of cocaine to African-American, Bahamian, Colombian, Dominican, Haitian, Jamaican, and Mexican organizations in Florida and in at least 15 other eastern states. According to the Miami Police Department, New York City is the primary destination for cocaine leaving Miami. But agencies in Alabama, Georgia, Illinois, Indiana, Maryland, Mississippi, Missouri, New York (Buffalo), North Carolina, Ohio, Pennsylvania, South Carolina, Tennessee, Virginia, and north Florida identify Miami as a primary source of cocaine to their areas.

Distribution Centers

In addition to using the transportation hubs for wholesale distribution, Mexican and Colombian criminal organizations use several other U.S. cities as distribution centers, supplying wholesale quantities of cocaine to organizations in and out of state. Among the distribution centers, the most prominent in terms of regional influence and importance are New York, Chicago, Dallas, Atlanta, Detroit, and Philadelphia. Other probable distribution centers are Columbus, Ohio; St. Louis, Missouri; Minneapolis and St. Paul, Minnesota; Seattle, Washington; and Denver, Colorado. Information from law enforcement agencies and the EPIC indicates a high volume of cocaine movement to these cities, but there is insufficient information to determine their importance as distribution centers.

New York. Cocaine trafficking organizations in New York City, one of the largest cocaine markets in the country, are supplied by virtually every available means of transportation: by sea via containerized cargo, by land from the Southwest Border and from the Southeast Region, by air (especially couriers), and by various parcel services. Mexican and Colombian organizations in Los Angeles, El Paso, Houston, Miami, and Jacksonville control most cocaine shipments to New York, but according to the New York Police Department, Asian, Dominican, and Jamaican groups, are also involved. Colombian and Dominican organizations control the majority of wholesale and midlevel cocaine distribution within New York, but there are indications that Mexican organizations are gaining influence. According to the New York Police Department, local independent dealers (Caucasians and African Americans) and street gangs, as well as Asian, Central American, and Italian Organized Crime groups, also are involved in wholesale distribution. New York-based Colombian, Dominican, and Jamaican organizations supply cocaine to markets in some of the most populous areas of the United States. The influence of New York City as a distribution center extends throughout the New England, New York/New Jersey, and Mid-Atlantic Regions and reaches into the Southeast and Great Lakes Regions.

Chicago. Mexican and Colombian organizations coordinate the flow of cocaine from Los Angeles, Central Arizona, El Paso, and Houston to associated Mexican and Colombian organizations in Chicago. Responses to the National Drug Threat Survey indicate some movement of cocaine from Jacksonville, Florida, through Roanoke, Virginia, to Chicago. Mexican organizations dominate

wholesale and midlevel distribution in Chicago, but the Chicago Police Department identifies Colombian and street gang involvement in wholesale distribution as well. At the retail level, Mexican organizations also dominate distribution, but street gangs, local independent dealers—Caucasians, African Americans, and Hispanics—are heavily involved. From Chicago, Mexican organizations coordinate distribution to markets throughout the Great Lakes Region and into limited areas of the Southeast and West Central Regions.

Dallas. The primary sources of cocaine to the Dallas metropolitan area are El Paso and Houston, but some cocaine apparently is shipped directly from points between Brownsville and El Paso. Within Dallas, Mexican organizations control the majority of wholesale and midlevel cocaine distribution, but the Dallas Police Department also identifies the involvement of street gangs and Colombian, Central American, and Caribbean groups. Mexican organizations, street gangs, local independent dealers (particularly Caucasians), and Asian groups are all involved in retail distribution. The influence of Dallas as a regional distribution center extends throughout north and east Texas, overlapping that of El Paso and Houston, and reaches into Arkansas, Kansas, Louisiana, Mississippi, and Oklahoma. The Dallas Police Department notes an increase in cocaine transshipment through Dallas over the past few years.

Atlanta. The Atlanta Police Department identifies Miami, Brownsville, Texas, and Savannah, Georgia, as the primary sources of cocaine to the area, but the Jacksonville and Houston Police Departments also identify Atlanta as a destination for cocaine leaving their jurisdictions. The large number of cocaine sources to Atlanta and the high volume of cocaine transiting those source areas suggest that the volume of cocaine transported to Atlanta is correspondingly high. According to the Atlanta Police Department, Mexican organizations, local independent dealers, and street gangs dominate cocaine distribution at the wholesale level. At the retail level, street gangs, local independent dealers, and Caucasians, as well as Colombian, Jamaican, and Mexican groups, are all involved. Atlanta's influence as a distribution center appears to be limited to the Southeast Region, particularly Alabama, Georgia, North Carolina, South Carolina, and Tennessee, but includes many of the more populous cities in those states.

Detroit. According to the DEA Detroit Field Division, organizations in Chicago, Miami, New York, Los Angeles, and Texas supply cocaine to organizations in Detroit. Within Detroit, Colombian, Mexican, and Jamaican organizations, as well as Caucasians, are involved in wholesale and midlevel cocaine distribution. According to the Detroit Police Department, street gangs and local independent dealers dominate retail distribution. Detroit's influence as a regional distribution center overlaps that of Chicago, but is more limited in extent. Detroit-based organizations manage cocaine distribution throughout Michigan and to markets in Indiana, Iowa, Kentucky, Ohio, western Pennsylvania, and West Virginia.

Philadelphia. Mexican and Colombian organizations in El Paso, Miami, and New York supply wholesale cocaine distribution groups operating in Philadelphia. These groups include Dominican and Colombian organizations, street gangs, and local independent dealers including African Americans, Asians, and Caucasians. But Caribbean groups—particularly Dominicans with connections to other Dominican groups in New York City—dominate wholesale and midlevel cocaine distribution. According to the Philadelphia Police Department, Dominican groups, street gangs, Caucasians, and OMGs are all involved in cocaine distribution at the retail level. Philadelphia-based organizations, particularly Dominicans, distribute cocaine to groups throughout Pennsylvania and in Delaware, Maryland, Massachusetts, Virginia, and Washington, D.C.

Other probable distribution centers include Columbus, Ohio; St. Louis, Missouri; Minneapolis and St. Paul, Minnesota; Seattle, Washington; and Denver, Colorado. Drug trafficking organizations in these cities distribute locally and to groups and independent dealers in surrounding states. The influence of these cities, however, does not

appear to match that of the distribution centers noted above. According to information provided by police departments and sheriff's offices in each of these cities, locally based Mexican organizations with ties to Mexican organizations along the Southwest Border are heavily involved in cocaine transportation and distribution. In Columbus, Dominican and Jamaican organizations with connections to New York and Florida dominate cocaine distribution. In the Minneapolis and St. Paul areas, the dominant cocaine distributors are local street gangs with ties to gangs in Chicago and Mexican groups with connections to Mexican organizations in Arizona, California, and Texas. Mexican, Colombian, and Central American groups dominate cocaine distribution in Seattle. Although drug trafficking organizations in each of these cities clearly maintain connections to other organizations and independent dealers in and out of state, more information is needed to characterize wholesale and retail distribution patterns in these areas.

Key Developments

Many agencies across the country note no major changes in the cocaine situation in the past year, stating that cocaine availability and use continue to be stable at high to moderate levels. A number of agencies note an increase in the involvement of local independent dealers in cocaine trafficking. The most significant recent developments relate to **the continuing expansion of Dominican and Mexican organizations and indications from investigations in a number of key locations that the two are working together**.

- According to many law enforcement agencies in the New England, New York/New Jersey, Mid-Atlantic, and Southeast Regions, Dominican groups have become the preeminent cocaine distributors in many parts of those regions. Additional information from federal, state, and local law enforcement agencies indicates that Dominican groups have expanded operations to the Great Lakes and portions of the West Central and Pacific Regions.
- The FBI Field Division in Milwaukee notes that Dominican groups, working in close cooperation with several prison and street gangs, have established a distribution network that mirrors Dominican networks in New York.
- The Columbus Division of Police identifies Dominican groups as the dominant cocaine distributors in Columbus, Ohio, and the Hamilton County Sheriff's Office notes a high level of Dominican activity in Cincinnati.
- According to the Tampa Police Department, Dominican organizations are attempting to gain a foothold in the Tampa area.
- The Anchorage Police Department reports that Dominican groups with direct connections to Colombian sources of supply are the dominant cocaine distributors in Anchorage and that Mexican groups are beginning to rival Dominicans.
- According to some DEA and FBI Field Divisions, Dominican groups have established direct connections to Mexican cocaine sources in the Southwest Region.

Other key developments suggest that **drug trafficking organizations are becoming more flexible in employing techniques to avoid detection and increase profits when transporting, storing, and distributing cocaine**.

- Several agencies, including the Columbus (OH) Division of Police, Drug Task Forces in Waco and McAllen, Texas, and the Houston County Sheriff's Department (GA), note significant decreases in the size of cocaine shipments.[14]
- Some state and local law enforcement agencies note the increased use of private vehicles with hidden compartments and the use of increasingly sophisticated smuggling and concealment techniques. Some agencies, particularly in south and east Texas, have observed an increase in the use of tractor-trailer rigs to move large quantities of cocaine.

- Agencies in two of the nation's largest cocaine markets, the Chicago and Los Angeles Police Departments, report an increased tendency on the part of drug trafficking organizations to transport smaller shipments more frequently and store smaller quantities of cocaine in multiple locations. These organizations retrieve the cocaine only on a call-and-deliver basis for sale, thus minimizing the risk of exposure and of losing large quantities of cocaine.
- The Austin (TX) Police Department identifies an increasingly popular technique of marketing "rebricked" cocaine. A kilogram brick of cocaine, which normally sells for $17,000 to $18,000, is broken down and an adulterant is added, reducing the purity from 85 to 25 percent. The resulting powder is again pressed into bricks and sold for approximately $10,000 each, dramatically increasing profits.

Although most state and local law enforcement agencies note no significant changes in the crack situation in their jurisdictions, some identify **significant increases in the purity of crack—up to 85 percent**. A number of agencies also note increasingly sophisticated distribution techniques and a decrease in outdoor sales.

Projections

Almost all national indicators point to continued overall stability in cocaine and crack availability and abuse, but at high levels. Despite indications of overall stability, some changes in the cocaine and crack situation could pose challenges for drug control efforts in the near future.

Mexican, Colombian and, increasingly, Dominican organizations will continue to use a now well-established logistics system in the United States to maintain supplies and stable prices in markets throughout the nation.

Colombian organizations may be moving to an exclusively bulk wholesale supplier role to avoid exposure to law enforcement and the U.S. judicial system. This theory is suggested not only by the Colombians' increasing reliance on Dominican, Haitian, and Jamaican groups to transport and distribute cocaine, but by the expansion of Mexican and Dominican organizations and the increasingly greater direct contact between them.

Methamphetamine

Methamphetamine, in various forms, is available throughout the United States. It is produced illegally in the United States, Mexico, and Asia, but there are no conclusive estimates of the levels of either domestic or international methamphetamine production. Despite an increasingly greater correlation between independent Caucasian laboratory operators and methamphetamine production—which has spread to almost every state—Mexican organizations in Mexico and in the United States probably account for most of the methamphetamine available in the United States. Mexican organizations clearly dominate transportation and wholesale distribution as well, but retail distribution is shared with independent dealers (particularly Caucasians and Hispanics), street gangs, and OMGs.

Assessment of the Threat

A combination of factors makes methamphetamine the second greatest drug threat facing the United States. The production, trafficking, and abuse of methamphetamine and the violence associated with all aspects of the illicit methamphetamine trade continue to plague the United States. The methamphetamine problem is moving into urban areas and eastward from the Southwest, Pacific, and West Central Regions into the Great Lakes, New England, Mid-Atlantic, Southeast, and Florida/Caribbean Regions. The illegal methamphetamine trade was limited to relatively low-grade dl-methamphetamine and associated almost exclusively with OMGs. Now, sophisticated Mexican drug trafficking organizations operating large-scale laboratories in Mexico and the United States supply most of the U.S. demand for methamphetamine and dominate wholesale and retail distribution. Thousands of independent laboratory operators, mostly Caucasians, with ready access to precursor chemicals are using a variety of methods to produce d-methamphetamine, most of which is intended for personal use or very limited local distribution.

In less than 10 years, methamphetamine has grown from a problem limited to the Southwest, Pacific, and portions of the West Central Regions to one of nationwide concern. Agencies in every state except Connecticut, Massachusetts, New Jersey, Rhode Island, and Vermont identify existing or emerging problems with methamphetamine.

Methamphetamine Terms

Dextro-methamphetamine: d-methamphetamine is produced using the precursor chemical ephedrine/pseudoephedrine. It is the most potent and widely abused form of methamphetamine and is associated with Mexican drug trafficking organizations.

Dextro-levo methamphetamine: dl-methamphetamine is produced using the precursor phenyl-2-propanone (P2P). It is only half as potent as d-methamphetamine and is associated primarily with outlaw motorcycle gangs.

Ice: Ice is a colorless, odorless form of smokeable d-methamphetamine resembling glass fragments or ice shavings. Its production (a process of recrystallizing methamphetamine) and distribution are normally associated with Asian traffickers.

Ephedrine/pseudoephedrine production: This method uses the chemicals ephedrine/pseudoephedrine, hydriodic acid, and red phosphorus. It produces large quantities of d-methamphetamine.

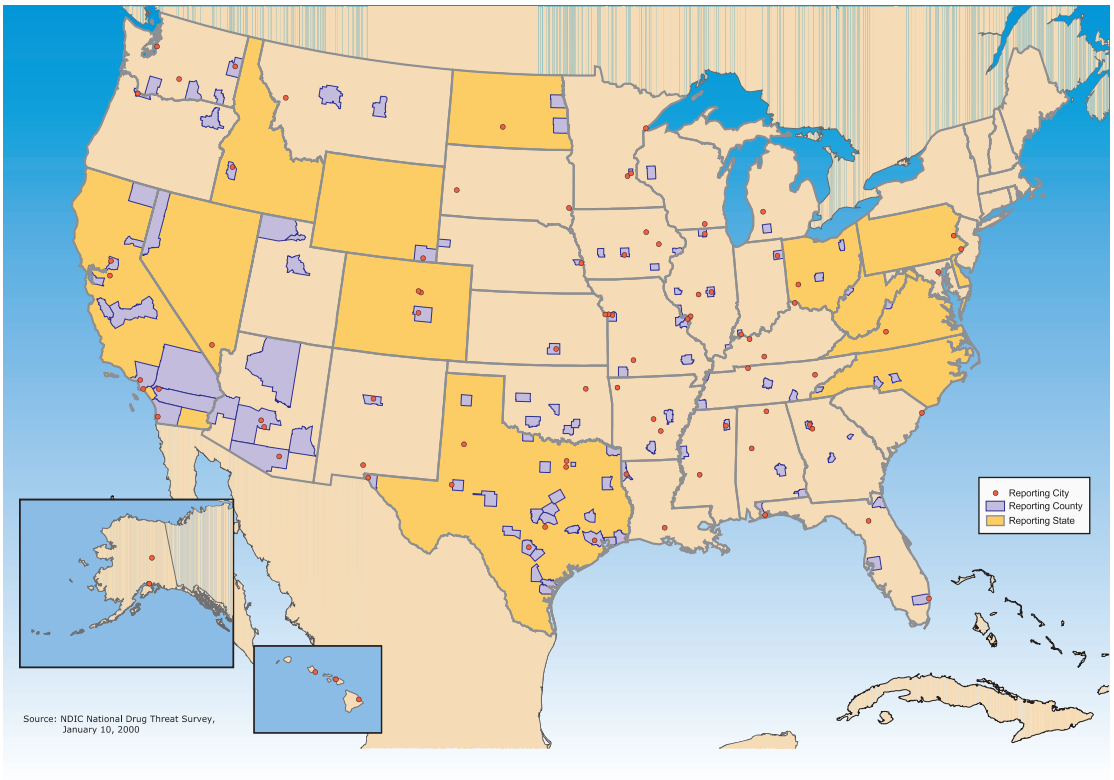
"Nazi" production: This method uses the precursor chemical ephedrine/pseudoephedrine and secondary chemicals such as sodium metal and anhydrous ammonia. It produces small quantities of d-methamphetamine.

Profound environmental damage results from methamphetamine production, much of which occurs within the United States, and the costs of remediating laboratory sites are daunting. In 1998 and 1999 combined, law enforcement agencies seized clandestine laboratories in every state except Connecticut, Rhode Island, and Vermont. In 1998, the DEA seized 70 "superlabs," those capable of producing 10 or more pounds of methamphetamine in a single cook. Of those 70 laboratories, 56 were seized in California, 4 in Colorado, 3 in Pennsylvania, and 1 each in Arizona, Delaware, Michigan, Missouri, Montana, Nevada, and Washington.

Of the 412 state and local agencies responding to the National Drug Threat Survey, 139 rate methamphetamine as one of the greatest drug threats in their areas. Over 200 agencies in 47 states, Guam, and the Northern Marianas identify an increase in the methamphetamine problem within their jurisdictions. Almost 130 agencies consider the methamphetamine problem stable and only 15 said it was decreasing. Over 200 agencies in 42 states note the presence of local methamphetamine production.

Law enforcement agencies note a direct relationship between methamphetamine distribution and abuse and violent crime, particularly domestic violence, child abuse, aggravated assault, and murder. Of the 113 agencies that identify a specific link between drugs and violent crime, 42 note a high correlation between methamphetamine production, trafficking, and abuse and violent crime.

Local Methamphetamine Production



Availability

Law enforcement agencies generally agree that availability is high. More than 150 agencies responding to the National Drug Threat Survey identify methamphetamine availability as high and note corresponding increases in methamphetamine-related investigations and arrests.

Federal-wide Drug Seizure System data show that over 2,700 kilograms of methamphetamine were seized in 1999—approximately 200 kilograms more than were seized in 1998. U.S. Department of Justice OCDETFs obtained 914 methamphetamine indictments in 1999—28 percent more than 1998, but still well below the levels for cocaine and crack.

Purity varies widely across the country. Purity is highest in the Pacific Region, particularly in Guam, Hawaii, and the Northern Marianas, where DEA laboratories have verified purity levels of "ice" at 90 percent and higher. In other areas of the country, purity can range from 10 percent to 80 percent, depending on the source. Purity levels of Mexican methamphetamine have fallen below 10 percent in many areas, but information from the DEA San Diego and San Francisco Field Divisions, as well as from a number of state and local agencies, suggests that purity levels may be on the rise. Purity levels for "Nazi dope" (methamphetamine produced by the Nazi method) are generally much higher than for Mexican methamphetamine.

Prices also vary widely. Wholesale prices are highest in the Pacific islands, reaching $60,000 per pound. Within the contiguous 48 states, wholesale prices are generally higher in areas farthest from the West Coast, averaging $20,000 per pound in the Midwest and East and only $5,000 to $7,000 per pound in the West.

Demand

There are no conclusive estimates of nationwide demand for methamphetamine or of the total number of methamphetamine users. National data indicate that, at least as of 1999, methamphetamine abuse had not permeated younger age groups. Data from the NHSDA for 1999 indicate that approximately 9.4 million people in the United States tried methamphetamine at least once in their lifetime. Lifetime use was highest among those aged 26 to 34 (5.4%) and lowest among 12 to 17 year olds (1.4%).

Information from TEDS for 1998 shows that methamphetamine accounted for only 3.6 percent of all admissions to publicly funded treatment facilities and that 75 percent of admissions for abuse of amphetamines (mostly methamphetamine) were using other drugs as well. The TEDS also shows that amphetamine admissions (mostly methamphetamine) were predominantly white (80.4%) and that over half (52.9%) were male. Admissions peaked at the 25 to 34 age group for both males and females.

According to 1998 ADAM findings, there was little change in the prevalence of methamphetamine use among arrestees. Use remains higher among Caucasians than any other group. Methamphetamine appears only sporadically at ADAM sites beyond the Southwest, Pacific, and West Central Regions, but its prevalence continues to increase in areas where methamphetamine is well established.

Emergency department data from DAWN show no significant changes in the number of methamphetamine and speed mentions from 1998 to 1999. Among metropolitan areas with the most mentions in 1999, Atlanta, Dallas, Phoenix, and San Diego showed decreases—possibly attributable to substantial decreases in the purity of methamphetamine sold by the Mexican organizations that control those markets. Two areas—St. Louis, and Seattle—showed increases in the number of methamphetamine and speed mentions.

Production

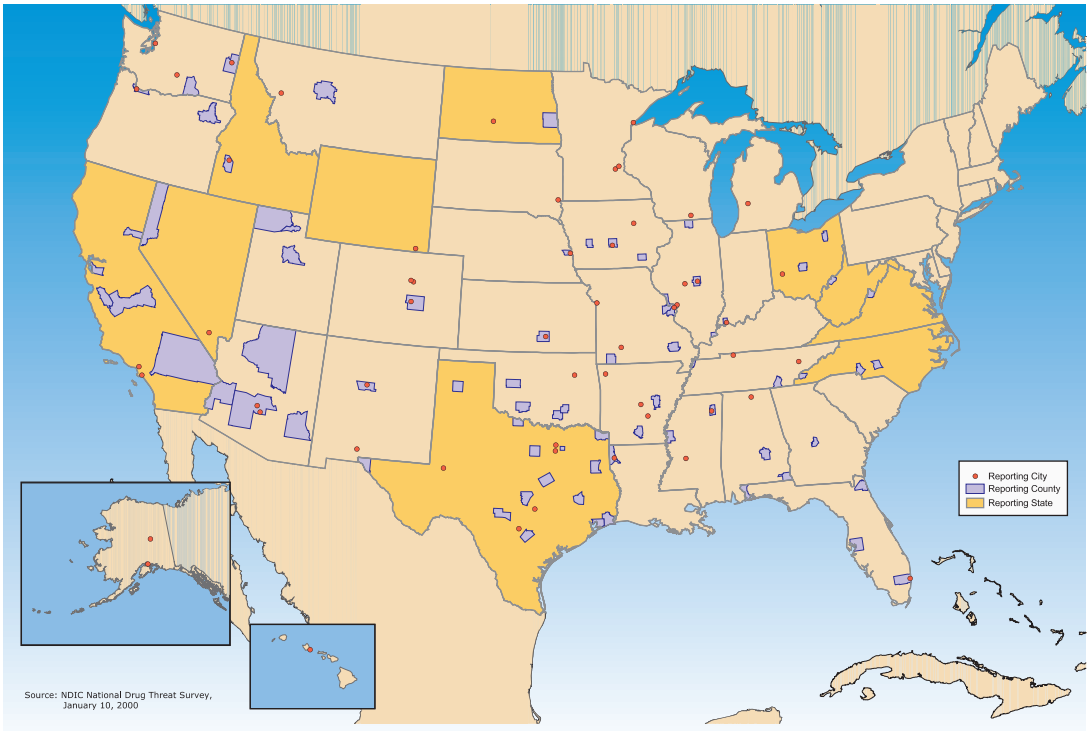
Methamphetamine is produced illegally in large amounts in the United States, Mexico, and Asia, but there are no accepted estimates of total domestic or international production. Efforts to estimate domestic production are severely hampered by the lack of a universally accepted definition of a clandestine laboratory and the lack of routine reporting of laboratory seizures to the EPIC's National Clandestine Laboratory Database. Information provided to NDIC by the DEA and state and local law enforcement agencies suggests that total laboratory seizures may be underreported.

Methamphetamine laboratory: A clandestine laboratory is an illicit operation with a sufficient combination of apparatus and chemicals that either has produced or could produce methamphetamine.

Statistics show laboratory seizures are highest in the Pacific Region (particularly in California, Washington, and Oregon) and in Arizona, Missouri, Arkansas, and Oklahoma. Almost every state in the West Central Region is experiencing increases in clandestine laboratory activity, and according to state and local law enforcement, laboratory seizures are on the rise in Texas and throughout the Southeast Region. Generally, local production has followed the appearance of methamphetamine within local drug user populations almost immediately, but local production has not completely displaced outside sources. Agencies in 19 states with reportedly high levels of local production also identify Mexico as a source of methamphetamine.

Of 412 agencies that responded to the National Drug Threat Survey, 201 agencies in 42 states note the presence of local methamphetamine production and 133 agencies in 37 states note an increase in clandestine laboratory activity. Of the 201 agencies that identify the presence of local production, 105 state that the laboratories are found primarily in rural locations and 73 state they are found in urban locations.

Increasing Methamphetamine Laboratory Activity



The proliferation of methamphetamine laboratories in the United States poses a threat to the safety of citizens, especially children, in areas near those laboratories and to law enforcement personnel called upon to remove those laboratories. According to EPIC, law enforcement agencies seized almost 7,200 clandestine methamphetamine laboratories in 1999, although the DEA acknowledges that a significant number of laboratory seizures are not reported to EPIC or Regional Intelligence Sharing Systems. In the course of these seizures, law enforcement agencies noted the presence of nearly 870 children at the sites—180 of the children were exposed to toxic chemicals, and 12 were injured by toxic chemicals. Explosions occurred at 111 of the laboratories seized, and explosives or booby traps were found at 81. Comparing data from the California Drug Endangered Children (DEC) office suggests that like laboratory seizures in general, the effect of methamphetamine production on children may be underreported. DEC reports that in 1999, over 1,000 children were present at 482 methamphetamine laboratories in only seven counties. Preliminary data from DEC for 2000 indicate similar numbers.

