



# NATIONAL DRUG THREAT ASSESSMENT 2002



National Drug Intelligence Center  
U.S. Department of Justice



# National Drug Threat Assessment 2002

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*From the Director:*

I am pleased to present the *National Drug Threat Assessment 2002*, 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, the National Drug Threat Assessment integrates foreign and domestic counterdrug intelligence and information on domestic drug consumption trends in a single report.

This report is a comprehensive assessment of the threat posed to our society by illicit drugs. It integrates the most recently available reporting from national-level law enforcement, intelligence, and health and human service agencies including the Drug Enforcement Administration, Federal Bureau of Investigation, U.S. Coast Guard, U.S. Customs Service, El Paso Intelligence Center, Financial Crimes Enforcement Network, Crime and Narcotics Center, National Institute on Drug Abuse, Substance Abuse and Mental Health Services Administration, and National Institute of Justice. It incorporates data from current national drug abuse indicators—Arrestee Drug Abuse Monitoring Program, Drug Abuse Warning Network, Monitoring the Future Study, National Household Survey on Drug Abuse, Parents' Resource Institute on Drug Education Survey, and Treatment Episode Data Set—to accurately and reliably depict the current domestic drug abuse situation.

The National Drug Threat Assessment draws on information provided by nearly 2,600 state and local law enforcement agencies throughout the country to document the current threat and emerging trends in drug trafficking and related criminal activity in the United States. Information was collected through our National Drug Threat Survey 2001 and through interviews conducted by our Field Program Specialists.

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

*Michael T. Horn*  
December 2001





# National Drug Threat Assessment 2002

## Executive Summary

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Illicit drugs are largely available throughout the United States and have an impact on all segments of society, although adolescents and young adults appear to be most affected. Of the more than 24 million individuals aged 12 and older (nearly 11% of the U.S. population) reported by the 2000 National Household Survey on Drug Abuse as using an illicit drug in the past year, more than two-thirds were between 12 and 35 years old. And of these, over half (54%) were between the ages of 15 and 22.

Regional variations in illicit drug use exist in terms of availability, price, purity or potency, and user preference largely because of factors such as law enforcement focus, educational and health programs, and user demographics. However, cocaine, heroin, methamphetamine, and marijuana pose the greatest concern for law enforcement and treatment providers nationwide. Emerging substance abuse trends are of growing concern, such as the rise in the availability of MDMA, other dangerous drugs such as GHB, and diverted pharmaceuticals.

**Cocaine.** Cocaine, in both powdered and crack forms, is the primary drug threat to the United States. High demand for and availability of the drug, expansion of cocaine distribution markets, high rates of overdose and collateral crimes, and endemic violence all contribute to the magnitude of the threat. Countering the threat posed by cocaine consumes enormous domestic counterdrug resources, particularly since international cocaine trafficking organizations have demonstrated an ability to modify trafficking operations, shift smuggling routes, and improve concealment techniques in response to multinational interdiction efforts. Further, distribution groups, of which gangs are the most prominent, are continually developing more effective and more secure distribution methods to counter domestic law enforcement efforts while steadily expanding to new market areas.

The expansion of crack cocaine distribution in suburban and rural communities has caused violence to spread to some of these areas, raising the concern of state and local law enforcement officials. The level of violence associated with the trafficking of cocaine—especially crack—exceeds that of all other drugs and is largely due to competition between violent gangs over market share, although it does not compare to the level of violence in the 1980s.

Cocaine is transported to the United States and distributed at the wholesale level primarily by Colombian and Mexican drug trafficking organizations. Colombian trafficking organizations control most wholesale distribution in the New England, New York/New Jersey, and Mid-Atlantic regions, while Mexican trafficking organizations largely control wholesale distribution in the Pacific, Southwest, West Central, and Great Lakes regions. There are indications, however, that Mexican trafficking organizations are expanding distribution operations in the New York/New Jersey and Mid-Atlantic regions. Gangs control most retail distribution of powdered cocaine and crack in every region of the country. Local independent dealers figure prominently in retail distribution in suburban and rural areas.

**Heroin.** Heroin is the second greatest drug threat facing the United States. The drug is widely available, and the user population is growing to include an increasing number of young people. This widespread availability and increasing use heighten the threat of lifelong physiological dependency, overdose, and death among users.

Heroin from all major source areas—South America, Mexico, Southeast Asia, and Southwest Asia—is available in various locations throughout the country. The drug trafficking organizations or criminal groups responsible for the transportation and distribution of heroin vary by source area, and the degree to which the different types of heroin are available also varies by region of the country.

South American heroin is the most widely available type, and because of its high purity and relatively low price, it is, in large part, the cause of current high levels of nationwide heroin abuse. Two general but distinct heroin markets appear to exist, however. East of the Mississippi River, highly pure white powdered heroin from South America is the predominant type available; heroin from Southeast and Southwest Asia also is available but to a much lesser extent. West of the Mississippi, heroin from Mexico, primarily black tar, is the predominant type. Black tar heroin is available in the East, and white powdered heroin is available in the West, but in limited quantities.

**Methamphetamine.** The threat posed to the United States by methamphetamine lies in its availability and the severe physiological effects associated with its use. The violence and environmental damage attendant to the production, distribution, and use of the drug, as well as the involvement of international drug trafficking organizations, further threaten the country and render methamphetamine the third greatest drug threat.

Methamphetamine is readily available throughout the western half of the country and is becoming increasingly available in areas of the eastern United States. It is produced domestically and in foreign source areas, primarily Mexico and, to a lesser extent, Canada and Southeast Asia. Domestic production is dominated largely by Mexican criminal groups who also dominate wholesale distribution and share control of retail distribution with local independent distributors, outlaw motorcycle gangs, and street gangs.

Violence associated with methamphetamine trafficking and use is increasing. Federal, state, and local law enforcement reporting reveals increases in methamphetamine-related child neglect, child and spousal abuse, sexual abuse, homicide, and property crime, especially mail and check fraud. In addition, methamphetamine production has a profound environmental impact. In California, for example, chemicals from large methamphetamine laboratory dump sites have killed livestock, contaminated streams, and destroyed large areas of trees and vegetation in that state.

**Marijuana.** The ready availability and popularity of marijuana render the drug a significant threat to the country. Traffickers in foreign source areas and in the United States supply users with marijuana of varying potency, ranging from high-grade marijuana produced in the United States and Canada to lower potency marijuana, much of which is produced in Mexico. High-grade marijuana is increasingly attracting attention in the United States; however, use of lower potency marijuana appears to be more common at this time.

Mexican drug trafficking organizations and criminal groups dominate the transportation and wholesale distribution of the foreign-produced marijuana available in the United States, while independent Caucasian traffickers appear to control wholesale distribution of domestic marijuana. Retail distribution is not dominated by any particular criminal group but is handled by groups and individuals that generally reflect the surrounding area's population.

The demand for marijuana far exceeds that for any other illicit drug, and the large user population in the United States equates to steady profits for traffickers. The profit potential is so high that drug trafficking organizations, criminal groups, and gangs involved in trafficking drugs such as cocaine or heroin traffic marijuana as well to help finance their drug operations.

**MDMA.** The threat associated with MDMA trafficking and use has increased greatly over the past year because of several factors. The growing number of pills and capsules being marketed as MDMA but containing drugs like methamphetamine, PCP, amphetamine, ketamine, and PMA—with or without MDMA—have increased the dangers associated with MDMA use. The spread of MDMA use to all regions of the country and the drug's prevalence among a diverse user population further contribute to the threat. The recent involvement of Colombian, Mexican, Asian, and Dominican drug trafficking organizations and criminal groups in MDMA production and transportation, and of African American and Hispanic street gangs in MDMA distribution, has increased competition at each trafficking level and exacerbated the domestic MDMA situation. This rivalry is contributing to a marked increase in violence among distributors and against law enforcement.

MDMA is available in every state, and the number of MDMA users in the country has increased sharply since the mid-1990s. MDMA use, once principally centered at raves and dance clubs, has spread outside these venues to private homes, high schools, college campuses, private parties, and street corners. Distribution has also spread, involving more distributors from a growing number of ethnic backgrounds.

**Other Dangerous Drugs.** Other Dangerous Drugs include club drugs such as GHB, ketamine, and Rohypnol as well as hallucinogens such as LSD, PCP, and psilocybin. In past years, these drugs were not considered as great a threat as other illicit drugs. However, they are now available nationwide and are increasingly drawing law enforcement attention as more communities confront increased use of these drugs.

The primary outlets for club drugs are raves and dance clubs in metropolitan areas and, increasingly, in suburban and rural communities. Club drugs are an integral part of the rave culture, and many who attend raves use club drugs and advocate their use, wrongly believing that they are not harmful if they are used “responsibly” and their effects are managed properly. Hallucinogens are increasingly being encountered by law enforcement at raves and dance clubs since they reportedly are often used in

combination with MDMA, GHB, and ketamine. The use of hallucinogens peaked in the mid-1990s and has since stabilized or decreased slightly; however, the increasing presence of hallucinogens at raves may signal an increase in availability and use in the near future.

**Pharmaceuticals.** The illegal abuse of pharmaceuticals, medicinal drugs legally available by prescription or over the counter, is the lowest threat among the major drug categories. However, increasing demand for illegally diverted pharmaceuticals, particularly prescription pain relievers, has heightened concerns among the law enforcement and treatment communities.

Users can acquire pharmaceuticals as they might other illicit drugs. More often, though, those who abuse pharmaceuticals steal prescription medication from friends or family members, forge physician's prescriptions, obtain prescriptions from unscrupulous physicians and pharmacists, feign illness to receive prescriptions, and burglarize pharmacies and physician's offices.

**Money Laundering.** Drug money laundering occurs throughout the United States, particularly in cities that have large drug user populations and the financial infrastructure necessary to facilitate the laundering of drug proceeds. Mexican and Colombian drug trafficking organizations are the primary drug money launderers operating in the United States. Mexican and, to a lesser extent, Colombian traffickers smuggle bulk cash to Mexico primarily by vehicle. Colombian traffickers often move their drug proceeds to Colombia by couriers traveling on commercial flights, via air and maritime cargo, or through the Black Market Peso Exchange. Other techniques used to launder drug proceeds include illicitly using money services businesses, structuring bank deposits and money order purchases, commingling drug proceeds with legitimate funds, purchasing real estate and vehicles, and exploiting the gaming industry.



# National Drug Threat Assessment 2002

## Scope and Methodology

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The *National Drug Threat Assessment 2002* is a comprehensive assessment of the threat posed to the United States by the trafficking and abuse of illicit drugs. It was prepared through detailed analysis of the most recently available reporting from law enforcement, intelligence, and health and human service agencies. A critical component of this undertaking was information provided by nearly 2,600 state and local law enforcement agencies, of which more than 1,250 were respondents to NDIC's National Drug Threat Survey 2001. The survey is a directed research project that polls state and local law enforcement agencies in urban, suburban, and rural areas regarding the illicit drug situation within their jurisdictions. The National Drug Threat Survey 2001 specifically targeted state police and investigative agencies, major city chiefs of police, county sheriffs, and a sampling of local law enforcement agencies across the country, including all agencies at ports of entry. State and local law enforcement agencies also provided information through personal interviews with NDIC's Field Program Specialists, a network of law enforcement professionals assembled by NDIC to promote information sharing among federal, state, and local law enforcement agencies.

This report addresses several issues of national concern including the trafficking and use of primary substances of abuse, adolescent drug use, and drug money laundering. Major substances of abuse are ranked in terms of the threat each substance poses to the nation. This ranking was accomplished through the evaluation and analysis of quantitative and qualitative information concerning the availability, demand, production and cultivation, transportation, and distribution of illicit drugs.

**Availability.** To evaluate drug availability and that portion of the drug threat it represents, analysts considered quantitative information on seizures, investigations, arrests, indictments, sentencing, drug purity or potency, and price. Qualitative data, such as the subjective views of individual agencies on availability and the relationship between individual drugs and crime, particularly violent crime, were also considered.

**Demand.** The evaluation of the threat represented by domestic demand for illegal drugs was based on accepted interagency estimates and data captured in national drug abuse indicators. Quantitative and qualitative information compared include the estimated number of total users, prevalence of drug use among various age groups, admissions to

treatment facilities, influence of drugs on crime and the penal system, emergency department information, and drug-related deaths. The differing methodologies applied by national drug abuse indicators, as well as the inherent limitations of the indicators, were considered and addressed in assessing domestic drug demand. Data from selected national drug abuse indicators are provided in the Appendix for reference purposes.

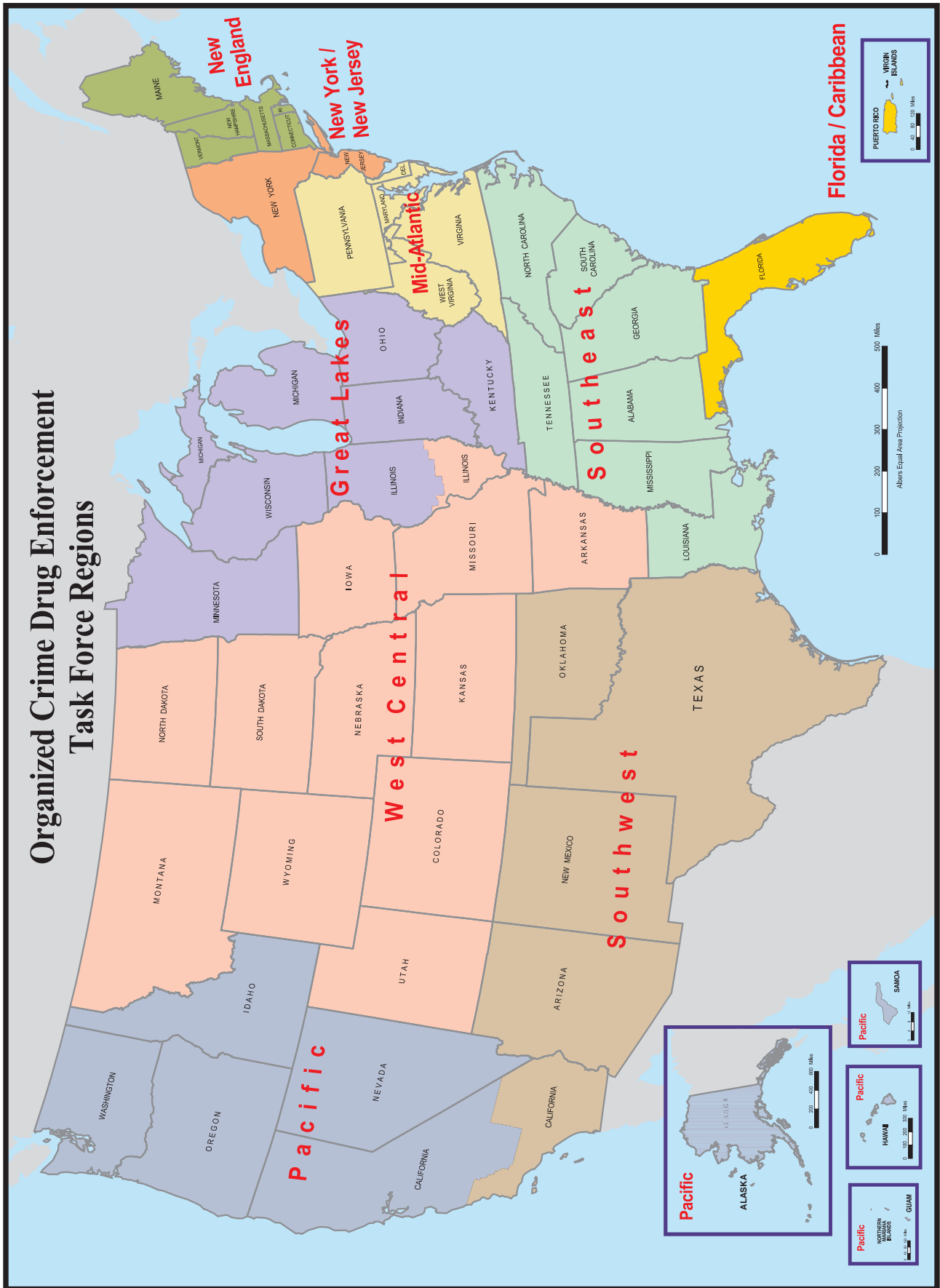
**Production and Cultivation.** To evaluate the threat posed by production and cultivation, analysts considered accepted interagency estimates of production and cultivation. Qualitative information pertaining to the presence and level of domestic activity, general trends in production or cultivation 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 attendant criminal activity associated with their distribution activities.

Because of limitations inherent in available data, this assessment avoids making any definitive numerical estimates of the availability of illicit drugs in the United States. Various estimates, with varying degrees of accuracy and reliability, have been developed by the counterdrug community and have been cited herein when applicable.

This report cites trademarked names such as OxyContin and Rohypnol in discussing the illicit abuse of such substances. The use of any trademarked names does not imply any criminal activity, criminal intent, or misdealing on the part of the companies that manufacture these drugs. All such citations are made for reference purposes only.