The average methamphetamine laboratory produces 5 to 7 pounds of toxic waste for every pound of methamphetamine produced. The cost of cleaning laboratory sites places a heavy financial responsibility on law enforcement agencies and governments at all levels. Law enforcement personnel are required by federal law to be trained and certified to participate in a laboratory cleanup operation. According to state and local law enforcement agencies, the costs of remediating a methamphetamine laboratory range from $2,500 for the smallest laboratories to over $250,000 for the largest. While some remediation costs are borne by the DEA, the expense of removing methamphetamine laboratories is prohibitive for most law enforcement agencies, especially smaller, rural departments with limited staffing, limited funds, and an abundance of local laboratories. Increasing laboratory seizures nationwide have depleted available remediation funds; one department has reported that it "cannot afford to seize any more meth labs."

Production Within the United States

Methamphetamine producers remain dependent on a continuous supply of precursor chemicals, especially ephedrine or pseudoephedrine, either of which will produce d-methamphetamine, the more potent of the two most frequently available forms. Federal and state controls on ephedrine and pseudoephedrine have severely limited domestic methamphetamine producers' ability to acquire these precursors in bulk. Consequently, laboratory operators in the United States have turned to ephedrine and pseudoephedrine tablets, which are readily available at liquor, convenience, and discount retail stores nationwide. The DEA notes an increase in the smuggling of pseudoephedrine tablets from Canada to the United States, and the DEA Los Angeles Field Division notes a 100 percent increase in the price of pseudoephedrine in the past year.

Operation Backtrack, a DEA Special Enforcement Program initiated in February 1997, was created to target chemical companies and individuals that divert pseudoephedrine, ephedrine, and phenylpropanolamine to clandestine laboratory operators. Investigations sponsored by Operation Backtrack have helped illustrate the extent and the profitability of the illegal methamphetamine trade. Since its inception, Operation Backtrack has resulted in the following:

- The seizure of over $16.5 million in combined assets, over $11 million of which was in cash
- The seizure of 152.3 million dosage units of pseudoephedrine—enough to manufacture between 11,500 and 15,000 pounds of methamphetamine[a]
- The arrest of 317 individuals on various charges relating to the diversion of precursor chemicals; of those arrested, 46 percent were of Middle Eastern descent and 24 percent were of Mexican descent

a. According to DEA's Office of Diversion Control, 152.3 million 60-mg pseudoephedrine tablets at a 60 percent reduction rate would result in 11,562 lb of methamphetamine. At the maximum potential reduction rate of 92 percent, the same number of tablets would yield 15,261 lb of methamphetamine.

The two most frequently practiced methods of methamphetamine production in the United States are the "red phosphorus," or "Mexican," method and the "Nazi" method. Both are capable of producing high potency d-methamphetamine. The red phosphorus method is widely used throughout the Southwest and Pacific Regions by most Mexican methamphetamine organizations and by others who acquire the recipe by a variety of means, including the Internet. The red phosphorus method is used most frequently in high-capacity laboratories to produce multi-pound quantities of methamphetamine of varying purity. The Nazi method is practiced throughout the country by local independent producers and dealers, mostly Caucasians with no affiliation to any criminal organization. The Nazi method is normally used to produce very high purity methamphetamine in quantities of less than an ounce; it is especially prominent in the West Central Region and in portions of the Southwest Region.

Another method, using phenyl-2-propanone (P2P), has been used historically by OMGs to produce the less potent dl-methamphetamine. Its use continues to be reported by agencies in California, Colorado, Delaware, Louisiana, Michigan, Mississippi, Pennsylvania, Texas, and Wyoming, but appears to be most prominent in eastern Pennsylvania, where OMGs still control most of the methamphetamine trafficking.

A substantial portion of the methamphetamine available in the United States is produced at clandestine laboratories controlled by Mexican organizations based in Mexico and California, which leads the nation in laboratory seizures. Law enforcement agencies throughout the nation mention California most frequently as a source of methamphetamine. Other frequently mentioned sources are Arizona, Florida, Missouri, Oregon, Texas, and Washington. Mexican organizations dominate production in each of these states. Between 1992 and 1998, the number of states in which Mexican nationals were sentenced on methamphetamine-related charges grew from 3 to 30, illustrating the expanding role Mexican organizations are playing in the production and distribution of methamphetamine in the United States.

As chemical interdiction efforts and the "letter of non-objection" program continued to cut the supply of precursor chemicals to Mexican organizations, the purity of Mexican methamphetamine dropped dramatically in 1998 and 1999.[15] It now appears that some non-Mexican groups are attempting to fill the void in the market for high purity methamphetamine with their own superlab operations. For example, in September 1998 DEA Kansas City seized a methamphetamine laboratory operated by a non-Mexican group that had the capability to produce more than 100 pounds of methamphetamine.

Information from the U.S. Forest Service documents a significant increase in the use of public lands for methamphetamine production. Seizures of methamphetamine laboratories on lands administered by the U.S. Forest Service have increased from 28 in 1995 to 105 in 1998. The identification of dump sites in National Forests and on National Grasslands has shown a corresponding increase over the same period.

Law enforcement information indicates that some street gangs are involved in producing methamphetamine. In responding to the National Drug Threat Survey, agencies in 23 states and Washington, D.C., noted street gang involvement in methamphetamine production. For example, according to the Umatilla County (OR) Sheriff's Office, the New World Order Wolfpack, a Hispanic street gang with links to gangs in Los Angeles, manufactures and sells methamphetamine in quantities ranging from an eighth to a quarter ounce. The gang is also involved in interstate drug trafficking, assaults, and drive-by shootings.

Production Outside the United States

Major methamphetamine producers in Mexico and Asia probably continue to receive bulk ephedrine and pseudoephedrine from the People's Republic of China—the world's largest producer of organic ephedrine—and from India, a supplier of ephedrine for illicit methamphetamine production in Asia. Sophisticated Mexican organizations maintain undisputed control of methamphetamine production in Baja California Norte, Baja California Sur, Jalisco, Michoacan, Sonora, Tamaulipas, and possibly other Mexican states farther south. Although infrequent, laboratory seizures reported by the Mexican Government indicate the possibility of large-scale production of methamphetamine from laboratories located in Mexico. During all of 1999, however, the Mexican Government reported only 12 methamphetamine laboratory seizures, making any effort to quantify methamphetamine production in Mexico very difficult.

Methamphetamine laboratories in Asia supply markets in Southeast and East Asia, where methamphetamine has become the drug of choice, and in Guam, Hawaii, and the Northern Marianas. Southeast Asian methamphetamine is normally produced as a tablet, the preferred form in Asia. Some Asian methamphetamine tablets containing up to 33 percent methamphetamine have been seized on the U.S. West Coast. Another form produced in Asia, usually referred to as "ice," is preferred in Guam, Hawaii, and the Northern Marianas. Ice is produced in overseas laboratories controlled almost exclusively by Korean criminal organizations and normally is found in powdered or crystalline form at 85 to almost 100 percent purity.

Transportation

Mexican methamphetamine organizations control virtually all methamphetamine transportation from Mexico to the United States, as well as a substantial portion of transportation within the United States. DEA offices, as well as state and local law enforcement agencies throughout the Southwest Region, note significant recent increases in the smuggling of methamphetamine and amphetamine from Mexico into the United States. Inside the United States, the distinction between methamphetamine produced in Mexico and that produced by Mexican organizations in the United States begins to blur. Analysis of responses to the National Drug Threat Survey identified Mexico, California (the Central Valley, Los Angeles, and San Diego), Central Arizona (Phoenix and Tucson), and Texas (Dallas, Houston, San Antonio, and El Paso) as the most frequently identified sources of methamphetamine in the country. With the exception of El Paso, where little local methamphetamine activity has been noted, the abundance of methamphetamine laboratories in and around the source areas makes it difficult to distinguish methamphetamine produced locally from methamphetamine originating in Mexico.

Transportation Hubs

Methamphetamine is smuggled into the United States through points of entry along the Southwest Border and on to transportation hubs using various methods; probably the preferred method is the use of private vehicles. Mexican methamphetamine that enters the United States overland from Mexico is smuggled through many of the same points of entry as cocaine. But only Los Angeles, Central Arizona, and San Diego appear to function as transportation hubs for methamphetamine. Some methamphetamine is transported through Texas en route to markets elsewhere in the country, particularly the West Central Region. Most of the methamphetamine moved from Dallas, Houston, San Antonio, and El Paso, however, appears intended for markets in Texas and in limited portions of the Southwest and Southeast Regions.

California has been referred to as a "source country" for methamphetamine and was identified

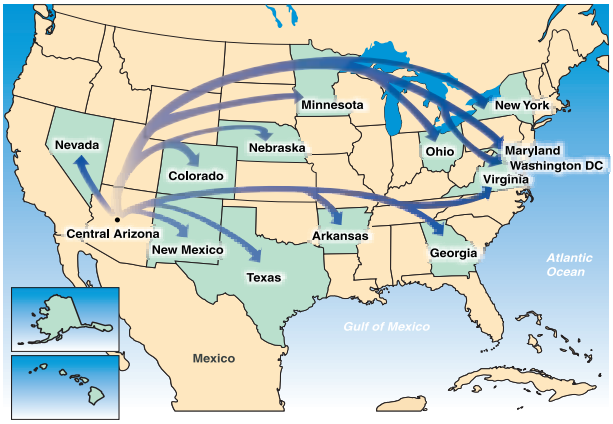
by agencies in 29 states as a source of methamphetamine; Los Angeles and San Diego were the most frequently mentioned cities. California is by far the source most frequently mentioned by law enforcement agencies around the country, followed by Arizona, particularly Phoenix and Tucson (Central Arizona). These three apparent methamphetamine transportation hubs (Los Angeles, Central Arizona, and San Diego) have a high level of local production and a heavy influx of methamphetamine from Mexico in common. They also serve as distribution centers.

Methamphetamine Distribution from Los Angeles

Source: National Drug Intelligence Center, National Drug Threat Survey, 2000.

Los Angeles. Mexican organizations in Los Angeles receive methamphetamine from organizations operating clandestine laboratories in Mexico and throughout California. Law enforcement agencies in 17 states specifically identify Los Angeles as a primary source of methamphetamine to their areas. From Los Angeles, Mexican organizations distribute wholesale quantities of methamphetamine to other Mexican organizations, Caucasian retailers, and street gangs in Alabama, Alaska, Arkansas, Georgia, Hawaii, Iowa, Louisiana, Minnesota, Nevada, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Tennessee, Texas, and Virginia. The DEA Los Angeles Field Division reports that Mexican organizations based in Los Angeles are using sites in Nevada to store methamphetamine.

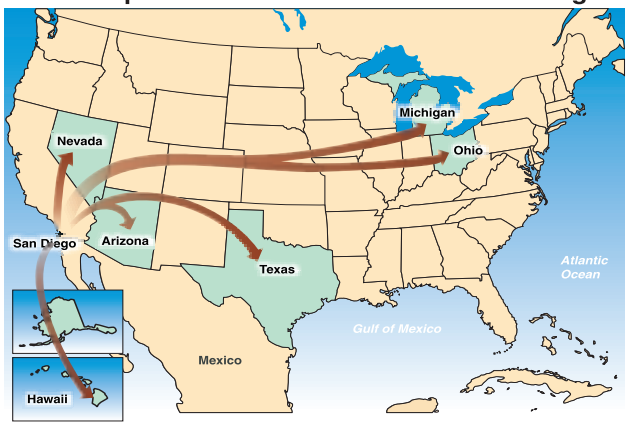
Methamphetamine Distribution from Central Arizona



Source: National Drug Intelligence Center, National Drug Threat Survey, 2000.

Central Arizona. Mexican organizations operating in Phoenix and Tucson receive methamphetamine from Mexican clandestine laboratory operators in California, Mexico, and elsewhere in Arizona. Phoenix seems to be the primary destination for methamphetamine produced in California and within the state—especially in the Greater Phoenix area, while Tucson, which is closer to the border, appears to be the primary destination for methamphetamine produced in Mexico. Central Arizona is identified as a source by agencies in 11 states (Colorado, Georgia, Maryland, Minnesota, Nebraska, Nevada, New Mexico, New York, Ohio, Texas, and Virginia). Agencies in Arkansas, Maryland, and Washington, D.C., cite the state of Arizona as a primary source of methamphetamine.

Methamphetamine Distribution from San Diego



Source: National Drug Intelligence Center, National Drug Threat Survey, 2000.

San Diego. Mexican organizations in San Diego are supplied by laboratories in Baja California Norte and southern California. Large quantities of methamphetamine also are produced in San Diego, and the city is frequently mentioned by law enforcement agencies as a source of methamphetamine. Mexican organizations in San Diego control distribution to associated organizations in Arizona, Hawaii, Michigan, Nevada, Ohio, and Texas.

Mexican organizations producing methamphetamine throughout the Pacific, Southwest, and West Central Regions rely on private vehicles driven by family members, organization members, or paid associates to move methamphetamine from transportation hubs or clandestine laboratories to markets throughout the United States. Although private vehicles are preferred, Mexican organizations also use mail services and couriers aboard aircraft, buses, and trains to transport methamphetamine to markets farther away. Most of the methamphetamine produced by independent laboratory operators in the United States is intended for local consumption, so little transportation occurs outside local markets.

According to the DEA, the limited amount of Asian methamphetamine tablets seized thus far on the U.S. mainland was destined for California and entered the United States through the mail system. According to law enforcement agencies in Guam, Hawaii, and the Northern Marianas—the primary U.S. markets for Asian ice—the preferred transportation methods are couriers on commercial airlines, the mail system, and containerized shipping. Shipments of ice frequently transit Los Angeles en route to Hawaii.

Distribution

With ready access to high volumes of methamphetamine produced at laboratories they control, Mexican methamphetamine organizations dominate wholesale distribution throughout the Pacific, Southwest, and West Central Regions and continue to expand into the Great Lakes, Mid-Atlantic, and Southeast. State and local law enforcement information indicates that independent Caucasian dealers, street gangs, and OMGs—supplied by Mexican organizations—are involved in wholesale transactions, especially in suburban and rural areas, but presently lack the organization, production output, and established networks to challenge Mexican dominance of the illegal methamphetamine trade.

Mexican organizations also maintain involvement in retail methamphetamine distribution but probably are surpassed by local independents and street gangs at the retail level. Most street gangs, especially Hispanic gangs, appear to be supplied by Mexican organizations, which produce large quantities of methamphetamine in superlab operations in California and Mexico. A few street gangs and many OMGs continue to produce and distribute their own methamphetamine. For example, in eastern Pennsylvania, OMGs continue to dominate local methamphetamine production and distribution, according to the Philadelphia Police Department. Thousands of independent, small-scale producers sell their own product at the retail level—particularly in the West Central and Southeast Regions.

Distribution Centers

Los Angeles and Central Arizona (Phoenix and Tucson) appear to be the only areas that distribute methamphetamine at a level comparable with the major cocaine distribution centers. However, Mexican organizations in a number of other cities, some of which do not have a major methamphetamine problem, distribute methamphetamine to associated organizations, street gangs, and local independent dealers in and out of state.

Atlanta. Mexican organizations in Arizona, California, and Texas supply Mexican organizations and local independent dealers in Atlanta, which has recently experienced a significant increase in local methamphetamine production and use, according to the DEA and FBI Atlanta

Field Divisions. The FBI Atlanta Field Division considers Atlanta a central distribution point for methamphetamine in the Southeast. From Atlanta, Mexican organizations supply methamphetamine to other Mexican groups, OMGs, and local independent dealers elsewhere in Georgia and in North Carolina and Tennessee.

Central Florida. In the past few years, Central Florida, particularly rural areas of Hillsborough and Polk Counties, has emerged as a source of methamphetamine to other areas in Florida. Almost all methamphetamine seized in Central Florida is linked to Mexican organizations in southern California. According to the DEA Tampa District Office, the Tampa Bay area has become the focal point for distribution in Florida.

Chicago. Mexican organizations in Chicago, a city that does not appear to have a major production or use problem, receive methamphetamine from California, Iowa, and Texas. The FBI Chicago Field Division notes that Mexican organizations appear to be expanding methamphetamine production and distribution in the area. From Chicago, Mexican organizations supply associated Mexican groups and Caucasians elsewhere in Illinois and in Michigan, North Dakota, and Wisconsin.

Dallas. Mexican organizations operating laboratories in Mexico, California, and Texas supply methamphetamine to Mexican organizations in Dallas, where methamphetamine production and use are on the rise. From Dallas, those organizations control wholesale methamphetamine distribution to associated Mexican groups and Caucasian retail distributors in Arkansas, Louisiana, Oklahoma, and north Texas.

Denver. Mexican organizations operating laboratories in Mexico supply wholesale quantities of methamphetamine to Mexican organizations in Denver. It appears that most of the methamphetamine destined for Denver is smuggled into the United States in the El Paso area and transits Albuquerque. From Denver, Mexican organizations control wholesale methamphetamine distribution to associated organizations in South Dakota, Wyoming, and Washington, D.C.

Houston. Although Houston does not appear to have a major methamphetamine production or use problem, Mexican wholesale distribution organizations in Houston get their supplies from associated organizations in Mexico and probably elsewhere in Texas. It appears that methamphetamine destined for Houston is smuggled across the border between Del Rio and Brownsville. From Houston, Mexican organizations supply associated groups, including the Mexican Mafia, in Alabama, Arkansas, Louisiana, Tennessee, and elsewhere in east and south Texas.

Yakima. According to the Yakima (WA) Police Department, methamphetamine use is increasing considerably in the area. Local production is on the rise, and the department attributes the growth to Mexican organizations. The FBI Salt Lake City Field Division notes significant recent increases in the use of the Yakima area by Mexican organizations to transport methamphetamine, cocaine, and marijuana to areas of western Montana. Local law enforcement agencies in California identify eastern Washington as a destination for methamphetamine leaving their areas, and agencies in northern Idaho, western Montana, and northern Texas identify Yakima as a source of methamphetamine to their areas.

Key Developments

Agencies throughout the Pacific, Southwest, and West Central Regions continue to report **increases in the production, availability, and use of methamphetamine**. Many agencies in those regions note increases in small-scale (1 to 2 oz per cook) methamphetamine laboratories. Some agencies in states not usually associated with methamphetamine production are noting

dramatic increases in local methamphetamine production, availability, and use (Alabama, Alaska, Florida, Georgia, Indiana, Illinois, Louisiana, Minnesota, North Carolina, and Pennsylvania). Most identify the **involvement of Caucasians in production and distribution** and cite the availability of precursor chemicals and access to production methods on the Internet as contributing factors to the growth.

- The Colorado State Patrol notes that with a recent increase in local production throughout Colorado, highway interdiction seizures have declined significantly, suggesting that as local markets begin to develop, local producers emerge to supply those markets.
- The Delaware State Police reports that the more potent d-methamphetamine is becoming common in areas of Delaware traditionally associated with dl-methamphetamine, or "biker dope," suggesting that OMGs in the area either are supplied by Mexican organizations or are producing more potent methamphetamine themselves.
- According to the Philadelphia Police Department and the DEA and FBI Philadelphia Field Divisions, the Warlocks and Pagans OMGs continue to dominate local methamphetamine production and distribution. The Philadelphia Police Department also identifies the involvement of traditional organized crime in wholesale methamphetamine distribution, while the FBI Philadelphia Field Division specifically notes the involvement of La Cosa Nostra.

California's Central Valley, particularly the Fresno, Modesto, Sacramento, and Stockton areas, has emerged as a major methamphetamine production center. **The Central Valley has the highest rate of superlab seizures in the nation**, surpassing even southern California in seizures of high capacity laboratories operated by Mexican nationals. Information from state and local law enforcement agencies indicates that laboratories in the Central Valley are supplying organizations elsewhere in California, which in turn ship the methamphetamine to markets in state and throughout the country.

Law enforcement **information identifies the emergence of groups that acquire thousands of cases of pseudoephedrine** and use sophisticated schemes to launder, at a considerable profit, pseudoephedrine shipments to methamphetamine producers. Associated wholesalers purchase pseudoephedrine for $400 to $600 per case; each case normally contains 144 bottles of 100 60-milligram pseudoephedrine tablets. The wholesalers sell the pseudoephedrine to methamphetamine producers for $2,500 to $3,000 per case. Information from the DEA indicates that most of these groups consist of individuals of Middle Eastern, Mexican, or Asian descent. The groups operate criminal cells in Chicago, Detroit, Houston, Los Angeles, Newark, New York, Orlando, and Portland that supply primarily Mexican methamphetamine organizations in Arizona, California (particularly the Fresno and Sacramento areas), Oregon, and Washington.

Information from local law enforcement agencies identifies the **appearance of groups not normally associated with methamphetamine distribution and use**.

- The Kalamazoo (MI) Valley Enforcement Team notes that some inner-city African Americans are switching from cocaine and heroin distribution to methamphetamine.
- The Roanoke (VA) Police Department also states that African Americans are beginning to sell methamphetamine locally.
- The La Paz County (AZ) Sheriff's Department and the Scotts Bluff County (NE) Sheriff's Department Wing Task Force note that Native Americans have become involved in methamphetamine distribution.
- According to local police departments in Hawaii, Mexican organizations have emerged as a major force in the local methamphetamine trade—formerly under the almost exclusive purview of Asian organizations.

Media reports from Asia suggest that methamphetamine producers in Southeast Asia are capable of producing more than 2 billion

methamphetamine tablets, or "Yaba," annually. Investigative information indicates that **Asian traffickers are sending Asian methamphetamine tablets** to ethnic Hmong/Mien communities in California's Central Valley and areas of the midwestern United States. Traffickers apparently have made the tablets more attractive to a broader group of users by adding vanilla. Limited reporting also suggests that the use of Asian methamphetamine tablets may have already crossed ethnic lines.

- The Los Angeles HIDTA reports that Vietnamese groups in the Pacific Northwest with ties to southern California are distributing methamphetamine tablets.
- The Los Angeles HIDTA and the DEA Los Angeles Field Division note a developing but currently limited market for methamphetamine tablets at raves and nightclubs in the Los Angeles area. In some cases, the tablets are sold as MDMA; in others, the tablets are taken with MDMA, a combination that allows the users to stay awake all night. The Los Angeles HIDTA also reports that the substitution of methamphetamine tablets for MDMA has already claimed the lives of several unsuspecting rave attendees in Australia.

Projections

There are no indications that any group is positioned to challenge Mexican dominance of the illegal methamphetamine trade. Therefore, Mexican organizations will continue to dominate bulk methamphetamine production and wholesale distribution, and they will continue to supply street gangs, independent Caucasian retailers, and OMGs in some areas when necessary to continue expanding their dominance of the methamphetamine market.

Two agencies, the District of Columbia Metropolitan Police Department and the DEA New York Field Division, have noted an increase in methamphetamine at rave parties. In addition, the availability of easily administered, more attractive Asian methamphetamine tablets could lead to increased use of methamphetamine by urban teens, especially those attending rave parties.

Asian methamphetamine is an emerging threat that merits attention. The current focus is on methamphetamine produced in the United States and Mexico. This situation, along with U.S. demand, high levels of methamphetamine production in Southeast Asia, and well-established networks of Asian trafficking groups in the United States, may provide traffickers of Asian methamphetamine tablets with an opportunity to enter the U.S. methamphetamine market on a larger scale.

Methamphetamine availability and use continue to move eastward. Agencies in the Great Lakes, Mid-Atlantic, and Southeast Regions have reported increases in local production. The ease with which precursor chemicals and instructions for production methods can be obtained on the Internet almost certainly will lead to continuing increases in local production as independent operators attempt to become established in the lucrative methamphetamine market. As methamphetamine laboratories appear in new areas, law enforcement and public service agencies unfamiliar with the hazards of methamphetamine production will be confronted with a variety of safety, resource allocation, and training challenges.

Heroin

Heroin produced in South America, Mexico, Southeast Asia, and Southwest Asia is available in the United States. Nearly half of the available heroin in the United States comes from South America. Colombian organizations control the cultivation of opium poppy and the production of South American heroin, which occur primarily in Colombia. They, along with associated Dominican groups, are primarily responsible for transportation as well as wholesale and retail distribution. Both Mexican brown powdered and black tar heroin are preferred in the western United States and in portions of the Midwest. Mexican organizations control production and transportation as well as wholesale and retail distribution of both forms of Mexican heroin. Southeast Asian heroin is encountered much less frequently than either South American or Mexican heroin. Opium poppy is cultivated and Southeast Asian heroin processed in a common border area of Burma, Laos, and Thailand. Nigerian and ethnic Chinese groups are primarily responsible for smuggling Southeast Asian heroin into the United States and for wholesale and retail distribution. Southwest Asian heroin is the least frequently encountered form of heroin in the United States. Although large quantities of heroin are produced in Southwest Asia, primarily Afghanistan, little is destined for the United States. A variety of groups are involved in importing Southwest Asian heroin into the United States, while many different groups, including Albanian, Iranian, Lebanese, Nigerian, Pakistani, Palestinian, and Serbian groups, are all involved in the actual smuggling and wholesale distribution. Palestinian groups, as well as Dominican and Puerto Rican organizations, often sell Southwest Asian heroin at the retail level.

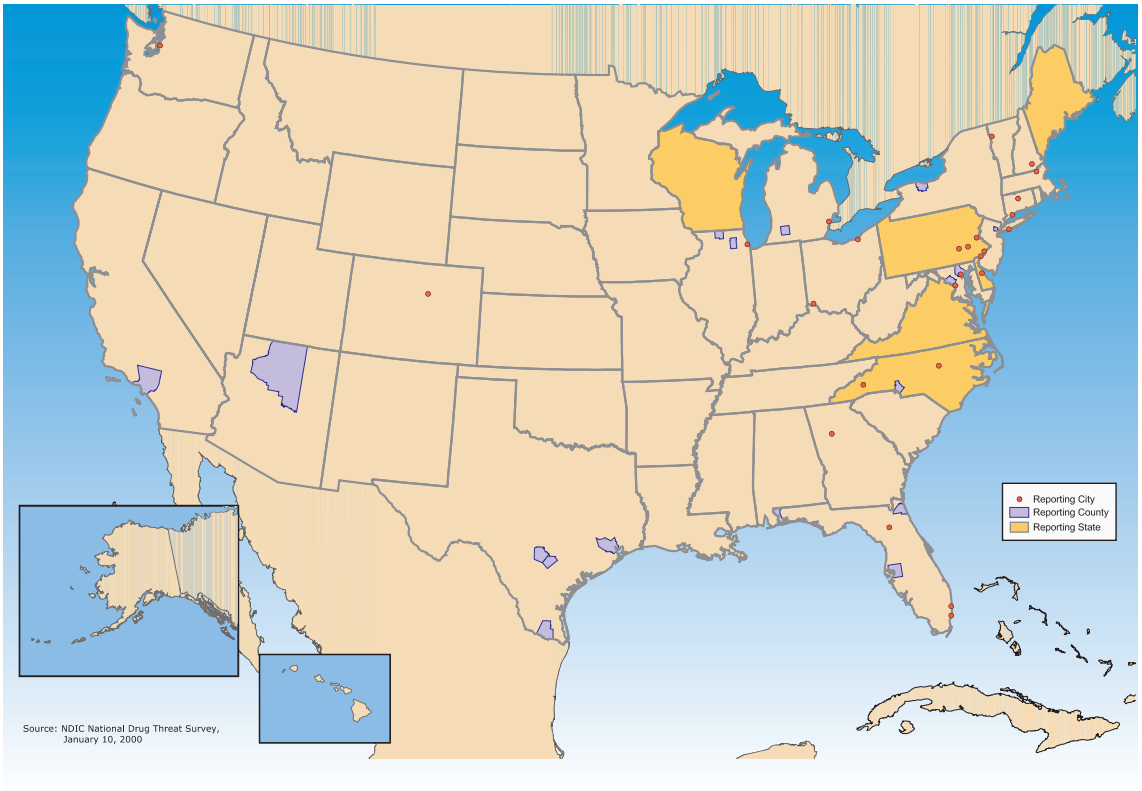
Assessment of the Threat

Most national studies point to relative stability, albeit at high levels, in heroin availability and use since 1997, despite fluctuations in the past. Since the early 1990s, the number of heroin users has increased and abuse patterns have changed. Heroin purity has increased dramatically and prices have dropped. Heroin has spread from traditional inner-city markets to suburban areas and smaller towns across the nation. A generation of younger heroin users has been attracted to higher purity, lower cost heroin that can be snorted or smoked. Although use has spread, information from law enforcement agencies suggests that heroin is not generally considered a threat equivalent to powdered or crack cocaine or methamphetamine.

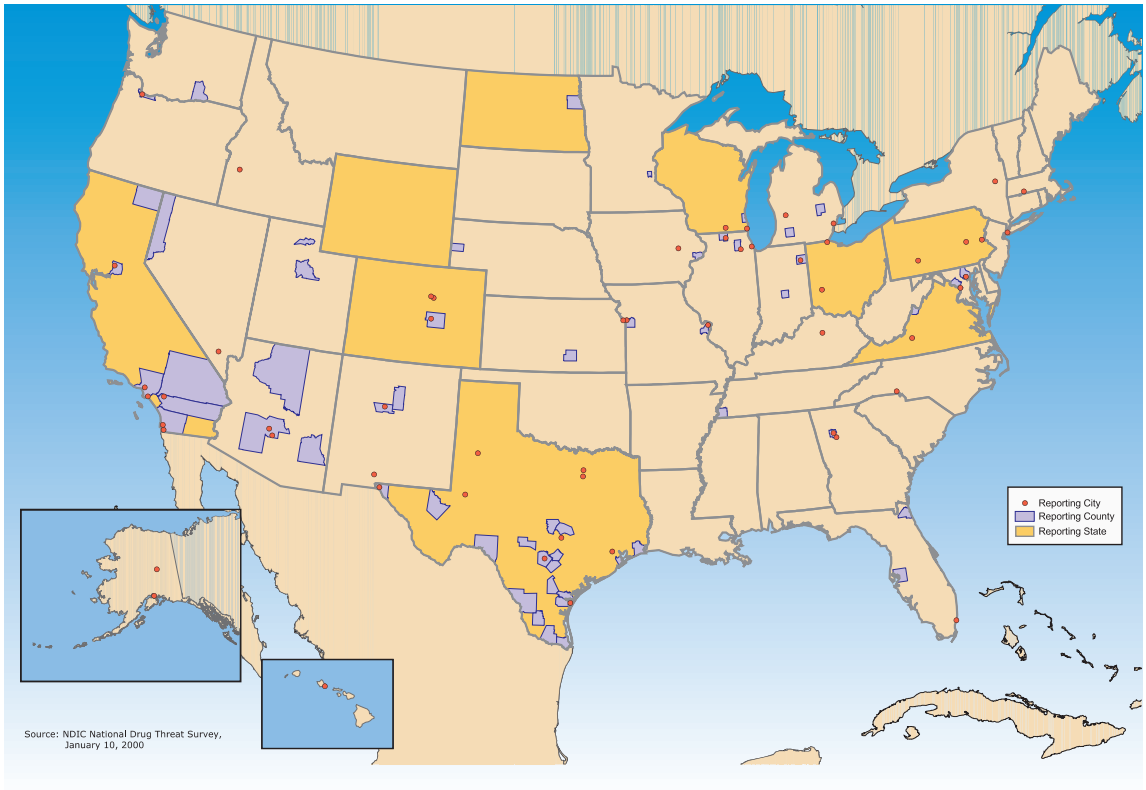
Of the 412 agencies responding to the National Drug Threat Survey, only 21 identify heroin as one of the greatest drug threats facing their jurisdictions—significantly fewer than those naming either cocaine, including crack, or methamphetamine. Some 116 agencies in 37 states note that the threat is increasing. Another 208 agencies in 46 states consider the threat of heroin stable. Most agencies note stability in the rate of heroin-related investigations and arrests.

Violent crime associated with heroin appears to be limited. Only 19 of the 113 agencies identifying a correlation between drugs and violent crime note a correlation between heroin and crime. Most of them mention property crime.

South American Heroin Availability



Mexican Brown Powdered Heroin Availability



Availability

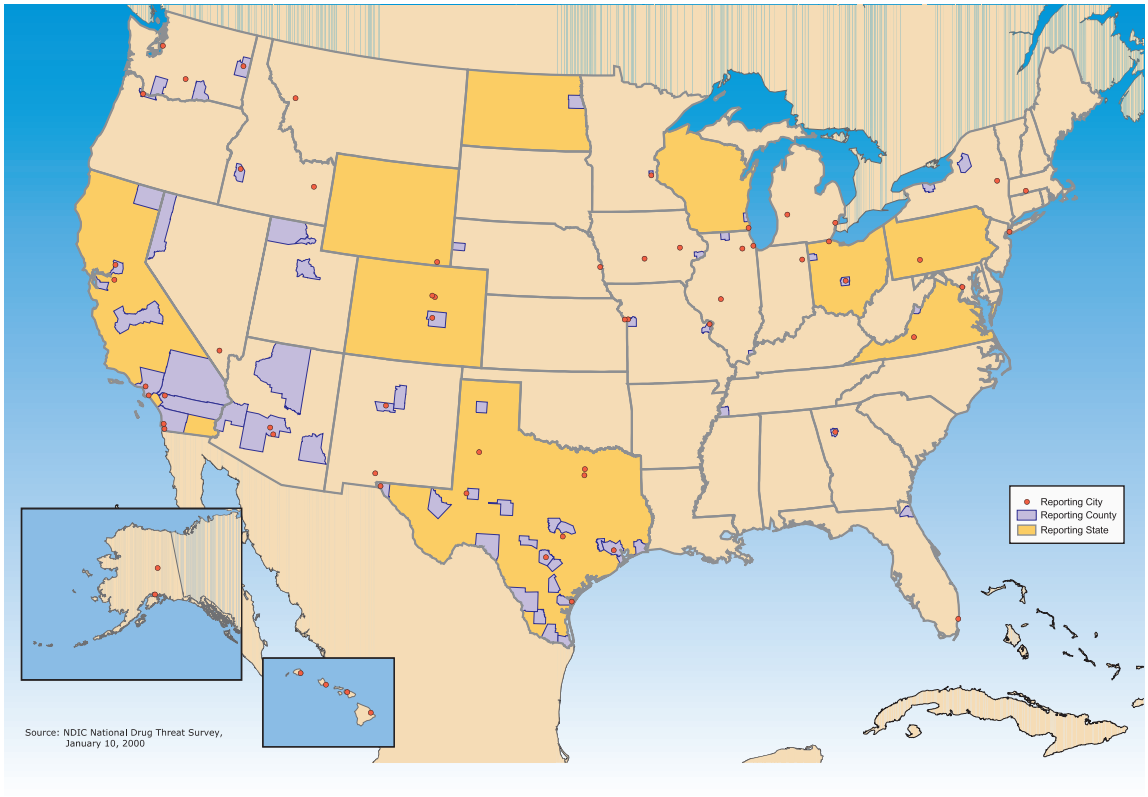
Only 74 of the 412 agencies responding to the National Drug Threat Survey consider heroin availability high; 183 consider availability low. According to the FDSS, federal seizures declined from almost 1,500 kilograms in 1998 to just over 1,100 kilograms in 1999. U.S. Department of Justice OCDETFs obtained 341 heroin indictments (approximately 8% of all OCDETF indictments) in FY1999, 81 more than in FY1998, but the percent of federal sentences for heroin-related offenses were unchanged.[16]

Law enforcement agencies throughout the country note that heroin is readily available, but comparatively few outside the major metropolitan areas of the New England, New York/New Jersey, Mid-Atlantic, and Southwest Regions identify heroin as the greatest threat in their jurisdictions. Heroin purity has increased dramatically in the past 10 years while prices have fallen—both primary indicators of increased availability. Although heroin purity varies by source, purity levels from all four source regions (South America, Mexico, Southeast Asia, and Southwest Asia) have increased. The national average for purity is approaching 40 percent at the retail level—almost six times the national average 10 years ago. Retail prices have fallen by almost 20 percent in the past 4 years and are now less than half of those a decade ago. Heroin availability varies widely by type, and some types are more available in certain regions of the United States than others.

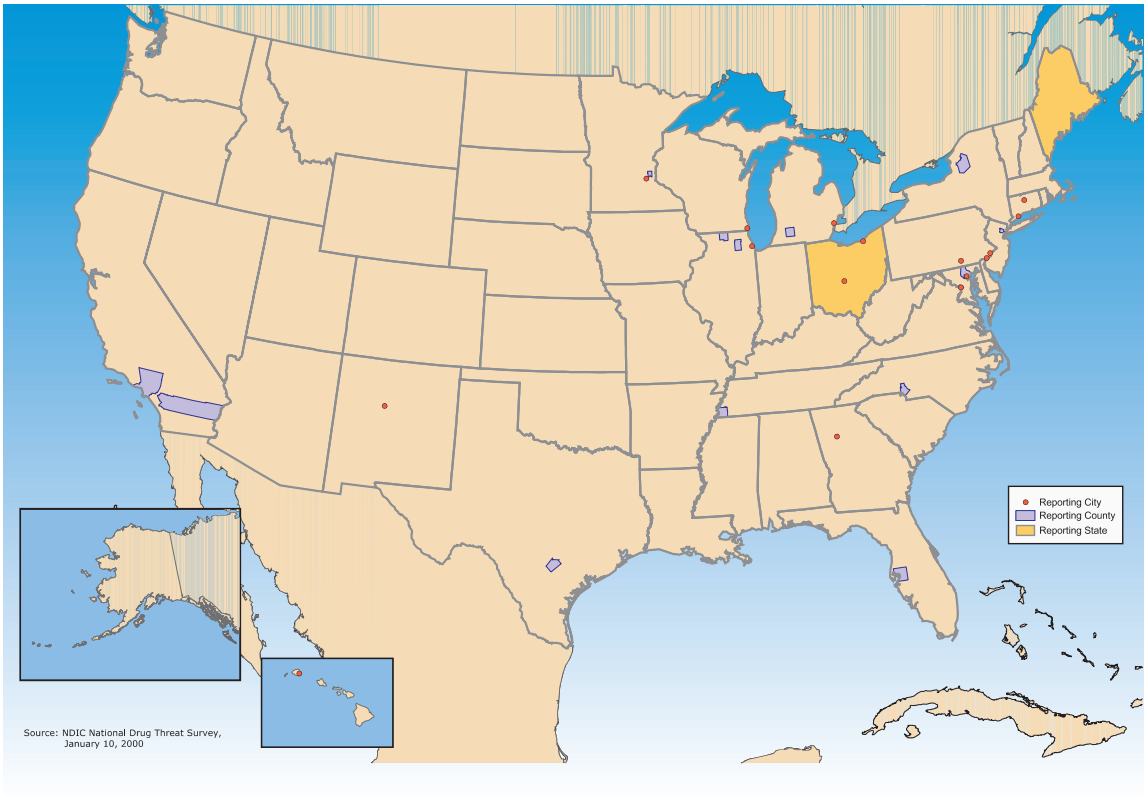
South American. Information from DEA's Domestic Monitor Program (DMP)[17] for 1999 indicates that South American heroin is available in Atlanta, Baltimore, Boston, Chicago, Detroit, Houston, Miami, Newark, New Orleans, New York, Orlando, Philadelphia, San Juan, and Washington, D.C. State and local law enforcement agencies in Arizona, Colorado, North Carolina, Ohio, Virginia, Washington, and Wisconsin, as well as agencies throughout the New England Region also note that South American heroin is available in their jurisdictions. Wholesale prices for South American heroin range from as low as $65,000 per kilogram in Miami to $160,000 and more in Detroit and Newark. At the wholesale level, purity averages 79 percent; at the retail level, it averages about 50 percent but is substantially higher in areas of the eastern United States.

Mexican. The DMP indicated the presence of Mexican black tar or brown powdered heroin in Atlanta, Dallas, Denver, El Paso, Houston, Los Angeles, Miami, Phoenix, San Diego, San Francisco, Seattle, and St. Louis in 1999. Mexican black tar is readily available and probably is the preferred form throughout the Southwest and Pacific Regions. State and local agencies in almost every state in the Great Lakes and West Central Regions also note that black tar heroin is readily available. Agencies in Florida, Georgia, Massachusetts, New York, Pennsylvania, Tennessee, Virginia, and Washington, D.C., encounter black tar heroin with varying regularity. Like black tar, brown powdered heroin is readily available throughout the Southwest and Pacific. Reporting from agencies in the Great Lakes, Mid-Atlantic, and West Central Regions indicates that brown powdered heroin is also readily available in markets throughout those areas and may be more prevalent than black tar. Some local law enforcement agencies in Florida, Georgia, Massachusetts, New York, North Carolina, and Tennessee also encounter brown powdered heroin. Prices for Mexican heroin are as low as $18,000 per kilogram in Dallas and up to $100,000 and higher in the Great Lakes and West Central Regions. At the retail level, Mexican heroin averages approximately 27 percent purity. Mexican black tar, which has historically been the least pure form of heroin, has increased dramatically in purity. Some samples have recently exceeded purity levels of 75 percent.

Black Tar Heroin Availability



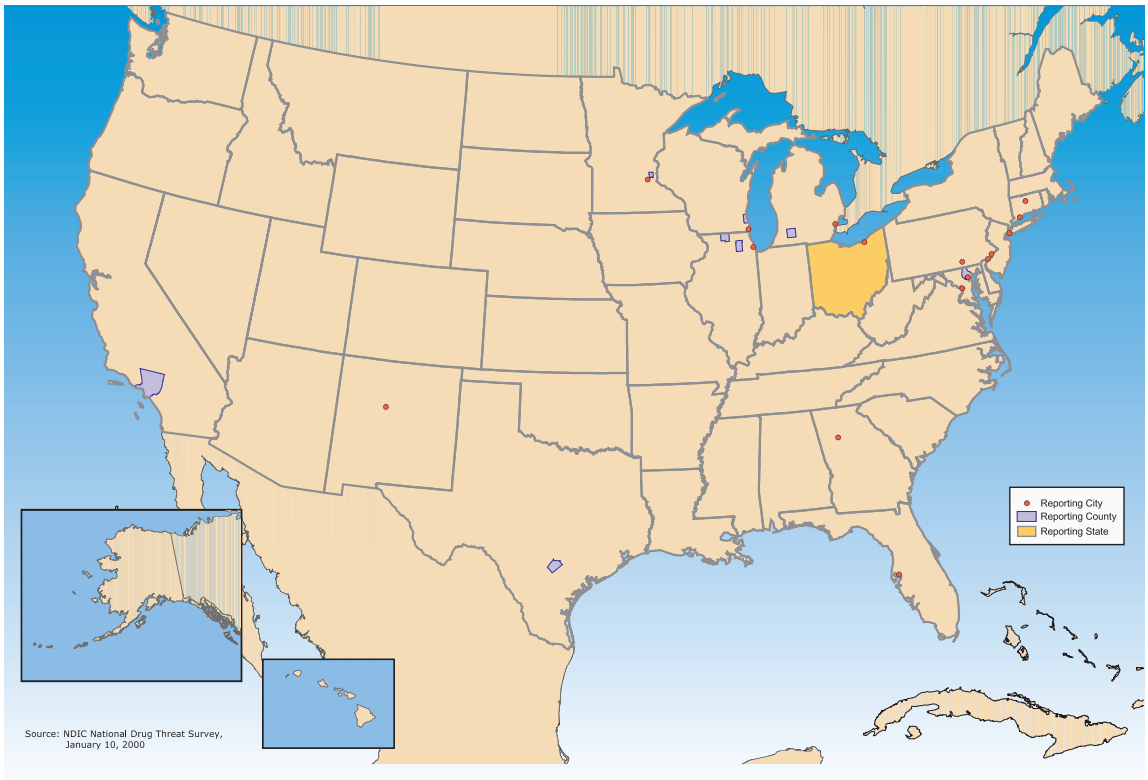
Southeast Asian Heroin Availability



Southeast Asian. In 1999, DMP testing revealed the presence of Southeast Asian heroin in Atlanta, Baltimore, Chicago, Dallas, Detroit, Newark, and Washington, D.C. State and local agencies in California, Connecticut, Florida, Hawaii, Maine, Minnesota, New Mexico, New York, North Carolina, Ohio, Pennsylvania, Tennessee, and Wisconsin note that Southeast Asian heroin is also available in their areas. Wholesale prices for Southeast Asian heroin are generally lowest in the Detroit and San Francisco areas ($100,000 per kilogram) and highest in the West Central, Great Lakes, and Southwest Regions (over $150,000 per kilogram). At the wholesale level, Southeast Asian heroin averages over 75 percent purity. At the retail level, it averages just over 40 percent purity nationally.

Southwest Asian. Southwest Asian heroin is the least frequently encountered form of heroin in the United States. In 1999, DEA identified it in only six areas: Atlanta, Chicago, Detroit, New York, Philadelphia, and Washington, D.C. Nevertheless, some agencies in California, Connecticut, Florida, Maryland, Minnesota, New Mexico, Ohio, Texas, and Wisconsin report that Southwest Asian heroin is occasionally encountered in their jurisdictions. Among those agencies, only the Hartford (CT) Police Department considers it readily available. Southwest Asian heroin ranges from as low as $55,000 per kilogram in the Pacific Region, particularly the San Francisco area, to $180,000 and higher in the Great Lakes and New York/New Jersey Regions. Southwest Asian heroin averages 76 percent purity at wholesale and 44 percent purity at retail.

Southwest Asian Heroin Availability



Demand

Current interagency estimates of U.S. demand for heroin place it at about 18 metric tons annually. Although U.S. demand accounts for only 7 percent of worldwide demand for heroin, the United States is the only market supplied by all four primary source regions. The *Global Heroin Threat to the United States* concludes that approximately 75 percent of U.S. demand is met by sources in Colombia and Mexico, with South American heroin (primarily from Colombia) having the greater share of the U.S. market.

The most recent (1999) estimate of the U.S. hardcore heroin addict population is 980,000, more than 50 percent higher than the estimated 630,000 hardcore heroin users in 1992. Adding an estimated 250,000 to 500,000 occasional users brings the number to between 1.2 million and 1.5 million. The high number of heroin users in the United States probably is the result of higher purity, lower cost heroin—which reduces users' perception of risk because purer heroin can be effectively snorted rather than injected—and a seemingly greater acceptance of drug use in general.

Heroin use increased substantially between 1992 and 1997 but has leveled since. According to 1999 NHSDA data, an estimated 3.1 million individuals tried heroin in their lifetime, approximately 403,000 used heroin in the past year, and 208,000 used it in the past month.

In 1998, heroin was tied with cocaine (smoked and nonsmoked) as the illicit drug most often cited as the reason for admission to publicly funded treatment facilities. Almost 80 percent of heroin admissions in 1998 had been in treatment previously, and 27 percent had been in treatment five or more times. Eighty-two percent of heroin admissions claimed daily use. The most common method of administration was injection (67%), followed by inhalation (28%). TEDS data since 1992 show a continuous shift toward snorting as the usual method of administration (Table 5). This shift directly correlates to increases in the availability of high purity heroin beginning in the early 1990s.[18] According to TEDS data, the typical heroin user admitted to a publicly funded treatment facility is white, male, and 36 years of age.

Table 5. Percent of Heroin Admissions 1992–1998 by Route of Administration

	Injection	Inhalation	Smoking	Other
1998	67.4	27.9	2.8	1.9
1997	67.5	28.0	2.7	1.8
1996	69.4	26.5	2.4	1.7
1995	69.6	26.7	2.2	1.6
1994	72.6	23.9	1.9	1.6
1993	74.2	22.5	1.7	1.7
1992	77.1	19.4	1.5	2.0

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set, 1998.

Among ADAM arrestees, there was little change in the prevalence of opiate use or in the populations using opiates in 1998, and opiate use remained disproportionately concentrated among offenders older than 36.[19] ADAM data also show that the use of multiple drugs among opiate users continues to be a substantial problem. Almost 70 percent of arrestees testing positive for opiates also tested positive for cocaine, while 23 percent tested positive for marijuana, 16 percent for benzodiazepines, and 10 percent for methadone.

Heroin/morphine ranked third in DAWN data for 1999, accounting for 15 percent of emergency department episodes. Heroin/morphine was the most frequently mentioned drug in 1998 DAWN medical examiner data for 12 metropolitan areas and ranked second in another 9.[20]

While national indicators pointing to overall stability in heroin use are somewhat encouraging, the prevalence of lifetime heroin use among youth, especially 13 and 14 year olds, remains at peak levels. According to data from the MTF Study, the prevalence of lifetime heroin use

among eighth-grade students rose from 1.4 percent in 1993 to 2.4 percent in 1996; since 1996, it has stabilized around 2.3 percent. From 1993 to 1998, prevalence of lifetime heroin use among tenth and twelfth graders rose from 1.3 and 1.1 percent, respectively, to 2.3 percent and 2.0 percent.

The prevalence of lifetime use among tenth and twelfth graders remained the same in 1999. MTF data show stability in the prevalence of past year and current use among junior high and high school students (Table 6).

Table 6. Percent of 8th, 10th, and 12th Graders Reporting Lifetime, Past Year, and Current Heroin Use

	Lifetime			Past Year			Current		
	8th	10th	12th	8th	10th	12th	8th	10th	12th
1999	2.3	2.3	2.0	1.4	1.4	1.1	0.6	0.7	0.5
1998	2.3	2.3	2.0	1.3	1.4	1.0	0.6	0.7	0.5
1997	2.1	2.1	2.1	1.3	1.4	1.2	0.6	0.6	0.5
1996	2.4	2.1	1.8	1.6	1.2	1.0	0.7	0.5	0.5
1995	2.3	1.7	1.6	1.4	1.1	1.1	0.6	0.6	0.6
1994	2.0	1.5	1.2	1.2	0.9	0.6	0.6	0.4	0.3
1993	1.4	1.3	1.1	0.7	0.7	0.5	0.4	0.3	0.2
1992	1.4	1.2	1.2	0.7	0.6	0.6	0.4	0.2	0.3

Source: U.S. Department of Health and Human Services, National Institute on Drug Abuse, Monitoring the Future Study, 1999.