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## Adolescent Drug Use

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Adolescent drug use in the United States declined steadily throughout the 1980s after peaking in 1979. Adolescent use began to increase again in the early 1990s and continued until 1997, at which time it appeared to stabilize. Since then, overall adolescent use has been relatively stable but may be starting to decline. According to the 2000 National Household Survey on Drug Abuse (NHSDA), past year use of any illicit drug among youth aged 12 to 17 decreased from 1999 (19.8%) to 2000 (18.6%).<sup>1</sup> Past month use also declined from 9.8 to 9.7 percent during this period.

Results of the Monitoring the Future (MTF) Study are somewhat similar to those of the NHSDA. According to MTF data, past year use of any illicit drug among eighth, tenth, and twelfth graders was at its lowest point around 1991–1992, rising in subsequent years to reach a peak in 1996 for eighth graders (23.6%) and in 1997 for tenth (38.5%) and twelfth graders

(42.4%).<sup>2</sup> Since 1997, past year use among all three grades has remained relatively stable with slight downward trends. Among eighth graders, past year use of any illicit drug declined to 19.5 percent by 2000. Among tenth graders, past year use dropped to 35.0 percent in 1998 but then climbed to 36.4 percent in 2000, and among twelfth graders, past year use fluctuated between 1998 and 2000 when it was reported at 40.9 percent. Most of the year-to-year changes in use rates in specific grades, including those from 1999 to 2000, were not significant, however.

Despite relatively stable to slightly decreasing rates of adolescent use overall, youth surveys and law enforcement sources suggest that drugs continue to have a strong presence in schools across the country. Responses from the 1999 Youth Risk Behavior Survey (YRBS) indicate that 30.2 percent of high school students (9–12 grade) were offered, sold, or given an illegal drug on

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1. The NHSDA is the only survey that regularly estimates drug use among members of the U.S. civilian, noninstitutionalized population aged 12 or older.

This assessment refers to three rates of use. Lifetime use is defined as use of a drug at least once in a user's life; past year use, at least once in the preceding 365 days; current use, at least once in the preceding 30 days.

2. The 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 graders 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.

school property during the 12 months preceding the survey.<sup>3</sup> According to responses to the National Drug Threat Survey 2001, state and local law enforcement agencies in Arizona, California, Connecticut, Kentucky, Maine, Maryland, Minnesota, New York, Pennsylvania, Rhode Island, Texas, and Utah reported an increase in drug presence in schools in their areas.

Anecdotal reporting from substance abuse counselors corroborates the presence of drugs in schools, indicating that teens acquire drugs at school—as well as in homes and at parties, among other locations—and use them before school and during lunch hours. Afternoon and evening hours after school and weekends were identified as the times of most frequent use, however. Teens were reported as acquiring drugs typically through friends, peers, and family members.

The substances with which adolescents first experiment often are alcohol, tobacco (both illegal for adolescents), inhalants, and marijuana. Overall use of these substances by adolescents appears to be relatively stable, with declines primarily among the youngest users. Stable or declining use rates do not carry over to all drugs, however. Adolescent use of club drugs such as MDMA (3,4-methylenedioxymethamphetamine, often referred to as “ecstasy”), some narcotics (including heroin, oxycodone, and hydrocodone), barbiturates, and tranquilizers has increased, while use of cocaine and methamphetamine among adolescents generally has declined. Of particular note are increases in adolescent use of MDMA and heroin. Details on the use and trafficking of these and other drugs are contained in individual sections of this assessment.

Of concern, too, are law enforcement and anecdotal reports of adolescents involved in both drug-related violence and drug trafficking. According to reporting from the U.S. Department of Justice Organized Crime Drug Enforcement Task Forces (OCDETF), drug dealers are recruiting children as young as 11 years old to transport or sell drugs for them. Some of these youths become

involved in other criminal activity such as assault, robbery, theft, and rape. According to responses to the National Drug Threat Survey 2001, state and local law enforcement agencies in Arizona, Arkansas, California, Georgia, Illinois, Minnesota, Montana, Nevada, Utah, and Wyoming reported that the number of youths manufacturing and dealing methamphetamine has increased. Also, border officials are reporting an increase in the number of minors hired by drug trafficking organizations to smuggle large quantities of marijuana, heroin, steroids, methamphetamine, and MDMA into the United States. The number of seizures along the U.S.–Mexico border in which youth are involved is small; however, the U.S. Customs Service (USCS) indicates an increase in juvenile arrests along the California–Mexico border and in El Paso.

Adolescents are involved in the drug trade not only as individuals but also as members of gangs. According to respondents to a national youth gang survey, 46 percent of youth gang members were involved in street drug sales to generate profits for their gangs in 1999. Moreover, the percentage of youth gangs considered drug gangs (organized specifically to traffic drugs) increased from 34 percent in 1998 to 40 percent in 1999.

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3. The YRBS is conducted every 2 years on a nationally representative sample of ninth through twelfth graders in public and private schools. It measures six priority health-risk behaviors including alcohol and other drug abuse.



# NATIONAL DRUG THREAT ASSESSMENT 2002

## Cocaine and Crack

Cocaine, in both powdered and crack forms, is the primary drug threat to the United States. The magnitude of the threat is due to high demand and availability, expanding distribution to new market areas, high rates of overdose and collateral crimes, and endemic violence. Powdered cocaine and crack are easily administered—by snorting (powdered), smoking (crack), or injecting (either)—and very addictive. Powdered cocaine and crack often are used in combination with other drugs such as heroin (referred to as “speedballing,” see Text Box), leading to further dependencies and contributing to higher rates of overdose death. Cocaine users in the United States come from a wide range of social and ethnic backgrounds. According to Office of National Drug Control Policy (ONDCP) estimates, there are more than 3.3 million hardcore cocaine users in the United States at present and nearly 2.2 million occasional users.<sup>4</sup>

Combating cocaine transportation, distribution, and abuse consumes enormous domestic counter-drug resources. International cocaine trafficking organizations have demonstrated an ability to shift smuggling routes and improve concealment techniques in response to multinational interdiction efforts. Distribution groups, of which gangs are the most prominent, are continually developing more

effective and more secure distribution methods to counter domestic law enforcement efforts while steadily expanding to new market areas.<sup>5</sup>

“Speedballing” traditionally referred to a method of administration that involved the injection of a mixture of cocaine and heroin. Recently, the term has been broadened and now refers more generally to the simultaneous use, via injection, inhalation, or snorting, of a stimulant such as cocaine or methamphetamine with a depressant such as heroin, oxycodone, or hydrocodone.

The level of violence associated with the trafficking of cocaine—especially crack—exceeds that of all other drugs and is largely due to competition between violent gangs over market share. While in some cities cooperation among rival gangs involved in retail crack distribution has led to decreased street-level violence, other cities have experienced recent increases in violence, including several prominent crack-related murders. The expansion of crack cocaine distribution in suburban and rural communities has caused violence to spread to some of these areas, raising the concern of state and local law enforcement officials. The level of violence today, however, does not compare to that of the 1980s.

4. A hardcore user is defined as one who uses an illicit drug (e.g., cocaine, heroin, methamphetamine) more than 10 days per month.

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

## Availability

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Powdered cocaine and crack are readily available in all regions of the country.<sup>6</sup> Federal, state, and local law enforcement and epidemiologic sources throughout the country report that powdered cocaine and crack are readily available and rank first or second as a drug threat in their areas. State and local law enforcement agencies that responded to the National Drug Threat Survey 2001 also indicated overwhelming availability of cocaine in their jurisdictions. Of 1,261 survey respondents, 994 identified the availability of either powdered or crack cocaine as high or medium, and 457 survey respondents identified cocaine as the greatest drug threat in their areas—more than for any other drug mentioned.

The level of availability of powdered cocaine and crack is stable overall, although it has declined in some regions over the past year and increased in others. Law enforcement reporting indicates that cocaine availability is highest in urban areas in the Florida/Caribbean, Great Lakes, New England, New York/New Jersey, and Southeast regions and lowest in areas of the West Central region such as Montana and North Dakota. Respondents to the National Drug Threat Survey 2001 indicated that use may have decreased in some areas of California and Nevada, which may be the result of a shift in user preferences toward methamphetamine in these areas. This notion is supported by OCDETF indictment data which show that the regions with the highest number of methamphetamine indictments—West Central, Pacific, and Southwest—had the lowest number of powdered cocaine-related indictments.

State and local law enforcement and drug treatment reporting indicate that the availability of cocaine, particularly crack, is increasing in suburban and rural areas, especially in the Southeast and Mid-Atlantic regions. Distributors reportedly are seeking out new market areas where there is less

competition and less market saturation and where new user groups may be developed easily.

The immense impact of cocaine availability on the country is illustrated in the numbers of OCDETF investigations against cocaine traffickers and indictments obtained for cocaine offenses. Of the 1,441 OCDETF investigations initiated in fiscal year (FY) 2000, 64 percent involved powdered cocaine trafficking and nearly 27 percent involved crack distribution. Of the 4,219 drug indictments obtained as a result of OCDETF investigations during that same period, over 38 percent referenced powdered cocaine as the primary drug and nearly 29 percent referenced crack. Each of these percentages is more than for all other drug references. The U.S. Sentencing Commission (USSC) reports that approximately 23 percent of all federal drug sentences in FY2000 involved powdered cocaine and over 21 percent involved crack. The average length of sentence for federal convictions related to powdered cocaine was 6.5 years, and for crack cocaine, 10 years.

Federal-wide Drug Seizure System (FDSS) data for cocaine have fluctuated over the last few years.<sup>7</sup> In 1998, 118,000 kilograms of cocaine were seized. This number increased in 1999 to 132,000 kilograms and then decreased to 104,000 kilograms in 2000.

According to the Drug Enforcement Administration (DEA), the price of powdered cocaine ranged nationally from \$12,000 to \$35,000 per kilogram, \$400 to \$2,000 per ounce, and \$40 to \$200 per gram. The lowest average prices were in Miami and Los Angeles. Average nationwide purity of powdered cocaine in 2000 was 72 percent for kilogram quantities and 63 percent for ounce and gram quantities. Prices for crack cocaine ranged nationally from \$12,000 to \$35,000 per kilogram, \$500 and \$1,500 per ounce, \$20 and \$125 per gram, and \$3 to \$100 per rock.

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6. The nine regions reported in this assessment correspond to those of the Organized Crime Drug Enforcement Task Forces: New England, New York/New Jersey, Mid-Atlantic, Southeast, Florida/Caribbean, Great Lakes, West Central, Southwest, and Pacific (see Map page xi).

7. The 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.

## Demand

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The level of cocaine use in the United States has remained high and relatively stable since the mid-1990s, with a slight indication of downward trends for most age groups. According to the 2000 NHSDA, past year use of powdered cocaine for all age groups declined from 1.7 percent in 1999 to 1.5 percent in 2000, while past year use of crack cocaine decreased significantly from 0.5 to 0.3 percent.

According to MTF data, the rates of past year use of powdered cocaine among eighth, tenth, and twelfth graders trended downward between 1999 and 2000; the decline for twelfth graders—6.2 percent to 5.0 percent—was statistically significant. The 2000 rates for powdered cocaine use are well above the lowest levels recorded for eighth graders (1991) and for tenth and twelfth graders (1992). Regarding crack cocaine, the MTF further reveals that past year use remained stable among eighth graders at 1.8 percent between 1999 and 2000. Among tenth graders, past year use of crack declined from 2.4 percent to 2.2 percent, although the change was not statistically significant. Past year use of crack among twelfth graders for the same period did show a significant decrease from 2.7 to 2.2 percent. As with powdered cocaine, the 2000 rates for crack cocaine are well above the lowest recorded rates in 1991.

The 2000 Parents' Resource Institute on Drug Education (PRIDE) Survey supports MTF findings.<sup>8</sup> According to PRIDE, past year cocaine use between the 1998–1999 and 1999–2000 school years decreased among junior and senior high school students as well as twelfth graders. Use decreased from 2.7 to 2.2 percent among junior high students, 6.1 to 5.3 percent among senior

high students, and 8.0 to 7.1 percent among twelfth graders.

While cocaine use among students appears to have declined between 1999 and 2000, most national-level demand indicators show that the perception of risk regarding cocaine use has remained consistent. The 2000 NHSDA reports that the percentage of youths aged 12 to 17 who believe there is great risk of harm in using cocaine once a month was relatively stable between 1999 (55.3%) and 2000 (55.4%). MTF data show a general leveling in the rate of perceived harmfulness of cocaine and crack use among eighth, tenth, and twelfth graders between 1999 and 2000, following significant declines for all groups between 1991 and 1999. The Partnership Attitude Tracking Study (PATS) also reports stability in the rate of perceived harmfulness of cocaine use among seventh through twelfth graders. In 2000, 82 percent of students agreed there was great risk in using cocaine/crack regularly and 47 percent agreed there was great risk in trying cocaine/crack once or twice. In 1995, the rates were 82 percent and 48 percent, respectively, and there was little fluctuation between 1995 and 2000.

Results from national-level studies reflecting the consequences of cocaine use generally mirror those from national-level prevalence indicators such as NHSDA and MTF. Data from the Drug Abuse Warning Network (DAWN) indicate that the number of emergency department (ED) mentions for cocaine were high and relatively stable over the reporting years 1998 (172,014) through 2000 (174,896).<sup>9</sup> DAWN ED mentions for cocaine in 2000 were predominantly male (65%), African American (43%), and aged 35 and older

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8. The PRIDE Survey presents information on substance abuse among sixth- through twelfth-grade students that is derived from data 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.

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

(53%). In 2000, the two reasons most cited for seeking emergency treatment related to cocaine were detoxification (28%) and an unexpected reaction (25%).

Cocaine was the drug most frequently mentioned in drug-induced or drug-related deaths in 1996 (47%), 1997 (45%), 1998 (45%), and 1999 (42%), according to DAWN medical examiner (ME) data. Also, cocaine and heroin/morphine was the most common drug combination mentioned in drug-related deaths that involved multiple drugs in 1999. Of the 4,864 DAWN ME mentions for cocaine in 1999, 46 percent were Caucasian, 40 percent were African American, and 12 percent were Hispanic.

The Treatment Episode Data Set (TEDS) shows that the number of admissions to publicly funded treatment facilities for cocaine use (smoked and nonsmoked) increased slightly from 1997 (230,129) to 1998 (233,493).<sup>10</sup> But these figures are still well below the highest number of total cocaine admissions recorded since 1994. According to TEDS, cocaine accounted for nearly 15 percent of all admissions to publicly funded treatment

facilities in 1998. Of admissions for cocaine in 1998, 73 percent sought treatment for smoked cocaine and 27 percent sought treatment for non-smoked cocaine. In 1998, the typical admission to publicly funded treatment facilities for nonsmoked cocaine use was male (66%), Caucasian (50%), and between 30 and 34 years old (23%), while the typical admission for smoked cocaine use was male (58%), African American (59%), and between 30 and 34 years old (26%). TEDS data also reveal the use of cocaine in combination with other illegal drugs. Admissions to publicly funded treatment for nonsmoked cocaine in 1998 reported secondary drug use of marijuana (34%), heroin (7%), and methamphetamine (5%).

Data from the Arrestee Drug Abuse Monitoring (ADAM) Program show that the percentage of adult arrestees who tested positive for cocaine was unchanged from 1998 to 1999 at most ADAM sites.<sup>11</sup> Cocaine was the most prevalent drug among both male and female arrestees from 1990 to 1998; however, during 1998, marijuana surpassed cocaine as the most prevalent drug among male arrestees at a majority of ADAM sites.

## Production

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Cocaine consumed in the United States is produced in South America, where it is extracted from coca plants grown primarily in Colombia, Peru, and Bolivia. At least three-quarters of the coca cultivated for processing into cocaine is now grown in Colombia. Colombian drug trafficking organizations are responsible for most of the cocaine production.

Interagency estimates of potential cocaine production have ranged between 765 and 950 metric tons per year since the mid-1990s.

Annual variations are due to environmental, economic, political, and enforcement factors.

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Recent terrorist activity against the United States and the concerted response of U.S. law enforcement and intelligence agencies likely has caused a shift in law enforcement focus and a redeployment of interdiction assets from transit zones to border checkpoints and ports of entry. Traffickers can be expected to make adjustments in their operations, not only for cocaine but for all drugs smuggled into the country from foreign sources.

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10. TEDS comprises data on treatment admissions that are routinely collected by states to monitor their individual publicly funded 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.

11. The ADAM Program 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 and 4 affiliated ADAM sites.

According to the *Interagency Assessment of Cocaine Movement*, an estimated 768 metric tons of cocaine were potentially produced in 2000, of which some 645 metric tons were detected departing South America moving toward the United States. Approximately 87 metric tons were

seized en route to the United States and 43 metric tons were seized at U.S. borders, leaving an estimated 515 metric tons potentially smuggled into the country before subtracting domestic federal, state, and local seizures, consumption in the Transit Zone, and transshipment to non-U.S. markets.