Table 7. Percent of Past Year Heroin Use

School Year	Junior High	Senior High	12th Grade	Total (6–12)
99–00	1.6	2.9	3.2	2.2
98–99	1.9	3.1	3.6	2.6
97–98	2.1	3.2	3.8	2.7
96–97	2.4	3.1	3.4	2.7
95–96	2.1	3.1	3.5	2.7

Source: Parents' Resource Institute on Drug Education Survey, 1999–2000.

Table 8. Percent of Current Heroin Use

School Year	Junior High	Senior High	12th Grade
99–00	1.1	1.9	2.1
98–99	1.2	2.0	2.4
97–98	1.3	1.9	2.3
96–97	1.5	1.9	2.1

Source: Parents' Resource Institute on Drug Education Survey, 1999–2000.

Recently released data from PRIDE for the 1999–2000 school year show modest but encouraging declines in heroin use among junior high, senior high, and twelfth-grade students. Past year heroin use among all students surveyed decreased from 2.6 percent in the 1998–1999 school year to 2.2 percent in the 1999–2000 school year. Current heroin use also showed modest declines for all three groups of students (Tables 7 and 8).

Production

Heroin is refined from opium gum collected from the opium poppy. Only one crop per year is grown in regions with distinct seasons, but the opium poppy can be cultivated year-round in areas with more temperate climates, particularly Mexico and Colombia. Heroin is produced primarily in four source regions: South America, Mexico, Southeast Asia, and Southwest Asia. These regions combined yielded enough opium to produce a potential 287 metric tons of heroin if all opium were processed into heroin.

South America. Nearly half of the heroin available in the United States comes from South America, particularly Colombia. Opium poppy is grown in remote, almost inaccessible mountainous terrain in Colombia, where optimal growing conditions support two to three crops per year. Colombian drug trafficking organizations produced almost 8 metric tons of heroin in 1999, nearly all of which was intended for markets in the United States.

Mexico. Mexican trafficking organizations supply a significant portion of the heroin available in the United States, particularly in the West and Midwest. The climate in Mexico supports three crops per year. Mexican organizations based primarily in the states of Durango, Guerrero, Michoacan, Nayarit, Sinaloa, Sonora, Tamaulipas, and Vera Cruz have cultivated enough opium to convert into a potential 4 to 6 metric tons of heroin for the past several years; 6 metric tons is most consistent with estimated potential production. Although Mexican traffickers produce only about 2 percent of the world's opium, almost all of it is processed into heroin and intended for markets in the United States. Virtually all of the heroin produced in Mexico is either black tar or brown powder. Black tar heroin, so named because of its resemblance to roofing tar, is the most common. In producing black tar, Mexican traffickers bypass certain chemical treatment and filtering steps that normally yield a more refined, lighter colored heroin powder. There have been reported attempts to produce white powdered heroin in Mexico, but the extent of production is unknown.

Southeast Asia. Southeast Asian heroin is produced primarily in Burma, Laos, and Thailand in a common border area long known as the Golden Triangle. Poppy fields are located in remote, rugged terrain throughout the area, where a primary factor affecting yield is the weather. In 1999, Burma produced enough opium to account for most of the region's estimated 104 metric tons of heroin—if all were converted into heroin. But an estimated 20 to 30 percent of the opium produced in Southeast Asia is consumed as opium, rather than being refined into heroin. Although most Southeast Asian heroin is intended for non-U.S. markets, primarily in China and Southeast Asia, about 3 metric tons of Southeast Asian heroin are smuggled into the United States annually.

Southwest Asia. In 1999, an estimated 290 metric tons of heroin—the most of any source area—were produced in Southwest Asia, primarily in Afghanistan. Changing political and economic conditions in Afghanistan, along with continuing drought conditions in Southeast Asia, helped Afghanistan surpass Burma to become the world's leading heroin producer in 1999. Despite high production, Southwest Asian organizations supply only a small share of the U.S. market. Most Southwest Asian heroin is destined for Europe, Russia, and former Soviet bloc states as well as growing heroin markets from Central to South Asia. The *Global Heroin Threat to the United States* estimates that only 1 metric ton of Southwest Asian heroin was smuggled into the United States in 1999.

Transportation

The primary U.S. destinations for heroin are New York, Chicago, and Los Angeles—all of which are major heroin distribution centers. Miami is a primary point of entry for South American heroin, and the city appears to function as a transportation hub. A substantial amount of heroin, particularly Mexican and increasingly South American, also is transported through Central Arizona, El Paso, and Houston. Information from federal, state, and local law enforcement agencies identifies Colombian, Dominican, Mexican, and Nigerian organizations as well as street gangs and independent dealers as involved in heroin transportation within the United States. Smuggling and transportation methods vary by heroin source.

South American. Colombian trafficking organizations control heroin transportation from Colombia to the United States, but increasingly are relying on Dominican and, on occasion, Mexican organizations to move their heroin. South American heroin frequently is shipped via Caribbean routes through the Dominican Republic, Puerto Rico, or Florida en route to U.S. markets. The primary means of smuggling South American heroin into the United States is aboard commercial airlines through international airports, principally Miami and John F. Kennedy, although substantial amounts also transit Newark and San Juan (PR) international airports. Couriers carrying from 1 to 3 kilograms of pelleted heroin either internally or strapped to their bodies are the principal smuggling method. Recent information from law enforcement agencies indicates that South American heroin also is smuggled through Mexico. The DEA Houston Field Division notes an increase in the availability of South American heroin, which it believes is transported through Monterrey (MX) and Houston en route to markets in the eastern United States for probable delivery to Dominican organizations. The DEA Los Angeles Field Division notes indications of increased Colombian activity in the Los Angeles area and of occasional use of Los Angeles by Colombian organizations as a transshipment point for South American heroin.

Mexican. Mexican polydrug organizations operating in the United States and Mexico control the transportation of Mexican heroin—both black tar and brown powder—from Mexico to the United States. These organizations use essentially the same methods, routes, and points of entry for heroin as for other drugs smuggled from Mexico into the United States. Common heroin smuggling methods include the use of couriers (especially undocumented Mexican aliens), commercial vehicles, and hidden compartments in private vehicles. Quantities smuggled are normally small (from 1 to 2 kg), but there have been recent seizures of multikilogram shipments of Mexican heroin along the U.S.–Mexico border. Most Mexican heroin is intended for markets west of the Mississippi River, but state and local law enforcement agencies in Alabama, Florida, Illinois, Indiana, Michigan, Ohio, and Pennsylvania identify Mexico as a source of the heroin in their jurisdictions.

Southeast Asian. Nigerian and ethnic Chinese groups are the primary smugglers of Southeast Asian heroin into the United States. Destinations for Southeast Asian heroin are Buffalo, Chicago, Dallas, Detroit, Los Angeles, New York, San Francisco, and Seattle. Ethnic Chinese groups use extensive overseas connections and ties to Asian gangs in the United States and Canada to facilitate heroin transportation. Members of other Asian organizations involved in transporting Southeast Asian heroin to the United States are from Cambodia, Laos, Nepal, Thailand, and Vietnam. Asian traffickers are more likely to use commercial cargo shipments, often transporting Southeast Asian heroin through Vancouver, Toronto, or Montreal en route to the United States. Nigerian traffickers based in Thailand use couriers and express mail services to smuggle heroin into the United States. Nigerian groups are

most active in Chicago, Atlanta, Dallas, Houston, New York, Baltimore, and Washington, D.C., all of which have well-established Nigerian populations. Recent evidence indicates that Nigerian traffickers are reverting to West African couriers, who will transport heroin for about one-third of the amount typically paid to Caucasians.

Southwest Asian. Turkish, Middle Eastern, South Asian, and Nigerian trafficking groups control the importation of Southwest Asian heroin into the United States, but Albanian, Iranian, Lebanese, Nigerian, Pakistani, Palestinian, and Serbian groups are all involved in the actual smuggling. The primary U.S. destinations for Southwest Asian heroin are Atlanta, Chicago, Detroit, New York, and Los Angeles—the last two of which are primarily transshipment points. Southwest Asian heroin is smuggled into the United States using mail parcels, couriers on commercial aircraft, and containerized cargo.

In 1999, West African traffickers based in Bangkok, Thailand—who normally deal in Southeast Asian heroin produced in neighboring Burma—sent couriers to Pakistan to obtain lower priced Southwest Asian heroin. Southwest Asian heroin, produced in Afghanistan but readily available in Pakistan, ranged from $1,000 to $2,400 per kilogram—considerably less than the $10,000 to $12,000 per kilogram price of Southeast Asian heroin in Bangkok. Pakistani authorities arrested Thai, Ukrainian, Nepalese, Burmese, Tanzanian, Indonesian, Uzbek, and Pakistani nationals who were in the employ of the Bangkok-based West African organizations. Pakistani officials seized more than 100 kilograms of Southwest Asian heroin from the couriers, who were attempting to smuggle the heroin to Bangkok, often by circuitous routes. Some of this heroin was undoubtedly intended for the United States, since Bangkok-based West African traffickers have been involved in smuggling Southeast Asian heroin to the United States for the past decade.

Distribution

While wholesale heroin distribution seems to be well organized and controlled by the same groups that transport the heroin into the United States, distribution below the wholesale level appears to be quite fragmented. Information from state and local law enforcement agencies across the nation indicates that the primary transporters—Colombian, Dominican, Mexican, and Nigerian organizations as well as street gangs and Caucasian independents—also dominate wholesale heroin distribution. Organized, midlevel wholesale distribution exists in some areas, particularly Chicago and Los Angeles, while in other areas, such as New York, midlevel distribution, particularly of South American heroin, is less apparent than in the past. Because there are fewer middlemen, opportunities for diluting heroin decrease. The dramatic increase in purity of the heroin sold at street level suggests more direct contact between wholesale and retail distributors.

South American. Most wholesale distribution of South American heroin is controlled by Colombian organizations. Indications are that Dominican organizations, which are expanding well beyond their traditional areas of operation in the Northeast, may be cutting into Colombian organizations' dominance of midlevel wholesale distribution. At the retail level, African-American, Caucasian, Dominican, Mexican, and Puerto Rican retailers sell South American heroin, depending on which group is dominant in the area.

Mexican. Mexican organizations continue to control wholesale distribution of black tar and brown powdered heroin. Mexican criminals also are heavily involved in retail distribution in many areas, frequently using Mexican migrant workers and Hispanic street gangs to facilitate heroin distribution.

Southeast Asian. Most wholesale distribution of Southeast Asian heroin is controlled by the Nigerian and Asian (including Cambodian, ethnic Chinese, Laotian, Nepalese, Thai, and Vietnamese) organizations that transport the heroin to the United States. They, in turn, sell the heroin to other Asian groups, African-American and Hispanic street gangs, Dominican and Puerto Rican groups, and members of traditional organized crime for further distribution.

Southwest Asian. Albanian, Iranian, Lebanese, Nigerian, Pakistani, Palestinian, and Serbian smuggling groups control most wholesale distribution of Southwest Asian heroin in the United States. Unlike groups smuggling heroin from other source regions, these groups frequently smuggle heroin into the country without a prearranged buyer, storing the heroin until a buyer can be found. Pakistani smuggling groups, as well as Dominican and Puerto Rican organizations, often sell Southwest Asian heroin at the retail level.

Distribution Centers

The three primary U.S. destinations for heroin—New York, Chicago, and Los Angeles—are also three of the largest heroin markets in the United States. These cities serve as principal heroin distribution centers to markets throughout the Northeast, Midwest, and West.

Heroin Distribution from New York

Source: National Drug Intelligence Center, National Drug Threat Survey, 2000.

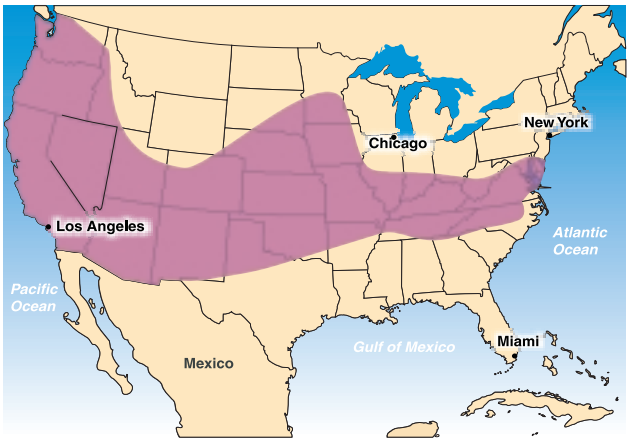
New York. South American heroin is dominant in New York, although Southeast Asian and Southwest Asian heroin are also available. Mexican heroin is rare in New York City. Colombian organizations currently dominate wholesale distribution, but Dominican organizations are assuming a greater role. New York-based organizations distribute heroin to associated Colombian and Dominican organizations, local independent dealers, and other retail groups in at least 18 other states in the New England, New York/New Jersey, Mid-Atlantic, Southeast, Great Lakes, and West Central Regions.

Heroin Distribution from Chicago

Source: National Drug Intelligence Center, National Drug Threat Survey, 2000.

Chicago. All four types of heroin—South American, Southeast Asian, Southwest Asian, and Mexican—are available in Chicago. South American and Southeast Asian heroin are most prominent. Colombian organizations introduced South American heroin to Chicago in the early 1990s, and the two types are competing for dominance. Southeast Asian heroin and, to a much lesser extent, Southwest Asian heroin are smuggled into the area and distributed by Nigerian organizations. Mexican heroin lost considerable market share in Chicago in the mid-1980s, but Mexican organizations maintain a presence in the market. The dominant organizations in Chicago use the city as a center from which to distribute heroin to associates in Illinois and in at least 7 other states in the Great Lakes, Southeast, and West Central Regions.

Heroin Distribution from Los Angeles



Source: National Drug Intelligence Center, National Drug Threat Survey, 2000.

Los Angeles. Mexican heroin, primarily black tar, is the type most frequently used in Los Angeles. Southeast Asian, Southwest Asian, and South American heroin are transshipped through Los Angeles to markets throughout the nation. Although many different organizations operate in the area, Mexican trafficking organizations dominate transportation as well as wholesale and retail distribution in Los Angeles. Los Angeles is identified as a source of heroin by state and local law enforcement agencies elsewhere in California and in Arizona, Iowa, Maryland, Minnesota, Missouri, Nevada, New Mexico, and North Carolina.

While New York, Chicago, and Los Angeles are clearly the most important heroin distribution centers in the United States, other cities play significant, albeit lesser, roles in heroin distribution.

Philadelphia. The primary source of heroin to the Philadelphia area, according to the Philadelphia Police Department, is New York City. Philadelphia-based organizations, primarily Dominican and Puerto Rican, distribute heroin to associates in Pennsylvania, Maryland, North Carolina, Virginia, and West Virginia.

El Paso and Houston. State and local law enforcement agencies indicate that El Paso and Houston are transshipment points for Mexican heroin. Agencies in Colorado, Florida, New Mexico, and Texas, each of which note the availability of Mexican heroin in their areas, identify El Paso as a source. Agencies between Laredo, Brownsville, and Houston note that Houston is the primary destination for heroin transported through their jurisdictions. From Houston, Mexican heroin is transported to distribution groups in south and east Texas and in Arkansas, Missouri, Tennessee, and Wisconsin, according to agencies in those areas.

Detroit. Detroit-based organizations appear to be a source of heroin in the Great Lakes and in portions of the West Central Region. Agencies in Illinois, Iowa, Ohio, and elsewhere in Michigan identify Detroit as a source of heroin.

Local independent dealers, operating within specific communities or serving a specific clientele, are the norm at the retail level, regardless of the source of the heroin. According to information provided by agencies responding to the National Drug Threat Survey, transportation and wholesale groups, although still involved, give way to street gangs and local independent dealers, particularly African Americans, Caucasians, and Hispanics, at the retail level. A number of agencies around the country, many of which have jurisdiction over large metropolitan areas, note the movement of heroin sales from outdoor markets and street corners to indoor call-and-deliver operations in private residences.

Key Developments

Law enforcement agencies throughout the United States generally agree that **the recent trend toward higher purity, lower cost heroin is continuing**. Agencies throughout the nation note increases in purity and lower prices for Mexican, Southeast Asian, and Southwest Asian heroin—most likely because of efforts by traffickers to compete with South American heroin.

- The availability of very high purity, low cost South American heroin continues to grow. This growth is spurred, at least in part, by the movement of Dominican drug trafficking organizations beyond established bases of operation in the Northeast.
- Dominican organizations have become the preeminent distributors of South American heroin in the Florida/Caribbean, New England, New York/New Jersey, and Mid-Atlantic Regions. Dominican organizations are increasing their involvement in heroin smuggling and wholesale distribution. They are moving into areas of the Great Lakes, Southeast, and West Central Regions to expand existing markets, establish new markets, and increase the availability of South American heroin.

Federal, state, and local agencies agree that **heroin use is expanding beyond traditional user groups** to high school age youth and young adults, usually from higher socioeconomic classes. Some agencies note increases in the **availability of heroin in combination with other drugs** and new forms of heroin that allow for easier administration.

- Several agencies note increases in the transportation, sale, and use of heroin and cocaine in combination ("speedballing"), while a few document heroin capsules or tablets in their jurisdictions.
- The DEA Miami Field Division states that the use of heroin and MDMA ("ecstasy") in combination at raves is a growing concern. Members of the Miami medical community believe that traffickers are marketing MDMA and heroin together to attract new heroin users. Since small doses of heroin taken orally have little effect, users may perceive heroin use as harmless.

Two relatively recent **developments suggest that Mexican organizations intend to compete for a larger share of the U.S. market**.

- Operation Tar Pit, a recent multiagency investigation targeting a Los Angeles-based Mexican organization, revealed that the organization had attempted to establish markets in the eastern United States.
- To date, Mexican authorities have seized two heroin laboratories that were established to produce high quality white powdered heroin. Although the full extent of such operations is unknown, possessing such a capability would give Mexican organizations the opportunity to compete in the larger markets of the East where white powdered heroin is preferred.

Projections

Most national studies point to overall stability in the U.S. heroin situation, but that stability is threatened by the availability of high purity heroin and efforts by drug trafficking organizations to make heroin less threatening and easier to administer. Increased use of heroin by adolescents and young adults could lead to even greater demands on law enforcement, the criminal justice and penal systems, and treatment facilities in the future, especially if those users shift to injection to administer heroin more effectively.

With a well-established and expanding market for South American heroin, Colombian organizations may be moving from transportation and wholesale distribution to bulk wholesale supply almost exclusively to avoid exposure. Colombian organizations' increasing reliance on Dominican and Mexican organizations to transport heroin, their greater use of Mexico as a transshipment point for South American heroin, and more direct contact between Dominican and Mexican organizations all point to Colombian organizations' continued withdrawal from direct involvement in the U.S. heroin market.

Marijuana

Cannabis is cultivated indoors and outdoors in every state. Although no single group exercises control over domestic cultivation and production, independent Caucasian growers are responsible for most of the cultivation, transportation, and distribution of domestically grown marijuana. The four principal foreign sources of marijuana are Mexico, Colombia, Canada, and Jamaica. Drug trafficking organizations in Mexico produce the most, nearly all of which is intended for U.S. markets. Mexican organizations control the smuggling, transportation, and wholesale distribution of commercial-grade Mexican marijuana. Although organizations in Canada supply less marijuana than either Mexico or Colombia, most of it is extremely profitable high-grade marijuana, for which there is increasingly greater demand in the United States. OMGs, particularly the Hells Angels, and Asian trafficking organizations, especially Vietnamese, are responsible for most marijuana smuggling from Canada to the United States. Groups involved in wholesale and retail distribution vary widely by region, but local independent dealers are the norm in marijuana distribution.

Assessment of the Threat

Marijuana continues to be the most widely available and abused illegal drug in the United States, and many law enforcement agencies nationwide express concern that the threat of marijuana is not taken seriously. The availability of high-grade marijuana is increasing in every region, and some regions report the price is decreasing.

Over 10 percent of the 412 agencies that responded to the National Drug Threat Survey consider the threat of marijuana to be equivalent to that of other illegal drugs. Over 80 percent of respondents note the presence of indoor or outdoor cultivation—in most cases both. Over 25 percent of respondents consider the threat, availability, and abuse of marijuana in their areas to be very high. Over 30 percent of respondents to the National Drug Threat Survey consider the threat of marijuana to be increasing and note significant increases in the quantity and quality of the marijuana available in their jurisdictions.

Availability

Federal, state, and local law enforcement agencies agree that marijuana is the most widely available illegal drug in the United States. A number of agencies express concerns with the growing perception among school age children that marijuana use is "safe" and not likely to lead to the use of other drugs. Many also note increases in marijuana seizures and arrests at schools in their areas. Of the 412 agencies responding to the National Drug Threat Survey, 322 (78%) consider marijuana availability to be very high.

Despite beliefs that the threat of marijuana is overshadowed by concern with other illegal drugs, federal data show that efforts to stem the trafficking of marijuana continue to consume the resources of federal, state, and local agencies and the judicial system. Marijuana seizures reflected in the FDSS rose from almost 828,000 kilograms in 1998 to approximately 1.1 million kilograms in 1999. OCDETF indictments on marijuana-related charges rose from 687 in FY1998 to 747 in FY1999, over 17 percent of all OCDETF indictments for that year. Marijuana-related offenses increased 17 percent from 6,054 in 1998 to 7,089 in 1999. And at 31.5 percent, marijuana accounted for more federal drug sentences than any other drug in 1999.

Marijuana, from "ditchweed" to "hydro," is available throughout the United States, but quality varies widely.[21] The potency of commercial-grade marijuana and sinsemilla, the most frequently encountered, continues to increase. Marijuana potency is not usually characterized by purity, but by THC (tetrahydrocannabinol) content. Between 1988 and 1998, the average THC content of commercial-grade marijuana rose from 3.82 percent to 5.88 percent. During the same period, the average THC content of sinsemilla increased dramatically from 7.62 percent to 12.26 percent, in part because of improved techniques for growing marijuana indoors. Many agencies throughout the nation note dramatic increases in the quality of marijuana in their areas. They specifically identify continuing increases in the availability of marijuana from Canada—especially BC Bud, a high THC content marijuana —and increases in indoor cultivation, which usually produces better quality marijuana. Unlike the high-grade marijuana of 10 years ago, which averaged 7 to 14 percent THC, some tested samples of indoor grown sinsemilla have achieved potencies near 30 percent. Marijuana prices vary widely depending on the quality and the area in which it is sold. Prices for commercial-grade marijuana range from as little as $100 to almost $6,000 per pound. Sinsemilla prices range from $900 to $7,000 per pound (Table 9).

Sinsemilla is a form of marijuana resulting from the cultivation of the female cannabis plant absent from the male plant—a technique that prevents pollination, resulting in larger bud growth and thus higher THC content. The average yield for mature, domestically grown sinsemilla is approximately one-quarter pound per plant; domestically grown commercial-grade marijuana yields approximately one pound per plant.

Table 9. Marijuana Prices per Pound

Region	Commercial	Sinsemilla
Northeast/Mid-Atlantic	$500–$4,000	$1,500–$2,500
Great Lakes	$850–$3,000	$2,500–$7,000
Pacific/West Central	$100–$3,500	$1,000–$6,000
Southwest	$250–$6,000	$900–$4,000
Southeast/Florida	$500–$1,600	$3,000

Source: Research conducted by NDIC of more than 900 federal, state, and local law enforcement agencies.

Law enforcement agencies in every region of the country indicate changes in the marijuana situation. Agencies in the New England Region note increases in the indoor cultivation of high potency marijuana and a tendency toward smaller and more remote outdoor plots. In the New York/New Jersey Region, agencies note general increases in availability, with more involvement of Mexican groups in distribution and more violence associated with street-level distribution. In the Mid-Atlantic Region, several agencies note that marijuana is increasingly popular among school age children and is increasingly cultivated in local indoor grows, some of which are hydroponic grows. Law enforcement agencies in the Southeast identify an increase in the availability

of Mexican and high potency marijuana as well as an increase in local indoor grows. In the Southwest Region, agencies note a general increase in the availability of marijuana from Canada, an increase in the flow of marijuana from Mexico, more sophisticated smuggling methods, increased street gang involvement in retail distribution, and generally lower prices. In the Pacific and West Central Regions, reporting indicates increases in the number and sophistication of indoor growing operations, the availability of marijuana from Canada and Mexico, and the number and size of outdoor plots in remote areas. Agencies in the Great Lakes note an increase in the availability of marijuana from Mexico and increases in both indoor and outdoor growing operations.

Demand

There is no accepted estimate for marijuana demand in the United States, but estimates of the number of users suggest that the demand for marijuana vastly exceeds demand for any other drug, especially among younger users. National data indicate that despite high levels of lifetime, past year, and current use, marijuana use remains relatively stable overall. According to the 1999 NHSDA, 76 million people aged 12 or older reported marijuana use in their lifetime, 20 million reported use in the past year, and 11 million reported current use. The number of marijuana users has remained relatively stable since 1991, with the exception of adolescents. The rate of current use among adolescents more than doubled between 1992 (3.4%) and 1995 (8.2%), peaked in 1997 (9.4%), and showed a statistically significant decline from 1997 to 1999 (7.0%).