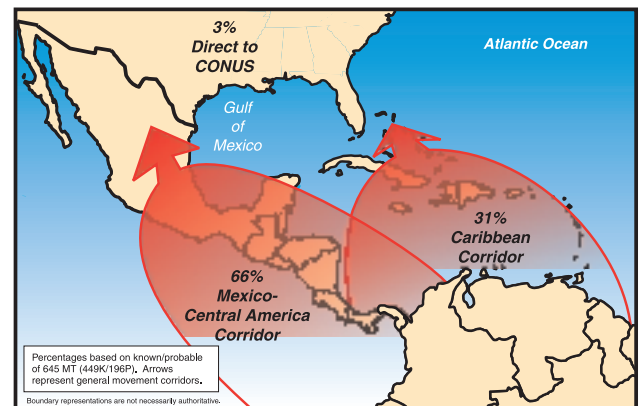
## Transportation

Numerous drug trafficking organizations and criminal groups using a variety of smuggling routes and transportation methods transport cocaine from source countries in South America to the United States. Colombian transporters control the movement of cocaine from Colombia directly to the United States by sea and air as well as to intermediate stops in Central America, Mexico, and the Caribbean. Mexican drug trafficking organizations control shipments of cocaine through Mexico and into the United States across the U.S. southwestern border. Dominican, Jamaican, Haitian, Puerto Rican, and Bahamian criminal groups, often under the supervision of Colombian traffickers, move cocaine shipments from Caribbean islands to Puerto Rico, Florida, and other destinations throughout the eastern half of the country.

Approximately 66 percent of the estimated 645 metric tons of cocaine detected departing South America toward the United States in 2000 was shipped through the Mexico–Central America Corridor. Approximately 31 percent was transported through the Caribbean Corridor, while 3 percent was shipped directly to the United States (see Map 1).

Cocaine transported through the Mexico–Central America Corridor typically is moved first by sea through the eastern Pacific or the western Caribbean and then brought ashore in Mexico or Central America. Transport also occurs by private aircraft flown into southern Mexico or Guatemala. Colombian transportation groups use go-fast boats, fishing vessels, and cargo ships to move cocaine from the North Coast of Colombia through the western Caribbean. Colombian transporters primarily use go-fast boats and fishing vessels to move cocaine from Colombia’s West Coast to rendezvous

**Map 1. Cocaine Flows to the United States**



Source: Defense Intelligence Agency, *Interagency Assessment of Cocaine Movement*, February 2001.

points off the coast of Mexico. The seizure of nearly 12 metric tons of cocaine from the F/V *Svesda Maru* in May 2001 off the coast of Mexico following the seizure of over 8 metric tons from the F/V *Forever My Friend* in February attests to the significance of that particular method. The cocaine subsequently is moved ashore on vessels controlled by Mexican drug trafficking organizations. Once the cocaine is in Mexico, Mexican traffickers load it into vehicles or small aircraft for transport through Mexico to the U.S. border.

Mexican trafficking organizations control the movement of cocaine across the U.S.–Mexico border. Most of the cocaine is brought through ports of entry (POEs) in shipments of tens to hundreds of kilograms hidden in private and commercial vehicles. Many law enforcement agencies along the border have reported a trend toward “shotgunning” shipments of cocaine into the country, breaking down larger consignments into smaller quantities for transport in multiple vehicles. Other agencies, however, report a recent return to the use of larger

shipments in vehicles such as commercial and rental trucks and vans. Numerous other methods, including pedestrian traffic, railways, buses, and private aircraft are used as well.

Colombian traffickers control the movement of cocaine through the Caribbean Corridor using a vast array of routes and methods. Direct shipments to Puerto Rico and the U.S. East and Gulf Coasts are supplemented by shipments sent through intermediate stops such as Jamaica, Haiti, and the Dominican Republic and up the island chain of the Lesser Antilles in the Eastern Caribbean. Colombian transporters use both commercial and noncommercial methods of air and sea transportation, often in combination, including go-fast boats, containerized cargo, coastal freighters, and private aircraft making airdrops. Shipments through intermediate stops in the Caribbean Basin are often subcontracted to Dominican, Jamaican, Haitian, or other criminal groups for final transport to the United States.

Colombian traffickers also control the shipment of large quantities of cocaine on commercial vessels directly into major Atlantic and Gulf Coast ports. Other criminal groups, often working under the auspices of Colombian traffickers, ship cocaine to the East Coast and Puerto Rico as well, using both commercial and noncommercial maritime means. For instance, Dominican traffickers control most of the noncommercial movement of cocaine into Puerto Rico as well as follow-on shipments to the U.S. mainland by commercial means. Bahamian traffickers are responsible for much of the noncommercial movement of cocaine into southern Florida, and Haitian traffickers move significant quantities of cocaine on coastal freighters into Southern Florida.

### **Transportation within the United States**

Most of the cocaine movement within the United States occurs on the interstate highway system. Mexican traffickers direct multihundred-kilogram shipments of cocaine from the Southwest to cities in the Midwest and along the East

Coast via tractor-trailers. Mexican trafficking organizations, Dominican and Jamaican criminal groups, gangs, and other traffickers use private vehicles, often with sophisticated hidden compartments, to transport multikilogram quantities of cocaine between cities. Jamaican traffickers frequently use package delivery services to move cocaine from the western states to the East Coast. Buses, railways, and commercial airlines also are used to transport cocaine from transportation hubs to distribution centers.<sup>12</sup>

Mexican traffickers typically move wholesale quantities of powdered cocaine from transportation hubs in the Southwest to distribution centers throughout the western half of the country and, increasingly, in the eastern United States. Dominican traffickers control much of the transportation of cocaine from Miami, New York, and Puerto Rico to distribution centers in the eastern half of the country. Jamaican traffickers transport cocaine from the Southwest and Southeast regions to distribution centers along the East Coast. Various other transporters, including gangs, are active as well, moving smaller quantities of cocaine throughout the country; however, they usually are supplied by Mexican, Colombian, Jamaican, or Dominican trafficking organizations and criminal groups.

Crack cocaine usually is not transported in large quantities or over long distances because of more severe mandatory sentences for possession and distribution of crack. Instead, retail distributors convert powdered cocaine into crack near their market areas. Law enforcement reporting and responses to the National Drug Threat Survey 2001 indicate, however, that some long distance crack transportation does occur, primarily via private vehicles, buses, railways, commercial airlines, and mail services. U.S. Postal Service (USPS) seizure data indicate that parcels containing crack were seized in 11 of 16 national divisions in FY2000.

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12. A transportation hub is defined as a city or area in the United States that is the destination of recurring shipments of wholesale quantities of drugs from a primary production area (foreign or domestic). Transportation hubs function as distribution centers as well. A distribution center is a city or area in the United States that regularly receives wholesale quantities of drugs from a domestic source and supplies wholesale or midlevel quantities to markets in and out of state.

## Transportation Hubs

Powdered cocaine is shipped into the United States destined for one of six principal transportation hubs—Los Angeles, Central Arizona (including Phoenix and Tucson), El Paso, Houston, Miami, and Puerto Rico—as demonstrated by seizure data, investigations, and anecdotal reporting (see Maps 2 and 3 next page). New York is a large-scale distribution center for cocaine and is increasingly being used as a transportation hub as well. Moreover, there is a strong indication from law enforcement reporting that Laredo and McAllen, Texas, are emerging as transportation hubs. Powdered cocaine typically is smuggled to transportation hubs in multikilogram quantities. The shipments subsequently are reduced to smaller quantities for local distribution or transportation to other distribution centers.

**Los Angeles.** Mexican trafficking organizations control the movement of cocaine from Mexico across the border into southern California and on to Los Angeles. From Los Angeles, Mexican traffickers ship the cocaine overland and by air to distribution centers throughout the United States. Los Angeles is the primary domestic source for cocaine shipped to cities all along the Interstate 5 corridor and into British Columbia. Cocaine shipped from Los Angeles also supplies cities and distribution centers such as Atlanta, New York, Dallas, St. Louis, Jackson (MS), and Minneapolis.

**Central Arizona.** Mexican drug trafficking organizations control the movement of cocaine from Mexico across the border into Arizona and on to Tucson and Phoenix. From Central Arizona, Mexican drug trafficking organizations supply cocaine to Mexican, Jamaican, and other criminal groups throughout Arizona. Cities and distribution centers supplied by the Central Arizona transportation hub include New York, Chicago, Detroit, and St. Louis. Central Arizona also serves as a supplemental source of supply for distributors in the Los Angeles and Houston transportation hubs.

**El Paso.** Mexican drug trafficking organizations control the movement of cocaine from Mexico across the border into El Paso. From El Paso, Mexican traffickers ship the cocaine to distribution centers located primarily in Texas and in the Southwest, West Central, and Great Lakes regions.