The societal impact of marijuana is probably best reflected in data from publicly funded treatment facilities and the health system. The proportion of admissions to publicly funded treatment facilities for marijuana abuse doubled between 1992 and 1998, from 6 percent to 13 percent of all TEDS admissions; marijuana accounted for nearly half (49%) of all admissions under 20 years of age. In 1998, more than half (57%) of marijuana admissions had used the drug by the age of 14, and over 90 percent had used it by the age of 18. Of marijuana admissions, 77 percent were male, 59 percent were white, and 49 percent were under 20 years of age. Between 1997 and 1999, DAWN data show that the number of emergency department mentions of marijuana/hashish increased from 64,744 to 87,150. Two age groups showed significant changes from 1997 to 1999; the 18–25 age group increased from 19,388 to 27,272, and the 35 and over age group increased from 17,403 to 25,796. Marijuana/hashish was the sixth most reported drug according to 1998 DAWN medical examiner data, accounting for 6 percent of all episodes, but marijuana/hashish was usually mentioned in combination with other drugs. Marijuana/hashish accounted for 35 percent of all mentions among decedents aged 6 to 17, but declined to 17 percent among those aged 18 to 25, and to 2 percent among decedents aged 55 and over.

According to MTF Study data for the 1990s, lifetime, past year, and current use of marijuana peaked among eighth graders in 1996 and among tenth and twelfth graders in 1997. In the time since, the prevalence of marijuana use among all three groups, in all three categories, has remained relatively constant. The prevalence of use among young adults (19 to 28 years old) has remained relatively constant since 1994.

PRIDE Survey data show slight declines in the prevalence of past year and current use of marijuana since the 1995–1996 school year. PRIDE data for the 1999–2000 school year show significant decreases in past year and current use of marijuana among junior high school students, modest declines among senior high school students, but minimal increases among twelfth graders alone. For all three groups combined, annual use declined from 23.3 percent in the 1998–1999 school year to 19.9 percent in the 1999–2000 school year.

Cultivation and Production

Although a significant portion of the marijuana available in the United States is cultivated and produced domestically, there are no estimates for domestic production. Limitations in the data available preclude such an estimate in the near future. Drug trafficking organizations in four countries—Mexico, Colombia, Canada, and Jamaica—supply most of the foreign-produced marijuana available in the United States.

Within the United States, cannabis is grown outdoors and indoors in every state. According to 1998 DEA eradication statistics, five states—Alabama, California, Hawaii, Kentucky, and Tennessee—account for over 75 percent of all outdoor plant eradication. The same reporting identifies Alaska, California, Florida, Kentucky, and Oregon as the leading states in indoor cultivation, accounting for over 65 percent of all indoor eradication.[22] Federal, state and local agencies continue to identify the widespread use of public lands to cultivate cannabis and the frequent use of elaborate security measures to protect plots from theft or seizure. In 1999, the U.S. Forest Service seized almost 1 million pounds of cannabis plants and processed marijuana in 35 states. California led all states with over 500,000 pounds seized, followed by Kentucky (474,300 lb), Utah (19,300 lb), North Carolina (14,600 lb), and Washington (10,300 lb).

No single group exercises broad control over domestic cannabis cultivation and marijuana production, but responses to the National Drug Threat Survey indicate that most domestic cannabis is cultivated locally by independent growers, mostly Caucasians. Other growers identified by state and local agencies are Mexican groups, street gangs, Jamaican groups, and OMGs. U.S. Forest Service information also reports extensive involvement of Mexican nationals in cannabis cultivation on lands administered by the service.

Among the four primary foreign sources of marijuana, drug trafficking organizations in Mexico produce the most—over 6,600 metric tons in 1999, of which nearly all was intended for U.S. markets. Colombia historically has been a significant source of marijuana to U.S. markets. In recent years, however, Colombian marijuana has been supplanted to a large extent by Mexican and domestic marijuana. The Royal Canadian Mounted Police and the U.S. Department of State estimate that 800 metric tons of marijuana were produced in Canada in 1999, primarily under the direction of OMGs and Asian organizations. Of that 800 metric tons, an estimated 380 metric tons were destined for the United States. The Department of State estimates that a little over 200 metric tons of marijuana were produced in Jamaica in 1997 (the latest date for which information is available), of which almost 160 metric tons were available for consumption outside Jamaica, including the United States.

Transportation

Marijuana produced outside the United States is smuggled into the country by land, sea, and air. OMGs, especially the Hells Angels, and Asian trafficking organizations control much of the marijuana smuggled into the United States from Canada, while Mexican organizations control the movement of marijuana across the U.S.–Mexico border. Commercial and private vehicles, couriers, and aircraft are the principal means used to smuggle marijuana across the northern and southern borders, although the San Juan County Sheriff's Department in northwestern Washington State reports recent dramatic increases in marijuana smuggling from British Columbia into San Juan County by boat. Marijuana smuggled in commercial vehicles—normally used for larger shipments—

is usually either concealed in hidden compartments or mixed with legitimate goods. Private vehicles are used frequently to smuggle marijuana into the United States, and a number of agencies identify the increased use of sophisticated hidden compartments in private vehicles to conceal shipments. Pedestrian couriers body carry smaller amounts of marijuana through POEs and smuggle larger amounts in backpacks and duffel bags between POEs. Private aircraft routinely make airdrops of marijuana to individuals waiting on the ground or land at remote airstrips to offload marijuana. Commercial aircraft, most often used by Jamaican organizations, are used to smuggle marijuana by couriers who carry it on their bodies or in luggage, or by airfreight. The DEA Miami Field Division reports a possible shift in marijuana transportation from the Southwest Border to the Caribbean to avoid the heavy law enforcement presence on the border. Given the existing cooperation between Mexican wholesalers and Jamaican distributors, such a shift seems entirely plausible.

Maritime transportation methods are the norm in the remainder of the country. Colombian, Mexican, and Jamaican organizations control most smuggling in the East, Southeast, and along the West Coast, while OMGs and Canadian and U.S. traffickers are responsible for smuggling in the Great Lakes area. Traffickers use coastal freighters, containerized cargo, go-fast boats, and fishing vessels to smuggle marijuana into the Great Lakes and across the eastern, southeastern, and western U.S. borders. Large amounts of marijuana are smuggled into the United States in containers with legitimate cargo. Go-fast boats and fishing vessels are used to bring marijuana ashore from airdrops, motherships, and coastal freighters.

The origin of marijuana is difficult to determine unless it is seized at the grow site. Marijuana produced in and shipped from California is particularly difficult to distinguish from marijuana transshipped through California and produced in Mexico. Most domestically grown marijuana, whether cultivated outdoors or indoors, is intended for sale and use in the local area, although some of the marijuana produced in the high production states (Alabama, Alaska, California, Florida, Hawaii, Kentucky, Oregon, and Tennessee) undoubtedly is transported to other areas for sale. State and local law enforcement agencies throughout the United States identify Chicago and New York most frequently as destinations for marijuana transshipped through their areas.

Traffickers use almost every available means to transport marijuana from point to point inside the United States. State and local law enforcement agencies identify private vehicles as the primary means, but commercial trucking, airlines, trains, and buses as well as the mail system and private parcel services are identified as other methods used. A number of federal, state, and local agencies note recent increases in the use of express mail services to transport marijuana.

In responses to the National Drug Threat Survey, 216 state and local law enforcement agencies identified local independent dealers, mostly Caucasians, as the predominant transporters of marijuana. Mexican traffickers were the second most identified group. Responding agencies also prominently mentioned street gangs, Caribbean groups (particularly Jamaicans), and OMGs.

Distribution

With multiple domestic and foreign sources of supply and an almost countless array of groups and independent dealers involved, no single group can be claimed to control marijuana distribution in the United States. However, Mexican drug trafficking organizations clearly dominate a greater portion of wholesale distribution than any other identifiable group. Most DEA Field Divisions identify marijuana from Mexico as the dominant type in their jurisdictions, and many

report that Mexican organizations dominate wholesale distribution in their areas. All report that marijuana from Mexico is readily available. Because marijuana from Mexico is of substantially lower quality and less expensive than domestic marijuana, it is used frequently to "bulk up" domestic marijuana and increase profits—even in areas where it is not the preferred type.

DEA findings are consistent with information provided to NDIC by 412 state and local law enforcement agencies, almost 30 percent of which identify Mexican organizations as the dominant marijuana wholesale distributors in their area. Local independent dealers are the most frequently identified wholesale marijuana distributors after Mexican organizations. Law enforcement agencies note, however, that many independent dealers are Caucasians supplied by Mexican organizations. Agencies that note domination of the local market by Jamaican distributors report, too, that Mexican organizations are a primary source of supply. Agencies in the northern United States identify connections between local independent dealers and Canadian sources of supply; agencies elsewhere note that local dealers maintain connections with street gangs, OMGs, and Jamaican groups.

Mexican organizations appear to use 10 cities as wholesale distribution centers: Houston, Los Angeles, Chicago, El Paso, Dallas, New York, Phoenix, Brownsville, Tucson, and Atlanta. Federal and local agencies in each of these cities identify Mexican organizations as the dominant wholesale marijuana distributors, and state and local agencies throughout the nation identify these 10 cities as the primary sources of marijuana to their jurisdictions.

Mexican organizations' dominance of marijuana distribution at the wholesale level does not carry over to the retail level. Local independent dealers, street gangs, and some ethnic groups dominate retail distribution in every region of the United States. In the New England Region, local independent dealers and street gangs dominate retail marijuana distribution. In the New York/New Jersey Region, local independent dealers and Jamaicans are the dominant forces, followed closely by street gangs. In the Mid-Atlantic, local dealers, street gangs, and Jamaicans predominate. Local independent dealers, street gangs, and Mexican groups dominate retail distribution in the Southeast, whereas street gangs, local independent dealers, and Caribbean groups (Cuban, Haitian, and Jamaican) predominate in the Florida/Caribbean Region. In the Southwest, Pacific, and West Central Regions, local independent dealers, street gangs, and Mexican groups dominate retail distribution. Finally, in the Great Lakes Region, local independent dealers, street gangs, and Mexican and Jamaican groups are all active at the retail level.

Key Developments

A number of federal, state, and local law enforcement agencies report **increases in marijuana use among high school age students**, noting increased investigations, arrests, and seizures at and around schools. Some agencies also report increases in marijuana treatment admissions for that age group.

Many federal, state, and local agencies throughout the nation note **increased demand for, and availability of, high potency marijuana**.

- Many law enforcement agencies report increased indoor cannabis cultivation. These agencies further note the use of cloning and hydroponics to increase the potency and yield of cannabis crops and report occasional cooperation among local growers.
- BC Bud, formerly limited to the Pacific Northwest, is now available in Honolulu, Los Angeles, and Oakland, as well as in some parts of the West Central Region.

- Traffickers in eastern Canada are supplying high potency marijuana called Quebec Gold to their counterparts in the United States, particularly Maine and New York.

The San Juan County Sheriff's Department, north of Seattle in the San Juan Islands, notes recent **significant increases in the transportation of high-grade marijuana by vessel** from Victoria and Sidney, British Columbia, through San Juan County. The department reports that Canadian traffickers bring 100-pound shipments of BC Bud, packaged in compressed 1-pound bricks, into the area in small craft and sell the marijuana to U.S. traffickers for as little as $1,500 per pound. While some of the marijuana is taken to Seattle and sold for $2,500 to $3,000 per pound, most is transported as far south as Los Angeles, where it sells for $6,000 per pound.

Projections

Most national data indicate continuing overall stability in marijuana use, but increased use and production of high potency marijuana may lead to greater demand. Some law enforcement agencies note increases in treatment admissions for marijuana that seem to correlate with increased availability and use of high potency marijuana in their areas.

Mexican organizations will continue to dominate wholesale marijuana distribution for the near future. But several state and local agencies express concern that given the increasing demand for marijuana and what appears to be increasing tacit approval of marijuana use, the profit potential will attract individuals and criminal groups not currently involved in cannabis cultivation and marijuana distribution.

Other Dangerous Drugs

The Other Dangerous Drugs (ODD) category includes club drugs, hallucinogens, and illegally diverted pharmaceuticals. ODD are available nationwide, but—with the notable exception of club drugs—they generally have not been considered as great a threat as other illegal drugs. However, information provided to NDIC by law enforcement agencies nationwide suggests that ODD pose a much greater threat than is currently perceived. Moreover, given the popularity of "raves," the dramatic increases in the availability and use of club drugs may pose a greater immediate threat to adolescents and young adults than any other illegal drug.

More than half of the 412 agencies responding to the National Drug Threat Survey identify increases—sometimes dramatic—in the availability and use of club drugs, particularly MDMA (3,4-methylenedioxymethamphetamine) and GHB (gamma-hydroxybutyrate). Over 10 percent of respondents note the appearance of club drugs in their jurisdictions within the past year, and many agencies note increased use among junior high and elementary schoolchildren. Many agencies express great concern over the perception that club drugs are "safe" and note increases in overdoses and deaths that directly coincide with the rising availability of club drugs. In 1999, the National Institute on Drug Abuse (NIDA) reported that "a number of our Nation's best monitoring mechanisms are detecting alarming increases in the popularity of some very dangerous substances known collectively as club drugs."[23] Those same monitoring mechanisms show similar increases in 2000.

Club Drugs

The club drug category comprises both stimulants such as MDMA and PMA (paramethoxyamphetamine, an MDMA lookalike that is much more potent) and depressants such as GHB, ketamine, and Rohypnol.[24] A recent resurgence in the availability of some hallucinogens—LSD (lysergic acid diethylamide), PCP (phencyclidine), psilocybin, and peyote or mescaline—at raves and dance clubs may necessitate their inclusion in the club drug category as well.

International criminal organizations are responsible for much of the production, transportation, and wholesale distribution of club drugs, especially MDMA. But information from state and local law enforcement agencies clearly indicates that young adult Caucasians are primarily responsible for introducing, distributing, and using club drugs nationwide.

The primary outlets for club drugs are raves and dance clubs in larger metropolitan areas, but similar activity is occurring at clubs and teen parties in smaller cities and towns across the nation, particularly those with colleges and universities. In addition to serving as markets for MDMA and GHB, raves are providing an outlet for the introduction of new drugs and for the reintroduction of hallucinogens to a new group of users—today's youth. The wide range of drugs available at raves and parties also provides opportunities for the dangerous use of drugs in combination—for example, MDMA and heroin or MDMA and peyote or mescaline, which some agencies refer to as "new age speedballs."

Raves are held in permanent dance clubs or in temporary clubs set up in abandoned warehouses, open fields, or empty buildings for a single event. Raves are often promoted through flyers and advertisements distributed at other clubs, in record shops and clothing stores, on college campuses, and over the Internet. Many club owners sell specialty items to dancers in a way that arguably promotes the use of drugs, although there is no direct evidence that they are taking part in MDMA sales or earning any direct profit from drug sales within their clubs. They sell bottled water and sports drinks to manage hyperthermia and dehydration as well as pacifiers to prevent involuntary teeth clenching—all frequently caused by MDMA use. They also sell menthol inhalers, chemical lights, and neon glow sticks, necklaces, and bracelets to enhance the hallucinogenic effects of MDMA. Club owners only rarely sell alcohol. They usually advertise raves as "alcohol free"—most attendees are not old enough to purchase alcohol legally—which may lead to parents' perception that raves are safe for their children to attend. Club owners may be protecting themselves by not offering alcohol because MDMA reacts negatively with alcohol and there is less scrutiny of clubs without liquor licenses.

MDMA or "Ecstasy"

MDMA is a synthetic drug that acts simultaneously as a stimulant and mild hallucinogen. MDMA is produced as a white powder that has a slightly sweet scent; it is usually ingested in tablet, powder, or capsule form. Other names for MDMA include "ecstasy," "Adam," "X," "E," "XTC," and "empathy." Users risk exhaustion from a combination of the drug's effects and the physical exertion of all-night dancing. NIDA findings indicate that long-term use of MDMA causes significant, irreparable damage to the brain.

No drug in the ODD category represents a more immediate threat than MDMA. Detailed information from law enforcement agencies documenting dramatic, nationwide increases in the availability and use of MDMA, as well as the involvement of international organized crime groups in production, transportation, and wholesale distribution, places MDMA at the top of the ODD category.

Nearly 150 of 412 agencies responding to the National Drug Threat Survey identify MDMA as readily available in their areas. Of those, over 100 report increases in availability, frequently referring to the increases as "dramatic" or "alarming."

Over 10 percent of responding agencies note the appearance of MDMA within their jurisdictions in the past year, and many associate the drug with local colleges and universities.

Federal agencies report dramatic increases in MDMA trafficking. Between 1993 and 1998, the number of MDMA tablets submitted to DEA laboratories for testing increased from just under 200 to almost 145,000. Seizures have gone from approximately 400,000 in 1997 to 750,000 in 1998 to more than 3 million in 1999. U.S. Customs information indicates an increase in the size of individual shipments; for example, a December 1999 seizure in San Bernardino, California, netted approximately 700 pounds of MDMA, and 1,100 pounds of MDMA were seized at Los Angeles International Airport in July 2000. In the past, MDMA was smuggled in shipments averaging just 2–4 kilograms (4–9 lb).

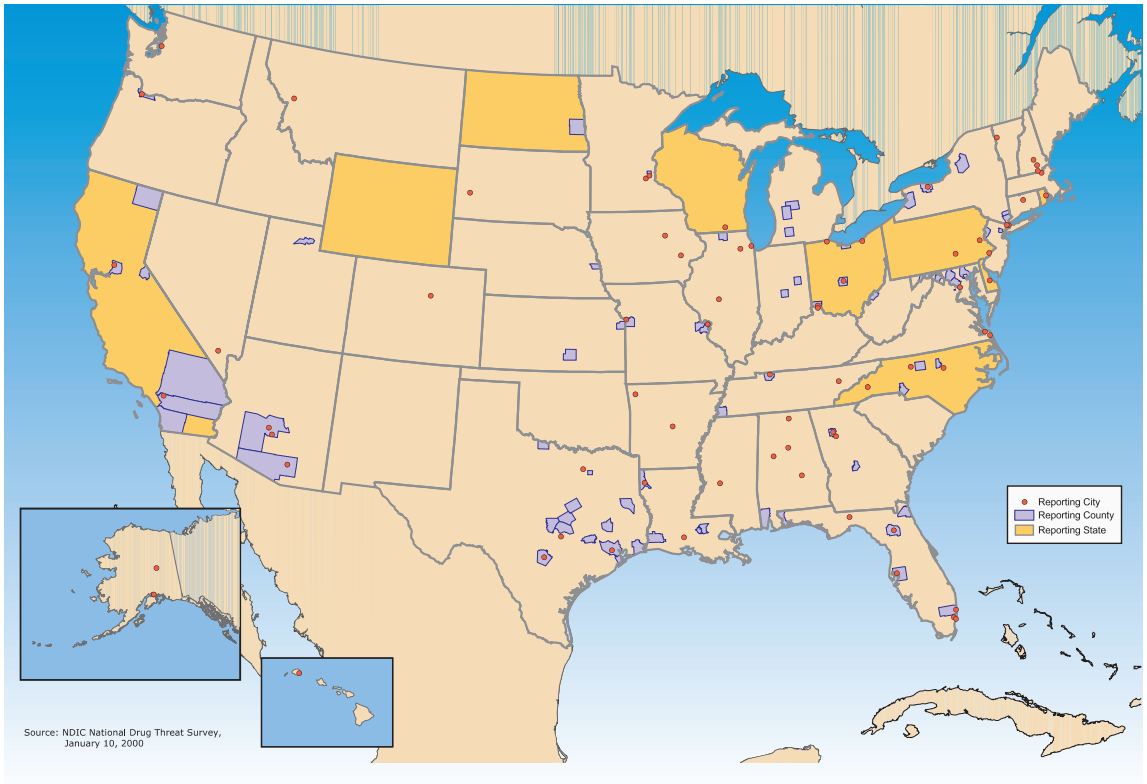
There are no estimates of the demand for MDMA or the total number of users, but national abuse indicators suggest that demand is growing at an alarming rate. NHSDA data show that the number of respondents 12 and older who reported lifetime MDMA use rose from an estimated 2.7 million in 1994 to almost 3.4 million in 1998, the last year for which MDMA data were available (Table 10).

Table 10. Estimated Numbers (in Thousands) and Percentage of U.S. Population Reporting Lifetime MDMA Use

	12–17		18–25		26–34		35+		Total	
1998	369	(1.6%)	1,409	(5.0%)	893	(2.6%)	687	(0.5%)	3,359	(1.5%)
1997	299	(1.3%)	1,271	(4.6%)	1,088	(3.1%)	680	(0.5%)	3,338	(1.5%)
1996	242	(1.1%)	1,164	(4.2%)	875	(2.5%)	853	(0.7%)	3,134	(1.5%)
1995	267	(1.2%)	960	(3.5%)	1,007	(2.8%)	1,199	(1.0%)	3,433	(1.6%)
1994	163	(0.8%)	855	(3.1%)	869	(2.4%)	830	(0.7%)	2,718	(1.3%)

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, National Household Survey on Drug Abuse, 1998.

MDMA Availability



According to the 1999 MTF Study, reported lifetime, past year, and current use of MDMA increased significantly among twelfth graders between 1998 and 1999. Past year MDMA use increased among tenth graders between 1998 and 1999, while lifetime and current use remained constant. Use in all three categories remained constant among eighth graders. MTF data also show a substantial increase in lifetime MDMA use (from 5.1 to 7.2 percent) among young adults aged 19 to 28 between 1997 and 1998, but from 1998 to 1999 the lifetime rate of MDMA use in this age group remained stable.

Although some MDMA production occurs in the United States, 1990 regulations making it illegal to purchase or possess safrole, isosafrole, or piperonal—the primary MDMA precursors—without a permit seem to have thwarted large-scale domestic production. Western Europe is generally considered the primary source of the world's supply of MDMA. Well-organized MDMA production groups have established operations in the rural regions of the Benelux countries—Belgium, the Netherlands, and Luxembourg—driven primarily by the availability of chemicals and international multimodal commercial transportation. Clandestine laboratories in the Benelux countries now produce at least 80 percent of the MDMA consumed worldwide.

According to DEA's Special Testing and Research Laboratory, the chemicals and equipment necessary to produce a kilogram of MDMA can be purchased for as little as $500. When first produced, MDMA is a nearly 100 percent pure powder with a licorice-like scent. The powder normally is pressed into pills and stamped with distinct, identifying designs. The DEA estimates that over 90 percent of the MDMA smuggled into the United States is in capsule or pill form; the remainder is powder. Although pill presses vary widely in speed, the best presses can process as many as 500,000 tablets per hour. The pills, which cost between 20 and 25 cents to produce, are normally sold to wholesale organizations for $1 to $2 apiece.

Israeli and Russian drug trafficking organizations, which often cooperate with one another, have dominated MDMA smuggling to the United States since the mid-1990s, establishing distribution hubs in Los Angeles, Miami, New York, Philadelphia, and Washington, D.C. Both employ similar techniques, using couriers, express mail services, and sea containers to smuggle large quantities of MDMA into the United States. Couriers frequently smuggle at least 10,000 pills in each shipment. The DEA believes, however, that express mail services may now be the most popular smuggling method. Information provided to NDIC by state and local law enforcement agencies indicates that express mail services also are the preferred method to move MDMA within the United States. The number of seizures from sea containers is low compared with those involving other smuggling methods, but the DEA expects maritime smuggling to increase as wholesale distribution organizations become more sophisticated and seek to move larger shipments to meet the growing U.S. demand for MDMA.

Analysts at DEA Headquarters believe that the use of the Caribbean as a transshipment point by MDMA trafficking organizations is a distinct possibility. MDMA destined for the United States is predominantly transported directly via airfreight and express mail or carried by couriers traveling on commercial airlines. But the Caribbean's numerous and established drug transportation groups, abundance of couriers, historic cultural and political connections to Europe, and frequent commercial flights from Europe provide trafficking organizations with the means to route synthetic drugs through the Caribbean.

Although Israeli and Russian groups dominate MDMA smuggling, the involvement of domestic groups appears to be increasing. Some groups based in Chicago, Phoenix, Florida, and Texas have secured their own sources of supply in Europe. Domestic groups generally are less sophisticated and less disciplined than their Israeli and Russian counterparts and more likely to take risks when smuggling. They often attempt to smuggle more pills in a single trip than can be transported undetected.

Once inside the United States, MDMA is sold to midlevel wholesale distribution groups who in turn sell to retail distribution groups or individual distributors. Most MDMA is pressed into pills before entering the distribution system, limiting both the opportunities to cut the MDMA and the number of distribution levels characteristic of many other drugs.

Midlevel wholesale distribution groups link retail distributors with wholesale suppliers. Midlevel groups normally purchase at least 1,000 pills at a time from wholesalers. Some groups purchase 30 to 100 pounds (500,000 pills) at a time, and there is a trend toward larger deliveries to midlevel distribution groups.