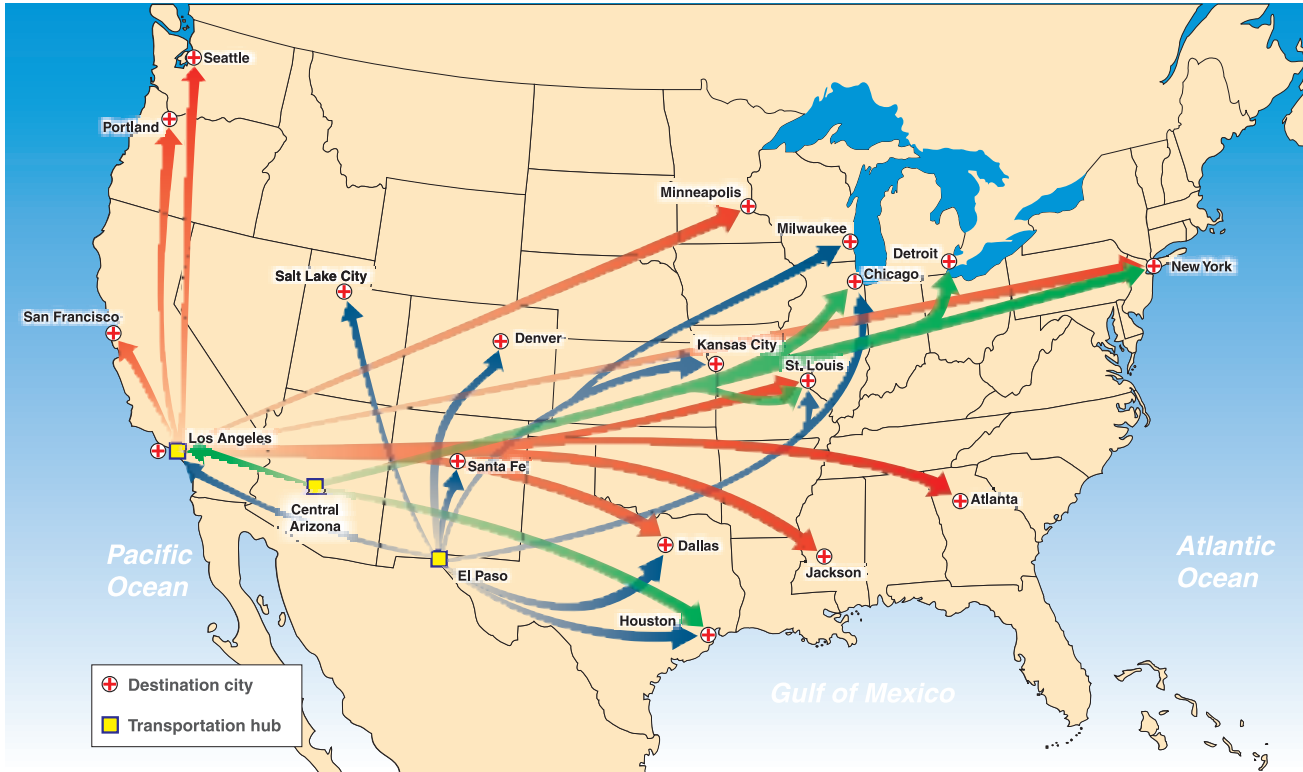
Cities and distribution centers supplied by the El Paso transportation hub include Dallas, Chicago, Denver, Milwaukee, Salt Lake City, Santa Fe, Kansas City (MO), and St. Louis. El Paso also serves as a supplemental source of supply for distributors in the Los Angeles and Houston transportation hubs.

**Houston.** Mexican drug trafficking organizations control the movement of cocaine from Mexico across the border into southern Texas and on to Houston. Colombian traffickers control maritime shipments of cocaine into the area. From Houston, Mexican and Colombian traffickers ship cocaine overland and by air to distribution centers located primarily in the West Central, Great Lakes, Mid-Atlantic, New York/New Jersey, and New England regions. Cocaine shipped from Houston supplies cities such as Chicago, Atlanta, Boston, Cleveland, New Orleans, and St. Louis. Houston also is a major domestic source of supply for the New York transportation hub.

**Miami.** Colombian drug trafficking organizations control the movement of cocaine into Miami and the rest of southern Florida, shipping multihundred-kilogram quantities of cocaine into major ports via containerized cargo. Haitian traffickers move cocaine to Miami from Haiti on coastal freighters, while Bahamian traffickers move cocaine to southern Florida from the Bahamas on go-fast boats. Colombian, Dominican, Haitian, and Jamaican traffickers ship cocaine overland from Miami to distribution centers elsewhere in Florida and in the Southeast, Great Lakes, Mid-Atlantic, New York/New Jersey, and New England regions. Cities and distribution centers supplied by the Miami transportation hub include New York, Atlanta, Philadelphia, Cleveland, Columbus (OH), and Minneapolis.

**Puerto Rico.** Dominican criminal groups are responsible for much of the movement of cocaine into Puerto Rico on noncommercial maritime vessels. Colombian trafficking organizations control commercial shipments. Dominican and Colombian traffickers ship the cocaine by sea and air from Puerto Rico to distribution centers located primarily in the northeastern United States, particularly New York and Philadelphia.

Map 2. Western Cocaine Transportation Hubs



Source: National Drug Intelligence Center, National Drug Threat Survey 2001, and El Paso Intelligence Center, Operation Pipeline (Convoy and Jetway).

Map 3. Eastern Cocaine Transportation Hubs



Source: National Drug Intelligence Center, National Drug Threat Survey 2001, and El Paso Intelligence Center, Operation Pipeline (Convoy and Jetway).



**New York.** Large amounts of cocaine are transported to New York from source areas outside the United States as well as from other transportation hubs within the country. Cocaine traffickers in New York are supplied by virtually every available means of transportation, including maritime containerized cargo, private vehicle from the Southwest and Southeast regions, commercial air, and mail services. Mexican traffickers control the

movement of multihundred-kilogram shipments of cocaine across the U.S. southwestern border and on to New York. Colombian drug trafficking organizations control maritime cocaine shipments into the Port of New York/New Jersey. Cities and distribution centers supplied by the New York transportation hub include Philadelphia, Atlanta, Chicago, Boston, Cleveland, and Columbus.

## Distribution

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Mexican and Colombian drug trafficking organizations are the primary wholesale cocaine distributors in the United States. Mexican trafficking organizations largely control wholesale cocaine distribution in the Pacific, Southwest, West Central, and Great Lakes regions and are involved in midlevel wholesale and retail distribution in every region of the country.<sup>13</sup> DEA information, as well as responses to the National Drug Threat Survey 2001, suggests that Mexican trafficking organizations are expanding existing distribution operations in the New York/New Jersey and Mid-Atlantic regions. Mexican and Colombian drug trafficking organizations both control wholesale cocaine distribution in the Southeast. Despite the incursion of Mexican trafficking organizations into eastern markets, Colombian trafficking organizations and Dominican criminal groups control most wholesale cocaine distribution in the New England, New York/New Jersey, and Mid-Atlantic regions. Dominican criminal groups are expanding their role in midlevel wholesale and retail distribution, especially in the New England, New York/New Jersey, and Great Lakes regions.

Gangs control most retail distribution of powdered cocaine and crack in every region of the country. Local independent dealers are prominent in suburban and rural areas. Methods of retail distribution vary across the United States. Retail dealers

often sell powdered cocaine and crack from inexpensive, low-income housing units. Some urban areas have open-air drug markets where cocaine and other drugs such as heroin and marijuana are readily available, while in other areas, including in Los Angeles, Memphis, and New York, retail cocaine distribution activities are becoming more clandestine, particularly in inner-city areas, to avoid detection by law enforcement. But information from state and local law enforcement agencies that responded to the National Drug Threat Survey 2001 indicates that this shift toward less conspicuous distribution is not limited to urban areas.

### Distribution Centers

Several U.S. cities supplied by transportation hubs are used as wholesale cocaine distribution centers. The primary distribution centers are Chicago, Detroit, Dallas, Atlanta, Philadelphia, and New York. Several cities, including Boston, Cleveland, Columbus, Denver, Jackson, Minneapolis–St. Paul, St. Louis, and Seattle are secondary distribution centers supplied by transportation hubs and primary distribution centers.

**Chicago.** Mexican trafficking organizations transport wholesale quantities of cocaine to Chicago from the Houston, El Paso, Los Angeles, Central Arizona, and Miami transportation hubs. From Chicago, cocaine is distributed to areas elsewhere in Illinois as well as to cities such as Des Moines,

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13. This assessment refers to three levels of distribution. Wholesale distribution is defined as the level at which drugs are purchased directly from a source of supply and sold, normally, to midlevel wholesalers in pound, kilogram, or multi-unit quantities; midlevel wholesale, the level at which drugs are purchased directly from wholesale distributors in pound, kilogram, or multi-unit quantities and sold in smaller quantities to other midlevel wholesalers or to retail distributors; retail, the level at which drugs are sold directly to users.

Fort Wayne, Grand Rapids (MI), Lexington, Columbus, Toledo, St. Paul, and Milwaukee. Chicago also serves as a transshipment point for the Detroit distribution center. Mexican criminal groups, gangs, and local independent dealers—Caucasians, African Americans, and Hispanics—are all involved in the retail distribution of cocaine in the Chicago area.

**Map 4. Cocaine Distribution from Chicago**



Source: National Drug Intelligence Center, National Drug Threat Survey 2001.

**Detroit.** Mexican trafficking organizations supply most of the cocaine to Detroit from the El Paso and Houston transportation hubs, sometimes via Chicago. Dominican, Puerto Rican, and Jamaican criminal groups often work together to transport midlevel wholesale quantities of cocaine to Detroit from New York. Cuban criminal groups transport a limited amount of cocaine to Detroit from the Miami transportation hub. Cocaine traffickers based in Detroit supply dealers elsewhere in Michigan as well as in Indiana, Kentucky, Ohio, and Pennsylvania. African American and Hispanic gangs and local independent dealers control retail cocaine distribution in Detroit, including the city’s significant crack cocaine market.

**Dallas.** The Houston and El Paso transportation hubs supply most of the cocaine available for distribution from Dallas. Mexican trafficking organizations operating in Dallas distribute cocaine to markets in northern Texas, Oklahoma, Louisiana, Tennessee, and Mississippi. Cocaine also is transhipped through Dallas—usually via private vehicle—to Chicago, Kansas City, Los Angeles, Memphis, New York, and St. Louis. Traffickers transporting cocaine within and outside the Dallas area use Interstates 20, 30, and 35 as the

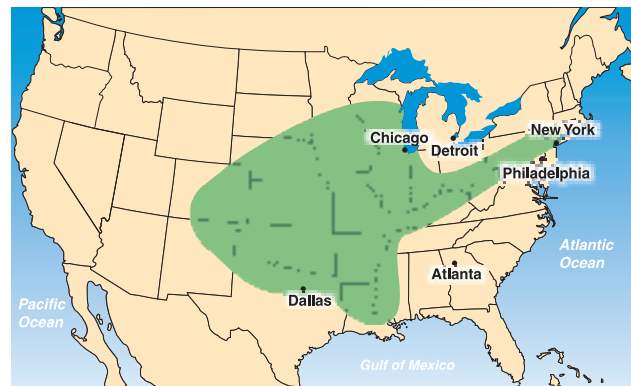
**Map 5. Cocaine Distribution from Detroit**



Source: National Drug Intelligence Center, National Drug Threat Survey 2001.

principal land routes. African American, Cuban, Mexican, and Caucasian criminal groups and local independent dealers conduct retail cocaine distribution in the Dallas area.

**Map 6. Cocaine Distribution from Dallas**



Source: National Drug Intelligence Center, National Drug Threat Survey 2001.

**Map 7. Cocaine Distribution from Atlanta**



Source: National Drug Intelligence Center, National Drug Threat Survey 2001.

**Atlanta.** Mexican trafficking organizations control most wholesale cocaine transportation to Atlanta from the Houston transportation hub. Colombian and Dominican criminal groups also

supply wholesale quantities from New York and Miami. Atlanta-based cocaine traffickers supply powdered cocaine and crack to midlevel wholesale and retail markets throughout the Southeast region, particularly in Birmingham (AL), Macon (GA), Charlotte (NC), Columbia (SC), and Chattanooga (TN). African American and Hispanic gangs dominate retail distribution, especially of crack cocaine, in the city.

### Map 8. Cocaine Distribution from Philadelphia



Source: National Drug Intelligence Center, National Drug Threat Survey 2001.

**Philadelphia.** Colombian and Dominican criminal groups are the principal suppliers of cocaine to Philadelphia from New York, Miami, and Puerto Rico. Further, Mexican trafficking organizations are increasingly supplying Philadelphia with wholesale quantities of cocaine from the Houston transportation hub. From Philadelphia, cocaine is supplied to midlevel wholesale and retail markets throughout the Mid-Atlantic region, including southern New Jersey, Delaware, Maryland, Virginia, and Pennsylvania. Dominican criminal groups, local independent dealers, and Hispanic

and African American gangs conduct retail distribution in the Philadelphia area.

**New York.** New York is a distribution center for many areas of the country and is increasingly used as a transportation hub. New York-based Colombian, Dominican, and Jamaican criminal groups supply cocaine to markets in the Great Lakes, New England, New York/New Jersey, Mid-Atlantic, and Southeast regions. Dominican criminal groups are responsible for the distribution of cocaine primarily to market areas such as Boston, Charleston (SC), Cleveland, Detroit, and Washington, D.C. Within New York, Colombian and Dominican traffickers control most of the wholesale and midlevel wholesale cocaine distribution; however, Mexican traffickers may be gaining influence. Also within New York, Dominican criminal groups, gangs, and various African American and Caribbean distributors are responsible for retail distribution.

### Map 9. Cocaine Distribution from New York



Source: National Drug Intelligence Center, National Drug Threat Survey 2001.

## Key Developments

Over the past year, several developments occurred with regard to cocaine transportation and distribution. Mexican trafficking organizations have noticeably expanded their involvement in cocaine transportation in the Great Lakes, Mid-Atlantic, and Southeast regions. This expansion

has been aided by the growing presence of Hispanic gangs in these areas.

A number of law enforcement agencies indicate that overland cocaine shipments originate in Mexican cities and are transported directly to distribution centers located in the southern and eastern United States, far from traditional transportation hubs.

Moreover, there are indications that the United States continues to be used as a transit country for some cocaine shipments destined for Europe.

Traffickers are using sophisticated methods more frequently to transport cocaine into and within the United States. Many cocaine transporters are using electronically activated hidden compartments in vehicles. In many areas, Mexican trafficking organizations are increasingly smuggling greater numbers of smaller shipments across the U.S. southwestern border to minimize the risk of losing larger shipments to law enforcement detection and interdiction. Criminal groups are increasingly using mail and package delivery services to transport cocaine into and within the country, enabling the transporter to track the package while maintaining anonymity.

Traffickers also are using cocaine storage and distribution sites to avoid law enforcement detection. Distributors in urban areas are increasingly using apartments in public housing complexes to mask their activities. Further, traffickers are using storage facilities in suburban areas to store cocaine. For example, traffickers in Los Angeles are using

storage sites on the periphery of the metropolitan area to hold cocaine until it is needed for distribution. And in New York, Colombians and Dominicans are moving many of their storage sites to suburban Westchester County and Long Island to avoid law enforcement detection.

Retail cocaine distributors, especially some gangs, may be cooperating to reduce violence among rivals and increase profits. For example, gangs involved in retail distribution in various areas of the country have deliberately refrained from prominently displaying gang colors or flashing gang signs to reduce rivalry and violence, decrease pressure from law enforcement and communities, and increase profits. Conversely, in other areas, particularly in Virginia, West Virginia, and Los Angeles, gangs and other drug distribution groups are occasionally exchanging powdered cocaine and crack for guns. The Bureau of Alcohol, Tobacco and Firearms reports that a number of these weapons have been recovered during investigations of criminal activity in the New York area.

## Projections

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The availability of and demand for powdered cocaine and crack will remain stable at current high levels, possibly declining slightly over the long term. Cocaine will remain the greatest drug threat to the country, leading all other drug categories in drug-related violence, ED and ME mentions, treatment admissions, and arrests.

The shift in cocaine demographics to include more users in suburban and rural areas will pose a challenge to law enforcement agencies as new markets for powdered cocaine and crack develop in nontraditional areas across the country.

The potential for increased cocaine-related violence exists as Mexican and other Hispanic

cocaine distribution groups compete with rival groups in growing market areas. In a number of cities in North Carolina, for example, state and local law enforcement reporting suggests that Hispanic and African American cocaine and crack distribution groups competing over market share have escalated the levels of drug-related violence.

As international drug trafficking organizations continue to exploit the growing cocaine market in Europe and international transit restrictions ease, the United States may play an increasing role as a transit country for cocaine transported to Europe.

# NATIONAL DRUG THREAT ASSESSMENT 2002

## Heroin

Heroin is the second greatest drug threat facing the United States because of widespread availability, extensive involvement of international drug trafficking organizations, increasing user populations—including a growing number of young users—and high rates of overdose, death, and life-long physiological dependency. Heroin from all major source areas—South America, Mexico, Southeast Asia, and Southwest Asia—is available in various locations throughout the country, but according to law enforcement reporting, South American heroin is the most widely available type. The widespread availability of highly pure, relatively inexpensive South American heroin has, in large part, fueled current high levels of heroin abuse nationwide.