Retail distributors, usually young adult Caucasian males, normally purchase 1,000 to 2,000 pills at a time from midlevel distributors. Most retail distributors are independent dealers seeking to take advantage of the growing market and high profit margins. Retail distributors maintain consistent patterns, normally selling at the same clubs on specific nights. Some retail distributors have direct sources of supply within Israeli and Russian criminal organizations and may sell MDMA in Russian-owned clubs. Other retail distributors have stated that they can sell up to 1,000 pills a night at raves, since many users buy several pills in the course of an evening. Each pill sold can net retail distributors $10 to $30. Retail prices range from $15 to $40.

MDMA users, particularly dancers at raves, employ a variety of methods to disguise or conceal MDMA tablets. Among the more popular methods are stringing the tablets on candy necklaces, wrapping them in cellophane candy packages, and stacking them in straws.

GHB

GHB is a central nervous system depressant that was initially used by bodybuilders to stimulate muscle growth. In recent years, it has become popular among young adults who attend raves. Agencies in Boston, Detroit, Los Angeles, Miami, Phoenix, and Seattle have reported the use of GHB as a "date rape drug." It is odorless, tasteless, and virtually undetectable if slipped into a drink. Medical and law enforcement experts say victims can lose consciousness within 20 minutes of ingesting GHB and often have no memory of events following ingestion. It is difficult to trace, usually leaving the body within 24 hours. GHB is available as a liquid or powder and can be manufactured in home laboratories with industrial cleaning solvents and other commonly available ingredients.

Calls to poison centers and emergency department episodes involving GHB have increased in many areas throughout the nation. Over 70 percent of emergency department episodes for GHB in 1998 involved Caucasians, almost 70 percent involved males, and 65 percent involved persons aged 18 to 25.

Information from federal, state, and local law enforcement agencies documents dramatic increases in the availability and use of GHB nationwide. Almost 130 of 412 agencies responding to the National Drug Threat Survey identify GHB as readily available and 49 note the appearance of GHB within their areas in the past year. Most agencies note dramatic increases in availability, attributing the increases to a concurrent rise in rave activity. Despite reports of the availability of GHB and its use as a date rape drug, national studies and law enforcement data provide few details on the production, trafficking, and abuse of GHB.[25]

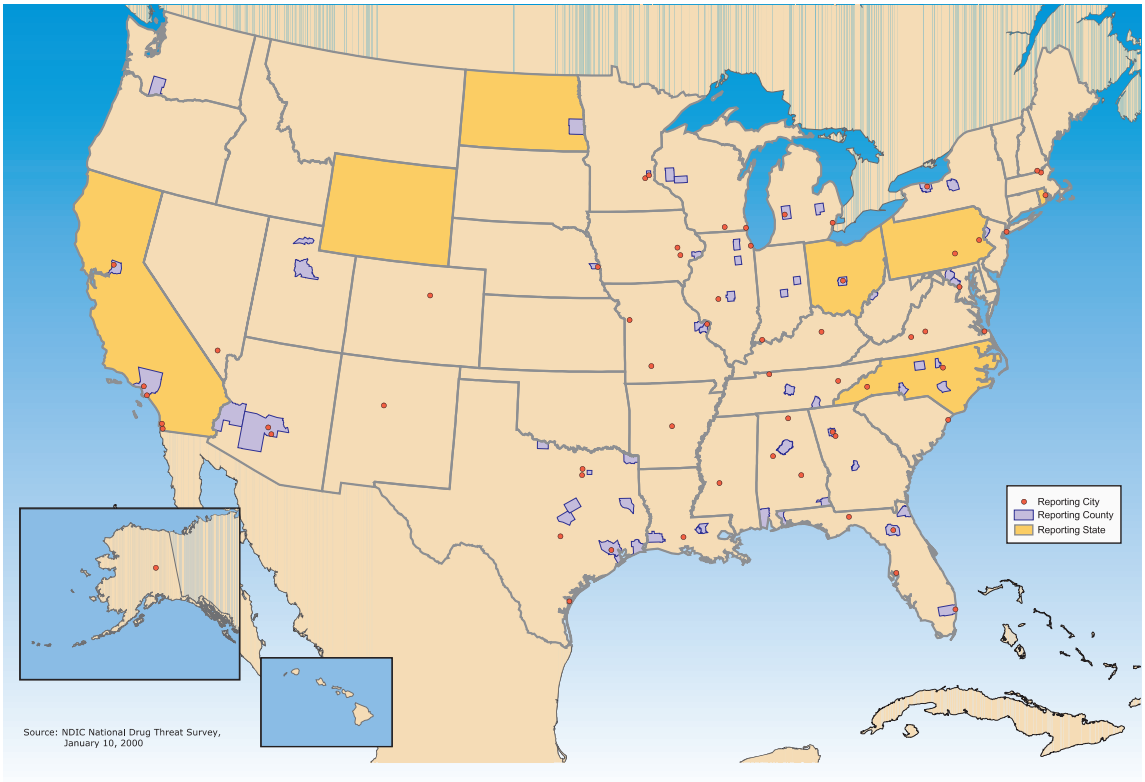
Combining GBL (gamma-butyrolactone) with either sodium hydroxide or potassium hydroxide produces GHB. Unlike with other drugs, independent laboratory operators produce GHB almost exclusively in the areas in which it is sold. Law enforcement agencies draw a direct correlation between GHB production and distribution locations and colleges and universities. Many attribute increases in local production to the availability of recipes on the Internet. As with MDMA, the primary distributors of GHB are young adult Caucasian males, particularly college students.

On February 18, 2000, President Clinton signed the "Hillory J. Farias and Samantha Reid Date Rape Drug Prohibition Act of 1999" (Public Law 106-172), legislating GHB a Schedule I controlled substance and GBL a List I controlled chemical. This law became effective on March 12, 2000, and should significantly limit the availability of GBL.

Although available in both liquid and powdered forms, GHB is most frequently encountered in liquid form. GHB users conceal the drug in empty bottles of breath freshener, eye drops, water, and contact solution. They sometimes place the drug on candy, especially lollipops.

GBL and BD (1,4-butanediol) are chemicals used in industrial cleaners and are closely related to GHB. Both chemicals are precursors to GHB and both, when ingested alone, are metabolized into GHB. GBL and BD have been sold as dietary supplements and marketed under a variety of exaggerated health claims, from the treatment of insomnia to the reversal of baldness.

GHB Availability



Ketamine

Ketamine, or ketamine hydrochloride, also known as "Special K," "K," "Vitamin K," "ket," or "kit-kat," is a commercially produced prescription drug available only to medical practitioners. It is primarily a veterinary preoperative anesthetic, but it is neither manufactured nor approved for medical use in the United States. Ketamine is found most frequently in liquid form, but allowing it to evaporate can produce a white powder similar in appearance to cocaine. Liquid ketamine can be injected, applied to cigarettes and smoked, or ingested. Powdered ketamine can be snorted, smoked, or ingested. Ketamine's effects, in either form, can last up to 2 hours and include hallucinations similar to those caused by PCP. Law enforcement agencies report that like GHB, ketamine has been used as a date rape drug.

Its popularity as a club drug has increased as raves and related activity have spread from large metropolitan areas to smaller cities and towns.

Law enforcement agencies nationwide document increases in the availability and use of ketamine that directly coincide with increases in local rave and dance club activity. Almost 10 percent of the 412 agencies responding to the National Drug Threat Survey identify ketamine as readily available. Ten agencies note the appearance of ketamine in the past year. Several agencies report increases in the number of break-ins at veterinary clinics to steal ketamine.

National studies and law enforcement data provide few details on the trafficking and abuse of ketamine, but as with GHB, state and local law enforcement information indicates a correlation between the availability and use of ketamine and the presence of college and university students.

Rohypnol

Rohypnol, also known as "roofies," "rophies," "ruffies," "R2," "roofenol," "Roche," "roachies," "La Rocha," "rope," and "rib," is a powerful, commercially manufactured depressant containing flunitrazepam hydrochloride. It belongs to a family of drugs known collectively as benzodiazepines. Rohypnol is not licensed for sale nor approved for medical use in the United States. It is manufactured primarily in Europe and Latin America and is readily available and inexpensive in Mexico, the primary source area. Significant increases in Rohypnol use for San Diego and Imperial Counties probably are due to the counties' proximity to Mexico.

Rohypnol is about 10 times stronger than Valium and reportedly is one of the more commonly used date rape drugs. Like GHB and ketamine, it is undetectable in the drink of an unsuspecting victim, although the principal manufacturer of Rohypnol now adds a blue dye to aid detection. Rohypnol produces sedation, amnesia, and muscle relaxation within 30 minutes of ingestion and can cause blackouts that last from 8 to 24 hours. It is popular at raves and frequently is used with alcohol, which intensifies its effects.

Only 9 agencies of 412 responding to the National Drug Threat Survey identify Rohypnol as readily available in their areas. Many others note a decline in the availability and use of Rohypnol. Recent surges in the production, availability, and use of GHB seem to have prompted a decline in the availability and use of Rohypnol. Although past year Rohypnol use declined slightly among eighth graders from 1998 to 1999, lifetime and current use remained stable. The rate of use in all categories remained stable among tenth and twelfth graders.

Hallucinogens

Hallucinogens include a broad range of drugs that induce hallucinations. Among them are LSD, PCP, and psilocybin—a substance found in varieties of mushrooms that are frequently referred to as "magic mushrooms" or "psychedelic mushrooms." The popularity of hallucinogens seems to have grown, and many agencies attribute the resurgence to increased rave and dance club activity.

According to data from the 1999 NHSDA, approximately 25 million people aged 12 or older used hallucinogens sometime in their lifetime. Some 3 million reported past year hallucinogen use, and 1 million reported current use. Admissions for the abuse of hallucinogens remained constant from 1994 to 1997, accounting for only 0.2 percent of all TEDS admissions in each year, and dropped to 0.1 percent in 1998.[26] Those admitted for the abuse of hallucinogens were primarily white, male, and of high school and college age. Of admissions for hallucinogens, 51 percent were between the ages of 15 and 19, and 23 percent were between 20 and 24; 86 percent of admissions for hallucinogens used other drugs as well.

The PRIDE Survey shows an overall decline in hallucinogen use among junior and senior high school students, from 6.7 percent in the 1995–1996 school year to 4.9 percent in the 1999–2000 school year. Between the 1998–1999 and 1999–2000 school years, past year hallucinogen use declined among all three groups surveyed by PRIDE (junior high school, senior high school, and twelfth graders alone).

Independent producers and suppliers are the primary source of hallucinogens. Like club drugs, hallucinogens are distributed and used primarily by young adult Caucasians, which probably best explains the appearance of these drugs at raves.

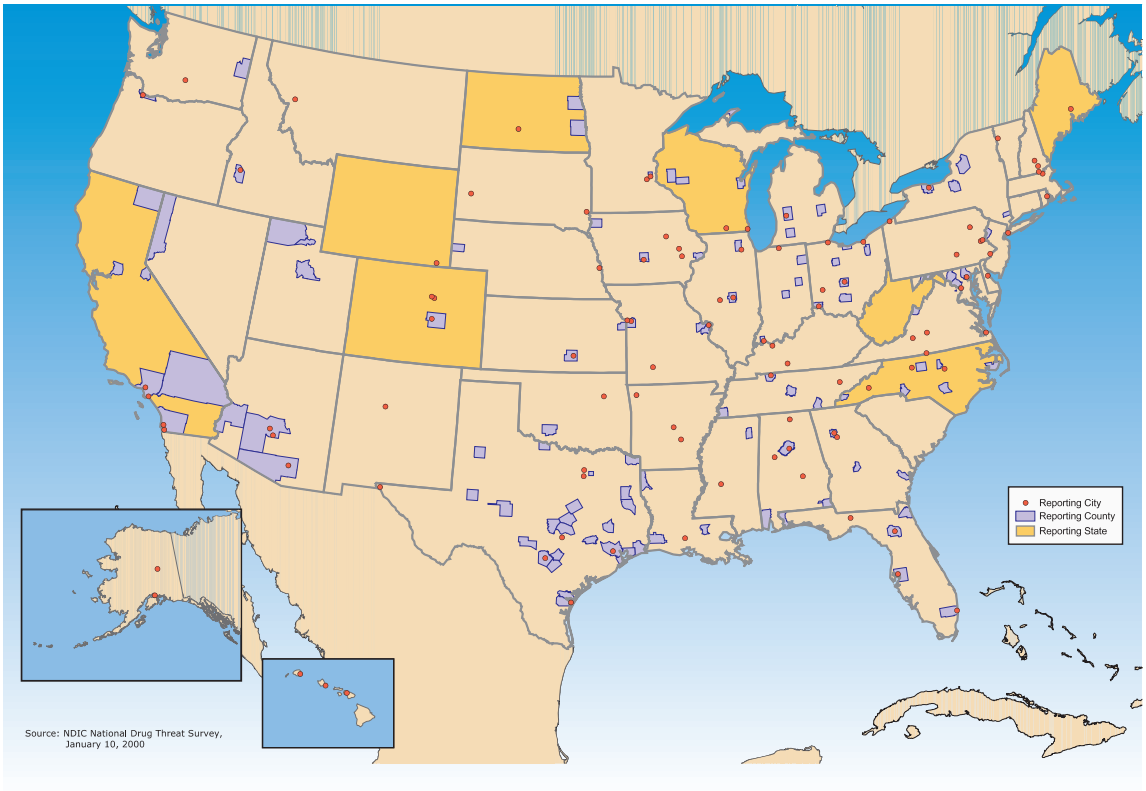
LSD

LSD is a powerful synthetic hallucinogen produced primarily in California, though some reports suggest limited production in other areas. The potency of the LSD available today (20–80 micrograms) is considerably lower than the levels of the 1960s and 1970s (100–300 micrograms). Production is time-consuming and complex, requiring some degree of expertise in chemistry. The primary precursor chemicals are either ergotamine tartrate or lysergic acid amide, both of which are controlled by federal regulations. The control of precursor chemicals undoubtedly limits widespread LSD production in the United States.

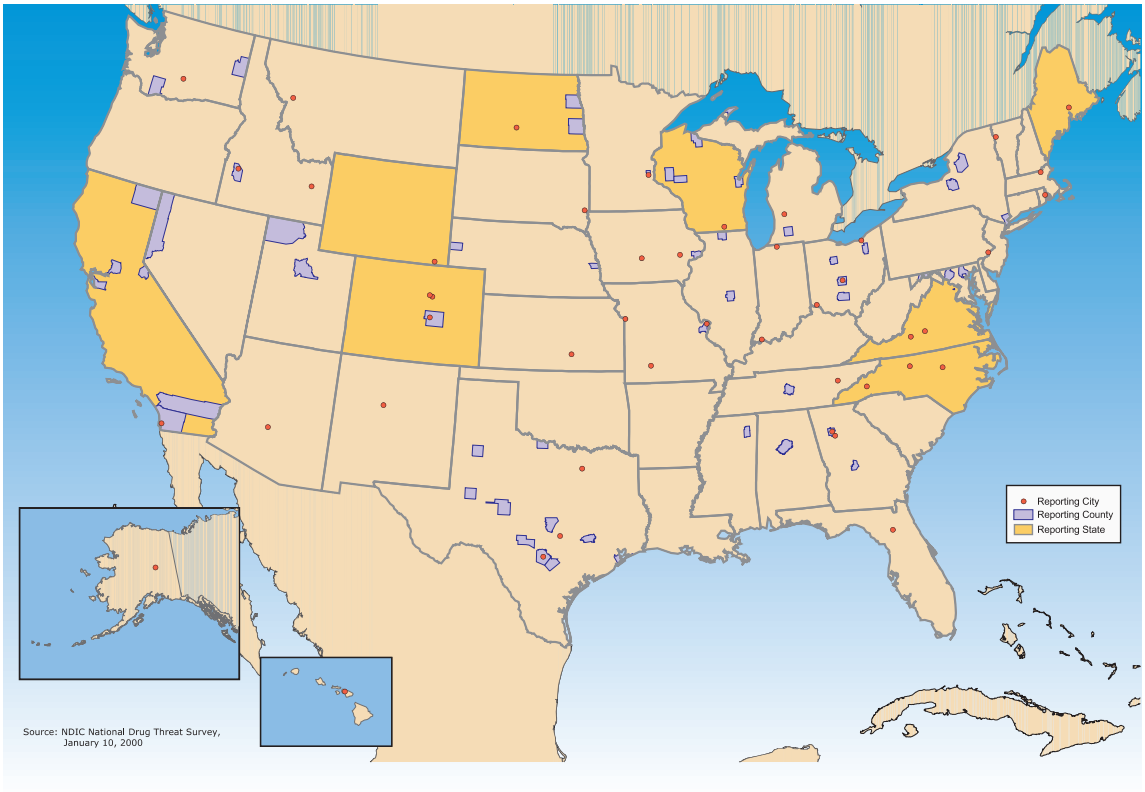
Reports of increased availability and use of LSD are supported by national demand indicators. NHSDA data for 1999 indicate that approximately 19 million individuals aged 12 or older reported lifetime LSD use, approximately 2 million reported past year use, and approximately 500,000 reported current use.

According to MTF data, LSD use rose substantially among eighth, tenth, and twelfth graders between 1991 and 1997. Use has remained relatively stable since 1997 except for a decline in past month use by eighth graders between 1997 and 1998. Although the rate of lifetime use for all three

LSD Availability



Psilocybin Availability



grades in 1999 is lower than the high reported in 1996, it remains well above 1992 levels, especially among tenth and twelfth graders.

Despite reports of increased LSD use, DAWN emergency department mentions of LSD remained relatively stable between 1994 and 1998, averaging just over 5,100 per year.

Information from federal, state, and local law enforcement agencies also documents significant increases in the availability and use of LSD nationwide. Over 200 of 412 agencies responding to the National Drug Threat Survey identify LSD as readily available. Many agencies associate increases in LSD availability with college students and increases in rave activity. LSD is available in more forms than ever before, most commonly in liquid, crystal, or gel form but also in blotter paper, microdots, gel tabs, sugar cubes, and liquid vials. As with club drugs, the primary distributors of LSD are young adult Caucasian males.

Most LSD users are young adults, usually college students, but a number of agencies report increases in LSD use by high school students. Law enforcement agencies also report the use of a wider variety of methods to administer and conceal the drug than at any time in the past, including the application of liquid LSD to candy and chewing gum and concealment in bottles of breath freshener.

Psilocybin

Psilocybin is the active ingredient in a number of mushrooms, but potency varies widely by species. Independent growers cultivate mushrooms indoors and frequently harvest those that grow wild. Doses normally range from 20 to 60 milligrams, and the effects generally last from 5 to 6 hours.

Psilocybin mushrooms have undergone a resurgence in popularity that, like club drugs and other hallucinogens, can be attributed to young adults and the rave culture. Over 100 agencies that responded to the National Drug Threat Survey identify psilocybin mushrooms as readily available, and many note significant increases in availability and use in the past year. Many also note increased use among high school students.

Information from the NHSDA shows a significant increase in the estimated number of lifetime psilocybin users between 1997 (10,200) and 1998 (12,321). The overall increase includes statistically significant increases in reported lifetime psilocybin use in the 18 to 25 and 35 and over age groups.

The average price for psilocybin is $150 an ounce, which apparently has lured newcomers to mushroom cultivation and distribution. The most frequently identified sources of mushrooms are Oregon, California, and Washington State, although agencies in Georgia, Mississippi, and Tennessee report collection of wild mushrooms or indoor cultivation. Almost every agency that identifies a source of mushrooms outside the state identifies the mail or parcel delivery services as the primary means of transportation.

PCP

PCP is a hallucinogen directly associated with street gangs, particularly in the Los Angeles area. PCP is relatively easy to manufacture and requires little knowledge of chemistry. Precursor chemicals are readily available and inexpensive. Street gangs primarily are associated with PCP production, distribution, and use, but there are reports of PCP being sold at raves and dance clubs. Over 10 percent of agencies responding to the National Drug Threat Survey identify PCP as readily available, but only the Austin (TX) Police Department notes substantial increases in availability.

Between 1997 and 1998, reported lifetime use of PCP among all respondents to the NHSDA increased from 3.0 percent to 3.5 percent. Lifetime use declined among respondents aged 12 to 17, but increased for all other age groups. According to TEDS, PCP was reported as a primary substance of abuse by only 0.1 percent of admissions for treatment in 1998. Almost two-thirds of admissions for PCP were male, 36 percent were black, 29 percent were white, and 31 percent reported daily use of PCP.

Pharmaceuticals

The abuse of pharmaceuticals has not received as much publicity as the abuse of club drugs and other illegal drugs, but it is a significant and growing problem in many areas of the United States. Almost 200 of the 412 agencies that responded to the National Drug Threat Survey identify a problem with pharmaceutical abuse in their jurisdictions, and over half of those note dramatic increases in pharmaceutical diversion and abuse. Many agencies consider the problem very underrated and attribute it to the ease with which abusers can obtain prescription drugs over the Internet, by phone, and at drive-through pharmacies.

Among the pharmaceuticals most frequently identified by law enforcement agencies as abused in their areas, diazepam (Valium) and hydrocodone top the list. Others frequently mentioned as abused include Xanax, Vicodin, OxyContin, Lorcet, Dilaudid, Percocet, Soma, alprazolam, Darvocet, and morphine.

Prescription fraud, the sale of prescriptions by unscrupulous medical professionals, and outright theft are the most frequent means of obtaining or diverting pharmaceuticals for illegal use. A number of agencies identify increases in the incidents of schoolchildren selling prescription drugs, particularly Ritalin, to classmates. Several agencies note increases in the abuse of pharmaceuticals by heroin addicts and users of MDMA and other illegal drugs. The pharmaceuticals are taken to ease the effects of those other drugs.

Key Developments

The ODD situation continues to worsen, spurred by the expansion of the rave culture throughout the nation. Law enforcement agencies are clearly more concerned with club drugs, particularly MDMA and GHB, than other drugs in the ODD category, and their concern seems to be justified.

The Maine Drug Enforcement Agency, whose agents frequently speak to schoolchildren and their parents on drug abuse issues, reports that increasingly, **students and parents ask more questions about MDMA, GHB, ketamine, and Rohypnol** than any other subject.

The Los Angeles Police Department reports that the **sale of MDMA, GHB, and ketamine**, formerly restricted almost exclusively to raves, **has moved to open-air street sales**.

Many agencies note **significant increases in MDMA investigations and seizures**.

- The Phoenix Police Department reports tremendous increases in rave activity in the past year and notes recent investigations of several local MDMA laboratories. The department also reports that MDMA trafficking organizations are becoming more sophisticated and more organized.
- The Fairfax County (VA) Police Department reports that MDMA seizures increased from approximately 200 dosage units in 1998 to over 30,000 in 1999. The MDMA was shipped from New York, Philadelphia, and Baltimore. The department reports that at least two MDMA tablets reportedly contained heroin, which was later verified through specialized field tests.
- The DEA Field Divisions in Chicago, Miami, New York, and Philadelphia also report the availability of tablets allegedly containing both heroin and MDMA, but these reports have yet to be substantiated by laboratory testing. The combination tablets, known by the street names of "space," "roll," and "bean," are reportedly identifiable by stamps—such as a three-pointed star or a Batman logo—used to signify the potency and content of MDMA, heroin, and sometimes cocaine or methamphetamine.
- Significant increases in the availability and use of MDMA and increases in investigations and seizures of MDMA were reported by law enforcement in Alabama, Connecticut, Delaware, Florida, Maryland, Minnesota, Missouri, North Dakota, Ohio, Rhode Island, Texas, and Virginia.

Information from the DEA Chicago Field Division documents the **appearance of PMA, a potent and potentially lethal amphetamine** analog, in the United States. The DEA documents other PMA seizures in Prince George County, Virginia, and Broward County, Florida. The highly publicized deaths of two teens in Chicago, who believed they were using MDMA, were attributed to PMA.

Traffickers in countries outside Western Europe may be developing the capability to produce MDMA. Analysts and Special Agents at DEA's Special Operations Division warn that the recent seizure of two laboratories in China and one in Colombia, as well as large-scale methamphetamine production in Mexico, mark traffickers in these countries as potential sources of MDMA.

The Wyoming Division of Criminal Investigation reports the **recent seizure of a major GHB laboratory** in Cheyenne. The laboratory was capable of producing multiple pounds of GHB, based on the equipment and the amounts of precursors found.

Information generated by a multiagency investigation in Phoenix and subsequent analysis of seized documents by NDIC analysts has revealed the **widespread use of the Internet to market GBL** to GHB producers nationwide. Postseizure analysis shows that thousands of gallons of GBL were shipped from a single Internet distributor to over 1,000 potential GHB producers in 47 states.

Many of the primary destinations for large shipments of the GBL were cities and towns with colleges and universities. Follow-up investigation revealed that **some purchasers of GBL are convicted pedophiles**.

Information provided by the Gainesville (FL) Police Department, Genesee County (MI) Sheriff's Department, Lee County (MS) Sheriff's Department, Maine Drug Enforcement Agency, Marietta/Cobb/Smyrna (GA) Organized Crime Unit, and Wyandot County (OH) Sheriff's Office document the **recent appearance of LSD gel tabs**. The Gainesville Police Department reports recent seizures of thousands of gel tabs. Gel tabs may be gaining popularity because they are easy to administer and look less like an illegal drug. The availability of gel tabs indicates the use of new and possibly more sophisticated production methods.

Projections

The rave culture, which has spurred the introduction of a variety of drugs to a new group of users, will continue to grow and negatively affect teens and young adults throughout the nation. The widespread availability and use of drugs at raves will place greater demands on already overburdened law enforcement agencies and treatment facilities well into the future.

The demand for MDMA has not peaked as evidenced by major increases in the number of seizures and in the use of MDMA by high school students and young adults. As demand increases, MDMA use likely will expand beyond raves and dance clubs to other social settings.

Large-scale domestic MDMA production likely will remain impracticable because of the chemistry background required and regulations restricting the availability of precursors in the United States. Nevertheless, law enforcement agencies are likely to encounter increasing numbers of small-scale MDMA laboratories operated locally by independent producers attempting to skirt wholesale suppliers and midlevel distributors to maximize their profits.

Money Laundering

Money laundering is inextricably linked to the illicit U.S. drug trade. The Office of National Drug Control Policy projects the street value of illicit drugs sold in the United States during 2000 to exceed $62 billion.[27] Controlled by violent drug traffickers, these revenues—greater than the gross national product of 150 nations—pose a serious threat to the economic integrity and security of the United States. Drug traffickers launder illicit profits and ultimately integrate the funds into the legitimate economy. Laundered drug proceeds are used to finance drug operations and other crimes, fund insurgency and terrorist organizations, and promote corruption. Consequently, U.S. anti-money laundering efforts are critical to destabilizing drug trafficking organizations and limiting their power.

Money Laundering Hubs

The domestic money laundering threat is centered in the following areas: Chicago, Los Angeles, Miami, New York, San Juan (PR), and the Southwest Border. *The National Money Laundering Strategy for 2000* identifies Los Angeles, New York/Northern New Jersey, San Juan, and the Southwest Border (specifically for cross-border currency smuggling) as High Intensity Money Laundering and Related Financial Crime Areas (HIFCAs). HIFCAs will

concentrate federal, state, and local law enforcement efforts to combat money laundering, whether based on drug trafficking or other crimes, in high intensity money laundering zones.

The Southwest Region's proximity to Mexico significantly increases its potential as a drug money laundering area. Traffickers use the region's major cities—Los Angeles, San Diego, Phoenix, Tucson, El Paso, and Houston—as hubs for laundering money and as transshipment points for drug proceeds destined for source countries, such as Mexico and Colombia. In Los Angeles, 5,171 Suspicious Activity Reports (SARs) in excess of $7.4 billion were filed in FY1998 and FY1999, the second highest number of filings in the United States after New York. Los Angeles had the highest number of outbound Reports of International Transportation of Currency or Monetary Instruments (CMIRs) and the second highest number of inbound CMIRs filed in FY1998 and FY1999.

Suspicious Activity Report (SAR, U.S. Treasury Form 90-22.47): All financial institutions in the United States are required to make this report for various suspicious transactions including those totaling $5,000 or more that involve potential money laundering or other violations of the Bank Secrecy Act.
Report of International Transportation of Currency or Monetary Instruments (CMIR, U.S. Customs Form 4790): Report required for the physical transport of currency or bearer monetary instruments over $10,000 into or out of the United States.
Currency Transaction Report (CTR, IRS Form 4789): Report required for cash transactions of more than $10,000 conducted at financial institutions.

Traffickers exploit the New York/New Jersey Region's world-renowned business infrastructure, transportation facilities, and international financial institutions to launder money. The New York/Northern New Jersey metropolitan area is the focal point for laundering drug money and represents the greatest challenge for anti-money laundering efforts. The New York/New Jersey HIDTA estimates that drug traffickers launder between $4 billion and $8 billion annually in the New York/Northern New Jersey metropolitan area. In FY1998 and FY1999, more than 14,000 SARs in excess of $33.2 billion were filed in this area. During this time, New York surpassed all states with the highest aggregate dollar amounts reported for both Currency Transaction Reports (CTRs) and CMIRs.

The Florida/Caribbean Region's seaports, airports, international banks, and proximity to drug source countries and Caribbean offshore financial havens make it susceptible to drug money laundering. This region serves as a transshipment point for drug proceeds from other U.S. cities. The major drug money laundering areas for this region are in south Florida and Puerto Rico. In Miami, 4,963 SARs in excess of $5.2 billion were filed in FY1998 and FY1999, the third highest number of filings in the United States. Miami had the highest number of inbound CMIR filings and the third highest number of outbound CMIR filings in FY1998 and FY1999.

In Puerto Rico, financial institutions filed 566 SARs totaling $627.7 million in FY1998 and FY1999. However, San Juan banks filed only 45 SARs totaling $2.4 million despite ranking ninth in the United States in volume of currency reported on inbound CMIRs and eighth in volume of currency reported on outbound CMIRs. San Juan ranks below only New York/New Jersey and Los Angeles for suspicious postal money order activity as identified by the U.S. Postal Inspection Service. The apparent discrepancy between the large volume of reported currency flowing into and out of San Juan and the relatively small number and value of reported suspicious activities will be a primary focus of the San Juan HIFCA.

Drug money laundering occurs in all major cities in the Great Lakes Region. The greatest threat exists in Chicago. With more than 300 U.S. banks, 40 foreign banks, and 5 major exchanges, Chicago is the most influential financial center in the region and is a transshipment point for drug proceeds. In FY1998 and FY1999, more than

2,200 SARs in excess of $7.8 billion were filed by financial institutions in Chicago. Chicago ranks second in the nation in the aggregate dollar amount reported for inbound CMIRs at $10.2 billion for FY1998 and FY1999.

Significant amounts of drug proceeds are also laundered in major metropolitan areas of the Mid-Atlantic (Baltimore, Philadelphia, and Washington, D.C.), New England (Boston), Pacific (San Francisco and Seattle), Southeast (Atlanta), and West Central (Denver) Regions. Drug traffickers exploit the financial, transportation, and communications infrastructures of these areas to launder proceeds generated in these cities' sizeable drug markets and in surrounding areas.

Organizations

Mexican and Colombian drug trafficking organizations are the primary producers, transporters, and wholesalers of illegal drugs throughout the United States. These organizations earn billions of dollars from their drug trafficking activities and pose the greatest challenge to U.S. anti-money laundering efforts. Other drug traffickers that launder illicit proceeds in the United States include Asian, Cuban, Dominican, Haitian, Indian, Italian, Jamaican, Middle Eastern, Pakistani, Peruvian, Puerto Rican, Russian, and West African criminal groups as well as street gangs such as the Bloods, Crips, Gangster Disciples, and Latin Kings.

Mexican trafficking organizations constitute the greatest money laundering threat in the Great Lakes, Pacific, Southwest, and West Central Regions, and they maintain a presence in the other regions. Mexican organizations generate billions of dollars in drug proceeds from the sale of cocaine, heroin, methamphetamine, and marijuana. These organizations either launder their own funds or use independent Mexican money launderers. Mexican traffickers operating in the United States move large sums of drug proceeds back to Mexico primarily through the shipment of bulk cash and monetary instruments such as money orders and checks. In early 2000, federal and local law enforcement officers raided a stash house belonging to a Mexican drug trafficking organization located in southern California and seized $2.6 million in drug proceeds that were destined for Mexico. Mexican organizations also extensively use money service businesses such as money remittance companies and exchange businesses to launder drug proceeds.

Colombian trafficking organizations constitute the greatest money laundering threat in the New York/New Jersey, Mid-Atlantic, Southeast, and Florida/Caribbean Regions. Colombian organizations also maintain a significant presence in the other regions. Colombian trafficking organizations launder their own proceeds, use other Colombian money launderers, or use money launderers from other ethnic criminal groups. For example, Colombian traffickers reportedly use Mexican bulk currency smugglers to transport money into Mexico and Asian-owned garment businesses in Los Angeles to launder money. Colombian drug trafficking organizations launder drug proceeds through various means such as smuggling bulk cash, using money service businesses, and using the Colombian Black Market Peso Exchange (BMPE).

The Black Market Peso Exchange (BMPE) enables Colombian traffickers to exchange U.S. drug dollars for Colombian pesos and repatriate an estimated $5 billion in drug proceeds to Colombia annually. The BMPE also enables Colombian merchants to exchange pesos for U.S. dollars in order to purchase U.S. products. BMPE brokers, for a fee, match the Colombian traffickers' need for pesos with Colombian merchants' need for dollars. Traffickers use the pesos to finance drug operations in Colombia. Colombian merchants use the dollars to purchase goods from U.S. vendors. The Colombian merchants either smuggle the goods into Colombia or falsely invoice the shipments to avoid taxes and tariffs.

Methods

Drug money launderers are increasingly transporting bulk quantities of currency to foreign destinations to avoid U.S. financial institution reporting requirements and law enforcement action. The laundering of drug proceeds through money service businesses remains a significant threat. Various other methods are used including structuring bank deposits and money order purchases (smurfing), commingling drug proceeds with proceeds from legitimate businesses, using parallel banking systems (BMPE) and trade-based schemes (precious metals and gems), and exploiting the securities and gaming industries.

The U.S. Department of Treasury Financial Crimes Enforcement Network defines smurfing as a money laundering placement technique in which the launderer divides large cash deposits into smaller amounts and attempts thereby to avoid CTR reporting requirements.

Bulk Currency and Monetary Instrument Smuggling. Smuggling bulk cash and monetary instruments, such as money orders and checks, is a principal drug money laundering method used in the United States. Bulk shipments of drug proceeds are smuggled out of the United States concealed in private vehicles, commercial trucks, and air and maritime cargo; carried by couriers traveling on commercial airlines, trains, and buses; and sent through parcel delivery and express mail services. In August 2000, the U.S. Customs Service seized $11.4 million in a 6-week period as part of "Operation Powerplay," which focused primarily on drug-related outbound currency smuggling.

Mexico is the primary destination for drug proceeds smuggled from the United States; the funds are often deposited at Mexican financial institutions, including *casas de cambio* (exchange houses) and banks. Private vehicles and commercial trucks are the most used conveyances for transporting currency across the Southwest Border. In April 1999, $9.9 million worth of suspected drug proceeds were seized from a tractor-trailer during a traffic stop in Texas. The money was being transported from Chicago to El Paso and most likely was destined for Mexico.

Significant amounts of drug proceeds are smuggled from the United States to other foreign countries and offshore havens. Colombia, the Dominican Republic, Guatemala, Haiti, Israel, Jamaica, Lebanon, Panama, as well as offshore financial havens such as the Bahamas and Cayman Islands, are common destinations for drug proceeds smuggled from the United States.

Money Service Businesses. Money service businesses such as money remittance, money exchange, and check cashing firms have been implicated in several drug investigations for accepting and transferring drug proceeds on behalf of trafficking organizations. The number of money service businesses has increased throughout the United States particularly in Atlanta, Chicago, Philadelphia, and the Southwest Region.[28]

Money remittance businesses accept cash or negotiable instruments and wire transfer these funds to designated recipients, often outside the United States. These businesses transfer millions of dollars in drug profits to Mexico, Colombia, the Dominican Republic, and other destinations. Federal investigations have shown that corrupt remittance company owners and employees structure transactions. They accept currency over the $10,000 reporting threshold required under the Bank Secrecy Act and avoid filing a CTR by issuing false receipts, making it appear as though numerous individuals conducted transactions under $10,000. Some remittance company owners and employees also knowingly permit individuals to make frequent structured transactions using false names and telephone numbers.

Money exchange businesses and check cashing firms are often used to launder drug proceeds. Various U.S. law enforcement agencies have noted the significance of Mexican *casas de cambio* in the laundering process. These money exchange businesses in Mexico conducted suspicious wire transfers to U.S. bank accounts totaling billions of dollars in 1999. Some of these transfers were to U.S. bank accounts opened in the names of nonexistent *casas de cambio*. In Los Angeles, three top executives of a publicly traded check cashing firm headquartered in Sacramento pleaded guilty to drug money laundering charges in 1999. The amounts laundered exceeded $3 million over a 2-year period.

Parallel Banking. Parallel or underground banking systems such as the Colombian BMPE, the Chinese Underground Banking System (CUBS), and the South Asia-based Hawala/Hundi system are used to launder drug proceeds to source countries. Drug traffickers use these systems because they offer anonymity and are generally less expensive and more efficient, for their purposes, than the official banking system. Similar to BMPE brokers, CUBS and Hawala/Hundi agents accept drug dollars from traffickers in the United States and make these funds available, in foreign currencies, to the traffickers or their representatives overseas. These transactions require an agent located in the United States as well as an agent located in the country where the funds are paid. The transfers are merely bookkeeping entries between agents whose accounts are settled through a bulk transfer of cash or a wire transfer through the official banking system.

Securities. The securities industry is susceptible to drug money laundering because it offers services comparable to the banking industry without the same degree of regulation. Securities dealers and brokers generally serve an elite clientele and may facilitate requests for services without practicing due diligence. An example of the securities industry being used to launder money occurred in 1999. Traffickers contacted undercover law enforcement agents posing as securities brokers to pick up and place drug proceeds into the financial system. The agents were then instructed to transfer the funds to the accounts of a major stock brokerage firm.[29]

Gaming Industry. The gaming industry in the United States remains vulnerable to drug money laundering. One technique used to launder drug proceeds through casinos involves structuring cash purchases of casino chips or tokens to avoid reporting requirements and subsequently redeeming the chips for checks drawn on, or wire transfers from, casino bank accounts. Corrupt casino employees have also facilitated drug money laundering activities. In June 1998, four casino employees working at three casinos were arrested and charged with laundering $400,000 for undercover agents whom they believed to be drug traffickers.[30]

Other significant drug money laundering threats persist throughout the United States. Techniques such as structuring bank deposits and money order purchases, commingling drug proceeds with those generated at legitimate businesses, and purchasing real estate and vehicles are still used extensively by drug money launderers. Drug traffickers continue to recruit lawyers and accountants to launder illicit drug proceeds. "Payable through" accounts—accounts opened by foreign banks at U.S. financial institutions—allow several hundred account holders to anonymously share one account number and have been exploited by drug money launderers in the past.

Key Developments

Mexico is playing an increasingly significant role in the laundering of U.S. drug proceeds. The amount of bulk cash and monetary instruments smuggled across the Southwest Border for placement into the Mexican financial system and the amount of drug proceeds transiting through Mexico have increased drastically in recent years.

- U.S. Customs estimates that $30 billion in drug proceeds were smuggled into Mexico in FY1999.
- Mexican drug trafficking organizations move multimillion-dollar amounts of U.S. currency from Chicago and the Midwest to the Southwest Border and Mexico, according to the Chicago HIDTA.

According to the U.S. Department of Treasury Financial Crimes Enforcement Network (FinCEN), dollar-denominated, nonnegotiable monetary instruments are also being transported from the United States to Mexico. Nonnegotiable monetary instruments include bank checks, traveler's checks, or money orders made payable to the order of a named person that either have not been endorsed or do not bear restrictive endorsements. Cross-border transportation of nonnegotiable monetary instruments reduces the risk associated with transporting bulk cash, and nonnegotiable monetary instruments, unlike regular monetary instruments, are not subject to CMIR reporting requirements.

SARs filed by U.S. financial institutions indicate that **drug proceeds are increasingly being cycled through Mexico directly back to the United States**, instead of transiting Mexico en route to Colombia or other Central and South American destinations.

- FinCEN analysis of recent suspicious wire transfer activity shows an average of $1 billion per month of large wire transactions ($1.5 million or more per transaction) moving from Mexican money exchange houses and other financial institutions to U.S. payees.
- The Federal Reserve Bank in Miami has observed an increase in the amount of money transferred from Mexico to Miami and on to other domestic locations such as New York and Houston, according to the South Florida HIDTA.

Projections

Chicago, Los Angeles, Miami, New York, San Juan, and the Southwest Border will remain the principal domestic money laundering hubs. Mexican drug trafficking organizations will continue to use Los Angeles and the Southwest Border as transshipment points for drug proceeds destined for Mexico. Colombian and Caribbean drug trafficking organizations will continue to launder drug proceeds in Miami and San Juan. New York and Chicago, major distribution centers, will continue to be used extensively by various traffickers for drug money laundering activities.

Mexican and Colombian organizations will dominate U.S. drug money laundering in the near term. However, if the Colombian organizations become exclusively bulk wholesale suppliers of cocaine and heroin and further distance themselves from U.S. transactions, Mexican and Caribbean organizations likely will increase their transportation and distribution activities in the United States. The profits generated from increased trafficking activity will necessitate an increase in Mexican and Caribbean organizations' laundering activities.

Bulk currency and monetary instrument smuggling will remain a prominent drug money laundering method used in the United States. Legislative efforts and law enforcement initiatives focusing on the financial services industry will contribute to increased outbound smuggling activities. If Mexican and Caribbean organizations increase their money laundering activities, they will continue to rely on, and most likely increase, their use of bulk currency and monetary instrument smuggling.

The laundering of drug proceeds through money service businesses will remain a significant threat as evidenced by the increasing number of suspect money remittance firms operating in Atlanta, Chicago, Philadelphia, and the Southwest Region. The volume of suspicious wire transfer activity from Mexican money exchange businesses to U.S. bank accounts is another indication of the continued use of these businesses to launder drug proceeds.

As regulatory and enforcement actions make it more difficult to launder money, drug traffickers will devise new methods and use emerging technologies. Internet funds transfer programs and payment technologies such as electronic cash, smart cards, and electronic purses may eliminate the need for money launderers to store large amounts of cash, structure financial transactions to avoid Bank Secrecy Act reporting, or ship bulk currency to foreign destinations.

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Notes

1. The terms *Mexican drug trafficking organization* or *Mexican organization* used in this assessment refer to criminal organizations that consist of Mexican nationals as well as those that consist of Mexican Americans.
2. The nine regions reported in this assessment correspond to those of the U.S. Department of Justice Organized Crime Drug Enforcement Task Forces: New England, New York/New Jersey, Mid-Atlantic, Southeast, Florida/Caribbean, Great Lakes, West Central, Southwest, and Pacific.
3. The Federal-wide Drug Seizure System (FDSS) contains information on drug seizures made by the Drug Enforcement Administration, Federal Bureau of Investigation, U.S. Customs Service, U.S. Border Patrol, and U.S. Coast Guard. Seizures by other federal agencies are included in FDSS if custody of the drug evidence is transferred to one of the agencies listed above.
4. Price and purity information used throughout this report is from the Drug Enforcement Administration except where noted otherwise.
5. The 2000 *Interagency Assessment of Cocaine Movement* places average potential cocaine production at 870 metric tons per year and worldwide demand at approximately 600 metric tons.
6. The National Household Survey on Drug Abuse (NHSDA) is the only survey that regularly estimates drug use among members of the U.S. civilian, noninstitutionalized population aged 12 or older.

   Lifetime use is defined as using a drug at least once in a user's life; past year use, using a drug at least once in the preceding 365 days; current use, using a drug at least once in the preceding 30 days.
7. Established by the Substance Abuse and Mental Health Services Administration (SAMHSA), the Treatment Episode Data Set (TEDS) comprises data on treatment admissions that are routinely collected by states to monitor their individual substance abuse treatment systems. TEDS consists of a minimum data set of 19 items collected by nearly all states and a supplemental data set of 15 items collected by some states. The minimum data set consists of demographic information, route of administration, ethnicity, and age.
8. The Arrestee Drug Abuse Monitoring (ADAM) Program, a modified version of the Drug Use Forecasting Program established by the National Institute of Justice, was initiated in 1997. ADAM involves two components: a questionnaire administered by a trained interviewer to an arrestee in a booking facility within 48 hours of arrest, and a urine sample collected from the arrestee that is used to corroborate claims about recent drug use. Currently, data are collected at 35 ADAM sites.
9. The Drug Abuse Warning Network (DAWN) was established by SAMHSA to measure drug use through hospital emergency departments. Hospitals eligible for DAWN are nonfederal, short-stay, general hospitals that have a 24-hour emergency department in the coterminous United States. DAWN emergency department data include information on emergency department episodes that are induced by or related to the use of an illegal drug or the nonmedical use of a legal drug. DAWN medical examiner data include information on drug abuse deaths and the drugs mentioned in connection with the deaths reported by 141 participating medical examiners in 42 metropolitan areas.
10. DAWN medical examiner data for 1998 show large increases in mentions of cocaine in Phoenix (+78%), Salt Lake City (+75%), Atlanta (+75%), Kansas City (+53%), Washington, DC (+49%), Portland (+39%), and Boston (+36%). Large decreases were reported for Minneapolis (-51%), Norfolk (-37%), Providence (-24%), and San Diego (-23%).
11. The Monitoring the Future (MTF) Study is an ongoing study of the behaviors, attitudes, and values of students and young adults in the United States. MTF annually surveys a representative sample of eighth-, tenth-, and twelfth-grade students in public and private schools in the coterminous United States and a subsample of college students and young adults from previous graduating classes who participated in the survey as seniors.
12. The Parents' Resource Institute on Drug Education (PRIDE) Survey represents data on substance abuse from sixth- through twelfth-grade students collected between August and June of the school year. The survey is designated by federal law as a measurement of the effectiveness of the National Drug Control Strategy.
13. Merriam Webster's Collegiate Dictionary (tenth ed.) defines Caucasian as "of or relating to the white race as defined by law specifically as composed of persons of European, North African, or southwest Asian ancestry."

14. The Houston County Sheriff's Office is located in Warner-Robins, Georgia, between Interstates 16 and 75. Interstate 75 is a major route for cocaine transported out of Florida to Atlanta; Interstate 16 is used to transport cocaine from Savannah to Atlanta.
15. Developed by the DEA Office of Diversion Control, in cooperation with the United Nations International Narcotics Control Board, the Letter of Non-Objection Program promotes cooperation from the source countries of the precursor chemicals ephedrine and pseudoephedrine. China, India, the Czech Republic, and Mexico agreed to the program, which states that all requests for significant quantities of these chemicals are subject to pre-export notification procedures, and that export of these chemicals is subject to positive affirmation by the importing country that there is no objection to the transaction.
16. In 1998, federal courts handed down 1,802 sentences for heroin-related crimes, 9.0% of all sentences. In 1999, heroin-related sentences declined to 1,797, or 8.0% of all sentences.
17. The Domestic Monitor Program (DMP) is the DEA's heroin purchase program. The program is designed to identify the purity, price, and source of origin of retail-level heroin available in 23 major metropolitan areas of the United States.
18. In 1992, over 77 percent of individuals admitted for treatment were injecting heroin, while less than 20 percent were snorting.
19. The ADAM Program does not distinguish heroin from other opiates, including codeine and morphine.
20. In DAWN medical examiner data for 1998, heroin/morphine ranked first in medical examiner cases in Baltimore (73%), Portland (72%), Salt Lake City (70%), Seattle (62%), Boston (55%), Philadelphia (54%), Norfolk (53%), San Francisco (52%), San Diego (49%), Phoenix (45%), Los Angeles (39%), and Las Vegas (39%). Heroin/morphine ranked second in Newark (53%), Chicago (50%), New York (48%), Providence (43%), Washington, DC (41%), Cleveland (41%), Detroit (36%), Denver (32%), and Minneapolis (29%).

    DAWN medical examiner data also show large increases and decreases at a number of sites. The largest increases in heroin/morphine mentions were reported in Kansas City (+130%), Phoenix (+64%), Oklahoma City (+63%), Atlanta (+53%), New Orleans (+38%), Miami (+32%), Las Vegas (27%), and Salt Lake City (+22%). The largest decreases were reported in Buffalo (-44%), Cleveland (-28%), and Philadelphia (-28%).
21. The term *ditchweed* is commonly used to describe wild marijuana. *Hydro* is a general term used to describe high-grade marijuana grown in hydroponic operations.
22. These states do not necessarily have the most cannabis; they may have the most or the most effective eradication programs.
23. According to the National Institute on Drug Abuse, the term *club drugs* refers to drugs used by young adults at all-night parties, dance clubs, or raves. Club drugs include MDMA, GHB, Rohypnol, ketamine, and LSD.
24. The use of trademarked names, such as Rohypnol and Valium, in this assessment does not imply any criminal activity on the part of the companies that manufacture these drugs.
25. National monitoring indicators do not yet include information on GHB, but the MTF Study has added questions on GHB for the 2000 study.
26. TEDS reporting on hallucinogens includes LSD, DMT (dimethyltryptamine), STP (4 methyl 2,5 dimethoxyamphetamine, or synthetic mescaline), psilocybin, mescaline, and peyote.
27. This figure is based on estimates of the quantity, purity, and price of cocaine, crack, heroin, methamphetamine, and marijuana as measured by the Office of National Drug Control Policy.
28. *The National Money Laundering Strategy for 2000* stipulates that money service businesses will be required to register with the Financial Crimes Enforcement Network (FinCEN) and file SARs by the end of 2001 and that industry compliance guidelines will be provided.
29. *The National Money Laundering Strategy for 2000* stipulates that FinCEN issue a proposed rule and draft form for suspicious activity reporting, along with industry compliance guidelines, for securities brokers and dealers by the end of 2000.
30. *The National Money Laundering Strategy for 2000* stipulates that FinCEN issue a final rule for the reporting of suspicious activity by casinos and card clubs by the end of 2000.

Sources

National and International

American Embassy, Mexico

Bureau of Alcohol, Tobacco and Firearms

Centers for Disease Control and Prevention
- Youth Risk Behavior Survey

Central Intelligence Agency
- Crime and Narcotics Center

Criminal Intelligence Service Canada

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
- Domestic Monitor Program
- 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

East Coast Gang Investigators Association

Executive Office for United States Attorneys
- U.S. Attorneys' Offices

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
- 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
St. Louis 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
Tampa Field Office
Strategic Intelligence and Analysis Unit
Washington DC Field Office

Federal Bureau of Prisons

Sacramento Intelligence Unit

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
New England
New York/New Jersey
North Texas
Northern California
Northwest
Ohio
Oregon
Philadelphia/Camden
Puerto Rico/U.S. Virgin Islands
Rocky Mountain
South Florida
South Florida Investigative Support Center
Southeastern 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

International Outlaw Motorcycle Gang Investigators Association

Mid-Atlantic/Great Lakes Organized Crime Law Enforcement Network

Narcotic Information Network

National Association of State Alcohol and Drug Abuse Directors

National Institutes of Health

National Institute of Justice
- Arrestee Drug Abuse Monitoring Program
- Office of Justice Programs

National Institute on Drug Abuse
- Community Epidemiology Work Group

National Alliance of Gang Investigators Associations

Northwest Gang Investigators Association

Office of National Drug Control Policy

Organized Crime Drug Enforcement Task Forces

Parents' Resource Institute on Drug Education

Rocky Mountain Information Network

Royal Canadian Mounted Police

Substance Abuse and Mental Health Services Administration
- Drug Abuse Warning Network
- National Household Survey on Drug Abuse
- Treatment Episode Data Set

Toronto Police Department

U.S. Border Patrol
- Special Coordination Center

U.S. Bureau of the Census

U.S. Coast Guard
- 9th District
- 14th District
- 17th District
- Atlantic Command

U.S. Conference of Mayors

U.S. Customs Service
- Office of Information and Technology
- Air and Marine Interdiction Coordination Center

U.S. Department of Defense
- Joint Interagency Task Force-West
- Joint Task Force-6

U.S. Department of State

U.S. Forest Service

U.S. General Accounting Office

U.S. Sentencing Commission

Western States Information Network

State

National Drug Threat Survey respondents are listed in bold.

Alabama

Alabama Bureau of Investigation
Birmingham Police Department
Dallas County Sheriff's Department
Houston County Sheriff's Department
Huntsville Police Department
Jefferson County Sheriff's Department
Mobile County Sheriff's Office
Montgomery County Sheriff's Department
Montgomery Police Department
Perry County Sheriff's Department
Prichard Police Department
Tuscaloosa Police Department

Alaska

Alaska National Guard
Anchorage Police Department
Fairbanks Police Department

Arizona

Arizona Department of Public Safety
Arizona State Gang Task Force
Chandler Police Department
Graham County Sheriff's Office
La Paz County Sheriff's Department
Maricopa County Sheriff's Office
Northern Arizona Street Crimes Task Force
Phoenix Police Department
Pima County Sheriff's Department
Tucson Police Department

Arkansas

Arkansas Crime Information Center
Calhoun County Sheriff's Department
Fayetteville Police Department
Fort Smith Police Department
Little Rock Police Department
Pine Bluff Police Department
Prairie County Sheriff's Department

California

Alameda County Sheriff's Department
Alpine County Sheriff's Department
Bay Area Narcotics Information Network
California Department of Alcohol and Drug Programs
California Department of Corrections
California Department of Finance
California Department of Justice
California Drug Endangered Children
Bureau of Narcotic Enforcement
Bureau of Investigation
California Health and Human Services Agency
Chula Vista Police Department
El Cajon Police Department
Fresno County Sheriff's Department
Fresno Police Department
Imperial County Narcotic Task Force
Long Beach Police Department
Los Angeles Clearinghouse
Los Angeles County Sheriff's Department
Los Angeles Police Department
Modoc County Sheriff's Office
Multiagency Gang Enforcement Consortium
Riverside County Sheriff's Department
Riverside Police Department
Sacramento County Sheriff's Department
Sacramento Police Department
San Bernardino County Sheriff's Department
San Diego County Integrated Narcotics Task Force
San Diego County Regional Narcotics Information Network
San Diego County Sheriff's Department
San Diego Police Department
San Diego State University
San Francisco Police Department
San Mateo Narcotics Task Force
Santa Clara County Specialized Enforcement Team
Sierra County Sheriff's Department
Southern Alameda County Narcotics Task Force
Stanislaus Drug Enforcement Agency
Stockton Police Department
Unified Narcotic Enforcement Team

Colorado

Aurora Police Department
Colorado Department of Human Services
Colorado Office of the Attorney General
Colorado Springs Police Department
Colorado State Patrol
Denver Police Department
El Paso County Sheriff's Office
Ft. Collins Police Department
Jackson County Sheriff's Office
Mineral County Sheriff's Office

Connecticut

Bridgeport Police Department
Connecticut Department of Mental Health and Addiction Services
Connecticut State Police
Statewide Narcotics Task Force
Hartford Police Department

Delaware

Clayton Police Department
Delaware State Police
Dover Police Department
Milford Police Department
New Castle County Police Department

District of Columbia

Metropolitan Police Department

Florida

Alachua County Sheriff's Office
Blue Lightning Strike Force
Broward County Sheriff's Office
Escambia County Sheriff's Office
Florida Attorney General's Office
Florida Department of Law Enforcement
Florida Office of Drug Control
Florida State Medical Examiners Commission
Fort Lauderdale Police Department
Gainesville Police Department
Hialeah Police Department
Hillsborough County Sheriff's Office
Jacksonville Sheriff's Office
Miami Police Department
Orange County Sheriff's Office
Pensacola Police Department
St. Petersburg Police Department
Tallahassee Police Department
Tampa Police Department

Georgia

Atlanta Police Department
Gainesville Police Department
Georgia Bureau of Investigation
Glascock County Sheriff's Department
Houston County Sheriff's Department
Liberty County Sheriff's Department/Multi Agency Crack Enforcement Drug Task Force
Marietta/Cobb/Smyrna Organized Crime Unit
Marietta Police Department

Guam

Attorney General of Guam

Hawaii

Hawaii Police Department
Honolulu Police Department
Kauai Police Department
Maui Police Department

Idaho

Ada County Sheriff's Office
Bannock County Sheriff's Department
Boise Police Department
Camas County Sheriff's Department
Idaho County Sheriff's Office
Idaho Criminal Investigation Bureau
Idaho Department of Health and Welfare
Idaho Department of Law Enforcement
Idaho Falls Police Department
Idaho National Guard
Idaho State Police
Idaho Statistical Analysis Center
Lewiston County Sheriff's Office

Illinois

Alton Police Department
Aurora Police Department
Brown County Sheriff's Department
Calhoun County Sheriff's Department
Chicago Police Department
Decatur Police Department
Grundy County Sheriff's Office
Hardin County Sheriff's Department
Illinois Criminal Justice Information Authority
Illinois Department of Human Services
Illinois Department of Public Health
Illinois Office of Alcohol and Substance Abuse
Illinois State Police
Kane County Sheriff's Office
Macon County Sheriff's Department
Madison County Sheriff's Department
Putnam County Sheriff's Department
Rockford Police Department
Springfield Police Department
Winnebago County Sheriff's Department

Indiana

Allen County Sheriff's Department
Benton County Sheriff's Department
Bloomington Prosecutor's Office
Delaware County Sheriff's Department
Evansville Police Department
Fort Wayne Police Department
Gary Police Department
Indiana Department of Health Epidemiology Resource Center
Indiana Prevention Resource Center
Indiana State Police
Indianapolis Police Department
Marion County Sheriff's Department
Monroe County Prosecutor's Office
Muncie/Delaware County Drug Task Force
Muncie Police Department
South Bend Police Department
South Central Narcotics Task Force
St. Joseph County Sheriff's Department
Terra Haute Police Department
Vanderburgh County Sheriff's Office
Vigo County Drug Task Force
Warren County Sheriff's Department

Iowa

Audubon County Sheriff's Department
Cedar Rapids Police Department
Des Moines Police Department
Governor's Alliance on Substance Abuse
Iowa City Police Department
Iowa Department of Public Health
Iowa Department of Public Safety
Iowa Division of Narcotic Enforcement
Jefferson County Sheriff's Department
Polk County Sheriff's Office
Scott County Sheriff's Department
Sioux County Sheriff's Office
Waterloo Police Department

Kansas

Johnson County Sheriff's Department
Kansas City Police Department
Sedgwick County Sheriff's Department
Wallace County Sheriff's Department
Wichita Police Department

Kentucky

Bowling Green Police Department
Covington Police Department
Kentucky Administrative Office of the Courts
Kentucky Criminal Justice Council
Kentucky Division of Mental Health
Kentucky State Police
Lexington-Fayette Division of Police
Lexington Police Department
Louisville and Jefferson County Crime Commission
Owensboro Police Department

Louisiana

Caddo Parish Sheriff's Office
Calcasieu Parish Sheriff's Department
East Baton Rouge Parish Sheriff's Department
Jefferson Parish Sheriff's Office
Lafayette Metro Narcotics
Louisiana Department of Health and Hospitals
Monroe Police Department
New Orleans Police Department

Plaquemines Parish Sheriff's Office
Red River Parish Sheriff's Office
Shreveport Police Department
West Baton Rouge Sheriff's Department

Maine

Bangor Police Department
Lewiston Police Department
Lincoln County Sheriff's Department
Maine Department of Education
Maine Department of Human Services
Maine Department of Public Safety
Maine Drug Enforcement Agency
Maine Office of Substance Abuse
Maine Task Force on Substance Abuse

Maryland

Allegany County Sheriff's Office
Baltimore County Police Department
Baltimore Police Department
Caroline County Sheriff's Office
Frederick County Sheriff's Office
Maryland Alcohol and Drug Abuse Administration
Maryland Department of Health and Mental Hygiene
Maryland Medical Examiner's Office
Maryland State Police Drug Enforcement Command
Montgomery County Police Department
Montgomery County Sheriff's Office
Prince George's County Police Department

Massachusetts

Boston Police Department
Health and Addictions Research, Inc.
Lawrence Police Department
Lowell Police Department
Massachusetts Attorney General's Office
Massachusetts Department of Public Health, Food and Drugs Laboratory
Massachusetts Department of State Police
Massachusetts National Guard
Massachusetts Poison Control System
Massachusetts District Attorney Office for Suffolk County
Springfield Police Department
Worcester Police Department

Michigan

Central Michigan Enforcement Team
Detroit Police Department
Flint Police Department
Genesee County Sheriff's Department
Grand Rapids Police Department
Kalamazoo Valley Enforcement Team
Kent County Sheriff's Department
Keweenaw County Sheriff's Department
Michigan Department of Community Health
Michigan Department of Education
Michigan State Police
Montmorency County Sheriff's Department
Oscoda County Sheriff's Department

Minnesota

Bloomington Police Department
Duluth Police Department
Maplewood Police Department
Minneapolis Police Department
Minnesota Bureau of Criminal Apprehension
Minnesota Department of Children, Families and Learning
Minnesota Department of Public Safety
Minnesota Gang Strike Force
Minnesota Multi-Jurisdictional Narcotics Task Force
Minnesota Office of Drug Policy and Violence Prevention
Olmstead County Sheriff's Office
Plymouth Police Department
Ramsey County Sheriff's Department
St. Paul Police Department
Wright County Sheriff's Office

Mississippi

Central Delta Drug Task Force
Greenville Police Department
Jackson Police Department
Lee County Sheriff's Department
Lee County Vice Narcotics Task Force
Mississippi Bureau of Narcotics
North Mississippi Narcotics Unit/Tupelo Police Department

Missouri

Florissant Police Department
Hannibal Police Department
Independence Police Department
Jackson County Drug Task Force
Kansas City Police Department
Missouri Department of Health
Missouri Department of Mental Health
Missouri Department of Public Safety
Missouri Highway Patrol
Office of Attorney General
Perry County Sheriff's Department
Southwest Missouri Drug Task Force
Springfield Police Department
St. Charles County Sheriff's Department
St. Louis County Police Department
St. Louis Metropolitan Police Department
Wayne County Sheriff's Department

Montana

Cascade County Sheriff's Department
Great Falls Police Department
Havre Police Department
Missoula Police Department
Montana Board of Crime Control
Montana Department of Justice
Montana Department of Public Health and Human Services
Petroleum County Sheriff's Department

Nebraska

Douglas County Sheriff's Department
Nebraska Commission on Law Enforcement and Criminal Justice
Nebraska Health and Human Service System
Nebraska Office of the Attorney General
Omaha Police Department
Scotts Bluff County Sheriff's Department
Wing Task Force

Nevada

Las Vegas Metropolitan Police Department
Nevada National Guard
Nevada Department of Motor Vehicles and Public Safety
Nevada Division of Investigation
Washoe County Sheriff's Office

New Hampshire

Concord Police Department
Manchester Police Department
Nashua Police Department
New Hampshire Attorney General Drug Task Force
New Hampshire Department of Safety
New Hampshire State Police

New Jersey

Essex County Sheriff's Department
New Jersey Department of Health and Senior Services
New Jersey National Guard
Newark Police Department
Warren County Prosecutor's Office/Narcotics Task Force

New Mexico

Albuquerque Police Department
Bernalillo County Sheriff's Department
Catron County Sheriff's Department
Harding County Sheriff's Department
Las Cruces Police Department
New Mexico Gang Task Force
Santa Fe County Sheriff's Department

New York

Erie County Sheriff's Office
Freeport Police Department
Hempstead Police Department
Lewis County Sheriff's Department
Monroe County Sheriff's Office
Mount Vernon Police Department
Nassau County Police Department
New Rochelle Police Department
New York City Poison Center
New York Division of Criminal Justice Services

New York Office of Alcoholism and Substance Abuse Services
New York Police Department
Office of the Special Narcotics Prosecutor for the City of New York
Onondaga County Sheriff's Office
Putnam County Sheriff's Department
Rochester Police Department
Schenectady Police Department
Suffolk County Sheriff's Department
Westchester County Department of Public Safety
Yonkers Police Department

North Carolina

Charlotte-Mecklenburg Police Department
Durham County Sheriff's Office
Gastonia Police Department
Graham County Sheriff's Department
Guilford County Sheriff's Department
Hyde County Sheriff's Department
Metropolitan Enforcement Group/Asheville Police Department
Montgomery County Sheriff's Department
North Carolina Drug Task Force
North Carolina State Bureau of Investigation
Raleigh Police Department
Tyrrell County Sheriff's Department
University of North Carolina-Charlotte
Winston-Salem Police Department

North Dakota

Bismarck Police Department
Burleigh County Sheriff's Department
Cass County Sheriff's Department
Fargo Police Department
Grand Forks County Sheriff's Department
North Dakota Bureau of Criminal Investigation
North Dakota Office of the Attorney General

Northern Mariana Islands

Attorney General of the Northern Mariana Islands

Ohio

Carroll County Sheriff's Department
Cincinnati Police Division
Cleveland Police Department
Columbus Division of Police
Dayton Police Department
Erie County Drug Task Force
Franklin County Sheriff's Office
Hamilton County Sheriff's Office
Ohio Bureau of Criminal Identification and Investigation
Ohio Department of Alcohol and Drug Addiction Services
Ohio Office of Criminal Justice Services
Ohio State Highway Patrol
Paulding County Sheriff's Department
Summit County Sheriff's Office
Toledo Police Department
US 23 Pipeline Drug Task Force
Vinton County Sheriff's Department
Wyandot County Sheriff's Office

Oklahoma

Broken Arrow Police Department
Cleveland County Sheriff's Office
Coal County Sheriff's Department
Comanche County Sheriff's Department
Custer County Sheriff's Office
Johnston County Sheriff's Department

Oregon

Bend Police Department
Blue Mountain Narcotics Enforcement Team
Central Oregon Drug Enforcement
Clatsop County Interagency Narcotics Team
Columbia Enforcement Narcotic Team
Coos Bay Police Department
Douglas Interagency Narcotics Team
Eugene Police Department
Jackson County Interagency Narcotics Team
Josephine County Interagency Narcotics Team
Klamath County Interagency Drug Team
Lane Interagency Narcotics Team
Malheur County Narcotics Task Force
Mid-Columbia Narcotics Task Force

Multi Agency Drug Enforcement Response and Interdiction Team
Multnomah County Sheriff's Office
Oregon Department of Human Services
Oregon National Guard
Oregon Office of Drug and Alcohol Abuse Programs
Oregon State Police
Pendleton Police Department
Polk Interagency Narcotics Team
Portland Airport Interagency Narcotics Team
Portland Police Bureau
Regional Organized Crime Narcotics Team
Salem Area Interagency Narcotics Team
South Coast Interagency Narcotics Team
Umatilla County Sheriff's Office
Union County Sheriff's Department
Valley Interagency Narcotics Team
Westside Interagency Narcotics Team
Yamhill County Interagency Narcotics Team

Puerto Rico

San Juan Drug Division

Pennsylvania

Allentown Police Department
Altoona Police Department
Beaver Falls Police Department
Bethlehem Police Department
Blair County Coroner's Office
Cambria County Drug Task Force
Chester Police Department
East Stroudsburg Police Department
Erie Bureau of Police
Pennsylvania Attorney General Bureau of Narcotics Investigation
Harrisburg Bureau of Police
Indiana Borough Police
Johnstown Police Department
Lebanon Police Department
New Castle Police Department
Pennsylvania Commission on Crime and Delinquency
Pennsylvania Office of the Attorney General
Pennsylvania State Police
Bureau of Drug Law Enforcement
Philadelphia Police Department
Pittsburgh Bureau of Police
Pottsville Police Department
Reading Police Department
Sharon Police Department
Wilkes-Barre Police Department
York Police Department

Rhode Island

Rhode Island Attorney General's Office
Rhode Island State Police
Warwick Police Department

South Carolina

Columbia Police Department
Florence County Sheriff's Office
Myrtle Beach Police Department
Richland County Sheriff's Office
South Carolina Department of Alcohol and Drug Abuse Services
South Carolina Law Enforcement Division
Summerville Police Department

South Dakota

Rapid City Police Department
Sioux Falls Police Department
South Dakota Division of Criminal Investigation
South Dakota Office of the Attorney General

Tennessee

19th Judicial District Drug Task Force
Bartlett Police Department
Clarksville Police Department
Hamilton County Sheriff's Department
Jackson Police Department
Knoxville Police Department
Lake County Sheriff's Department
Major Crimes Unit Clarksville Police
Montgomery County Sheriff's Department
Rutherford County Sheriff's Department
Shelby County Sheriff's Department
Tennessee Bureau of Investigation
Tennessee District Attorneys General Conference
Washington County Sheriff's Office

Texas

24th and 25th Judicial District Narcotics Task Force
33d Judicial District Narcotics Team
63d Judicial District Narcotics Task Force
81st Judicial District Narcotics Task Force
216th Judicial District Narcotics Task Force
Agriplex Roadrunners Drug Task Force
Alamo Area Narcotics Task Force
Amarillo Police Department
Austin Police Department
Bi-State Narcotics Task Force
Cameron County Drug Enforcement Task Force
Capitol Area Narcotics Task Force
Central East Texas Narcotics Task Force
Central South Texas Narcotics Task Force
Central Texas Narcotics Task Force
Chambers County Narcotics Task Force
Combined Government Drug Crimes Task Force
Corpus Christi Police Department
Cross Timbers Task Force
Dallas Police Department
Deep East Texas Regional Narcotics Task Force
El Paso County Sheriff's Department
El Paso Metro Narcotics Task Force
El Paso Police Department
Galveston County Narcotics Task Force
Galveston Police Department
Garland Police Department
Greater Dallas Council on Alcohol and Drug Addiction
Harris County Sheriff's Department
Houston Drug Epidemiology Workgroup
Houston Police Department
Independence Narcotic Task Force
Jefferson County Narcotics Task Force
Jim Hogg County Sheriff's Department
Kent County Sheriff's Department
Laredo Multi Agency Narcotics Task Force
Loving County Sheriff's Department
Lubbock Police Department
Lubbock Regional MH/MR Center
Lufkin Police Department
Mt. Pleasant Police Department
New Caney Independent School District Police Department
Northeast Area Drug Interdiction Task Force
Northeast Texas Narcotics Task Force
North Texas Regional Drug Task Force
Nueces County Sheriff's Department
Odessa Police Department
Panhandle Regional Narcotics Enforcement Task Force
Plano Police Department
Port Arthur Police Department
Rio Concho Multi Agency Drug Enforcement Task Force
Rural Area Narcotics Task Force
San Antonio Police Department
South Central Texas Narcotics Task Force
South Plains Regional Narcotics Task Force
South Texas Narcotics Task Force
Tarrant County ACCESS for the Homeless
Tarrant County Sheriff's Department
Trans Pecos Drug Task Force
Tri-County Narcotics Task Force
Texas Christian University
Texas Commission on Alcohol and Drug Abuse
Texas Department of Health
Texas Department of Public Safety
Texas Narcotic Control Program
Texas National Guard
Victoria Police Department
West Texas Narcotic Enforcement Task Force
Westside Narcotics Task Force
Wichita Falls Police Department

Utah

Box Elder County Sheriff's Department
Utah County Sheriff's Office
Utah Department of Human Services
Utah Department of Public Safety
Weber Morgan Narcotics Strike Force

Vermont

Burlington Police Department
Rutland County Sheriff's Department
Vermont Department of Health
Vermont State Police

Virginia

City of Norton Sheriff's Office
Danville Police Department
Emporia Police Department
Fairfax County Police Department
Highland County Sheriff's Department
Lynchburg Police Department
Norfolk Police Department
Office of the Attorney General
Roanoke Police Department
Surry County Sheriff's Office
Virginia Beach Police Department
Virginia Sheriffs' Association
Virginia State Police

Washington

Bellevue Police Department
Bellingham Police Department
Benton County Sheriff's Department
Clark-Skamania Narcotics Task Force
Columbia County Sheriff's Office
Columbia River Drug Task Force
Cowlitz-Wahkiakum Narcotics Task Force
Eastside Narcotics Task Force
Franklin County Sheriff's Department
Grays Harbor County Drug Task Force
Interagency Narcotics Task Force
King County Department of Public Safety
King County Sheriff's Department
Lakewood Police Department
Longview Police Department
North Central Washington Narcotics Task Force
Northwest Regional Drug Task Force
Olympia Peninsula Narcotics Enforcement Team
Pierce County Sheriff's Department
Poulsbo Police Department
Puyallup Police Department
Quad-Cities Drug Task Force
Richland Police Department
San Juan County Sheriff's Department
Seattle/King County Department of Health
Seattle Police Department
Skagit County Interlocal Drug Enforcement Unit
Skamania County Sheriff's Department
Snohomish County Regional Narcotics Task Force
Spokane County Sheriff's Department
Spokane Police Department
Spokane Regional Drug Task Force
Sunnyside Police Department
Tacoma Police Department
Thurston County Narcotics Task Force
Thurston County Sheriff's Department
Tri-City Metro Drug Task Force
Unified Narcotics Enforcement Team
Valley Narcotics Task Force
Vancouver Police Department
Walla Walla Police Department
Washington Association of Sheriffs and Police Chiefs
Washington Department of Corrections
Washington Department of Social and Health Services
Washington National Guard
Washington Office of Community, Trade, and Economic Development
Washington State Attorney General
Washington State Department of Health
Washington State Narcotics Investigators Association
West Sound Narcotics Enforcement Team
Whatcom County Sheriff's Department
Yakima Police Department

West Virginia

Bridgeport Police Department
Central West Virginia Drug Task Force
Eastern Panhandle Drug and Violent Crime Task Force
Gilbert Police Department
Gilmer County Sheriff's Department
Hancock-Brooke Drug Task Force
Harrison County Drug and Violent Crime Task Force
Huntington Drug and Violent Crime Task Force
Huntington Police Department
Lewis County Sheriff's Department
Mon Valley Drug Task Force
Ohio Valley Drug and Violent Crime Task Force
Parkersburg Multi-Jurisdictional Task Force
Regional Unified Drug Enforcement Task Force
West Virginia Army National Guard
West Virginia Department of Military Affairs and Public Safety
West Virginia Drug and Alcohol Agency

West Virginia Prevention and Resource Center
West Virginia State Police
Wheeling Police Department

Wisconsin

Brown County Drug Task Force
Dunn County Sheriff's Department
Forest County Sheriff's Department
Florence County Sheriff's Department
Iron County Sheriff's Department
Janesville Police Department
Kenosha Police Department
Madison Police Department
Menominee County Sheriff's Department
Milwaukee County Department of Human Services
Milwaukee County Sheriff's Department
Milwaukee Police Department
West Central Drug Task Force
Wisconsin Department of Health and Family Services
Wisconsin Department of Narcotics Enforcement
Wisconsin Department of Public Instruction
Wisconsin Division of Narcotics Enforcement
Wisconsin Legislative Fiscal Bureau
Wisconsin Office of Justice Assistance
Wisconsin State Patrol

Wyoming

Cheyenne Police Department
Laramie County Sheriff's Department
Sublette County Sheriff's Department
Wyoming Department of Health
Wyoming Division of Criminal Investigation
Wyoming Governor's Advisory Board

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