Overall, heroin use in the United States appears to have stabilized at relatively high levels. Nonetheless, most law enforcement officials throughout the country agree that the trend toward higher purity, lower cost heroin is continuing, and some national-level drug abuse indicators, including MTF and DAWN, show that use by some young people, as well as the attendant consequences, continues to increase. In some areas of the country, particularly in the East, the threat is growing. In fact, some law enforcement agencies in Delaware, Pennsylvania, and Massachusetts categorize heroin as their greatest drug threat.

The combination of heroin's widespread availability, higher purity, and lower price attracts a new, younger user group, while simultaneously meeting the demand of experienced users. New and young users are attracted by the availability of purer heroin, which can be effectively snorted or smoked rather than injected. Many of these newer users mistakenly believe snorting or smoking heroin will not lead to addiction. But with repeated use, addiction develops and tolerance increases, causing users to switch to injection, which is a more efficient mode of administration. Given the increased probability of contracting and spreading needle-borne illnesses such as HIV and hepatitis as well as the risk of overdose from inexperienced users injecting high purity heroin, the threat of heroin is very real.

Heroin is not normally associated with violent behavior, although the overwhelming need to support their habit drives many heroin addicts to criminal behavior such as prostitution, drug dealing, and robbery. Addicts often will steal from family members to obtain the funds necessary to purchase heroin. State and local law enforcement agencies that responded to the National Drug Threat Survey 2001 confirm that thefts, burglaries, and robberies are often consequences of heroin use in their areas.

## Availability

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Heroin is readily available throughout all major metropolitan areas in the United States and is becoming increasingly available in many rural and suburban areas. Of 1,261 law enforcement agencies responding to the National Drug Threat Survey 2001, 529 identified heroin availability as medium or high; and of the 1,261 survey respondents, 1,035 identified their jurisdictions as rural or suburban, of which 408 reported heroin availability as medium or high. Law enforcement reporting indicates that heroin availability varies throughout the country by type (see Text Box).

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**South American heroin** is widely available at the wholesale and retail levels in the New England, New York/New Jersey, Mid-Atlantic, Southeast, and Florida/Caribbean regions. It is available in some cities in the Great Lakes region, primarily Chicago and Detroit. South American heroin seized in western states is usually destined for eastern U.S. markets.

**Mexican heroin**, primarily black tar, is widely available at the wholesale and retail levels in the West Central, Pacific, and Southwest regions. It is available in some cities in the Great Lakes region and in limited amounts in the Southeast region.

**Southeast Asian heroin** is available at the street level in some cities in the New England, New York/New Jersey, Great Lakes, and Southeast regions. Although only small quantities of Southeast Asian heroin are available in western states, much of this limited supply is destined for distribution in the New England and New York/New Jersey regions.

**Southwest Asian heroin** is available at the street level principally in Chicago, Atlanta, and Detroit and is available in limited quantities in other areas of the country.

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Heroin from all major source areas is available in various locations throughout the country. But analysis of law enforcement reporting, seizure data, trafficking and abuse indicators, and National Drug Threat Survey 2001 responses

reveals that there are two general, but distinct, geographic heroin markets within the United States divided, roughly, by the Mississippi River. East of the Mississippi, high purity white powdered heroin from South America is the predominant type available; heroin from Southeast and Southwest Asia is also available but to a much lesser extent. West of the Mississippi, Mexican heroin, primarily black tar but also brown powder, is the predominant type. While the Mississippi River is a general divider between the different types of heroin available, heroin from Mexico is available in the East and white powdered heroin is available in the West, but in limited quantities.

Further analysis of law enforcement reporting and seizure data provides insight into the domestic heroin situation. FDSS data indicate that the amount of heroin seized increased from 1,149 kilograms in 1999 to 1,596 kilograms in 2000. The largest amounts of heroin were seized in New York, Florida, and Texas. OCDETF information shows that the number of heroin indictments in FY2000 (343) was slightly less than in FY1999 (365).

Prices for heroin vary widely, depending on the type of heroin and the location in which it is sold. DEA reporting shows that wholesale prices range from \$13,200 to \$175,000 per kilogram for Mexican black tar heroin, \$50,000 to \$200,000 per kilogram for South American heroin, and \$40,000 to \$190,000 per kilogram for both Southeast and Southwest Asian heroin. At the street level, heroin typically costs \$10 per dose but the price can vary. For example, in responding to the National Drug Threat Survey 2001, the Massachusetts State Police reported heroin was available for \$4 per bag, while the Hennepin County (MN) Sheriff's Office reported the price of heroin in its area was \$50 per bag.

South American heroin accounted for 60 percent of the heroin analyzed in 1999 under the DEA Heroin Signature Program (HSP), making South America the predominant source area for heroin seized in the United States for the fifth

consecutive year.<sup>14</sup> Mexican, Southeast Asian, and Southwest Asian heroin accounted for 24, 10, and 6 percent, respectively. These percentages vary somewhat from the 1998 figures. That year, South American heroin accounted for 65 percent of the heroin analyzed; Mexican, 17 percent; Southeast Asian, 14 percent; and Southwest Asian, 4 percent.

Along with source area, the HSP also tracks wholesale heroin purity levels. In 1999, wholesale purity levels were relatively stable with the average wholesale purity of South American heroin recorded at 78 percent, the average wholesale purity of Mexican heroin at 42 percent, and the average wholesale purity of both Southeast and Southwest Asian heroin at 73 percent.

According to the DEA Domestic Monitor Program (DMP), the purity level of heroin available at the retail level nationwide averaged

51.2 percent for South American heroin, 27.3 percent for Mexican, 41.9 percent for Southeast Asian, and 44.0 percent for Southwest Asian heroin.<sup>15</sup> The average retail purity of both South American and Mexican heroin decreased slightly in 1999, while the average retail purity of Southeast and Southwest Asian heroin increased.

**Table 1. Heroin Purity by Source Area, National Average, 1999 (%)**

Source Area	Heroin Signature Program	Domestic Monitor Program
South America	78.0	51.2
Mexico	42.0	27.3
Southeast Asia	73.0	41.9
Southwest Asia	73.0	44.0

Source: Drug Enforcement Administration.

## Demand

The number of heroin users in the United States has been increasing steadily since the early 1990s; however, interagency estimates indicate that the rate of increase is leveling and use appears to be stabilizing, albeit at high levels. ONDCP estimates the current domestic hardcore user population at 977,000, up from an estimated 630,000 in 1992. Moreover, there are an estimated 514,000 occasional heroin users in the country. Combined, these users consume approximately 18 metric tons of heroin annually, according to the April 2000 interagency assessment *Global Heroin Threat to the United States*.

According to the 2000 NHSDA, an estimated 104,000 individuals tried heroin for the first time in 1999. A large number of initiates reportedly are young and snort or, to a lesser extent, smoke the drug. The NHSDA reports the mean age at first use for heroin at 19.8, the lowest age reported since 1971. Respondents to the National

Drug Threat Survey 2001 also reported that heroin use is increasing among those of high school and college age.

Heroin use among high school students, except for twelfth graders, appears to be stabilizing after increasing through much of the 1990s. Analysis of MTF data indicates that while there was minimal change in annual heroin use between 1991 and 1993 among students in eighth, tenth, and twelfth grade, all three grade levels showed significant increases after 1993. By 1996, the prevalence rate for each grade level had more than doubled the 1991 rates. Although the rate of use stabilized by 1998 for tenth graders, the rate of use among eighth graders decreased significantly from 1.4 percent in 1999 to 1.1 percent in 2000, while the rate of use among twelfth graders increased significantly from 1.1 to 1.5 percent (the highest rate in the history of the survey) during the same period.

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

15. The DMP is a heroin purchase program designed to identify the purity, price, and source of origin of retail-level heroin available in drug markets in 23 major metropolitan areas of the United States.

According to PRIDE, past year heroin use by junior and senior high school students remains relatively low. Heroin use rates for junior high students declined from the 1996–1997 school year (2.4%) to the 1999–2000 school year (1.6%). During that same period, rates for senior high students and twelfth graders fluctuated, ending at 2.9 and 3.2 percent, respectively, in 2000. Both rates are lower than those reported in the 1996–1997 school year.

The high level of heroin use also is reflected in national-level drug consequence indicators, such as DAWN and TEDS. Heroin/morphine accounted for a large number of DAWN ED mentions in 2000, third only to alcohol in combination with other substances and cocaine. Before 1999, heroin/morphine-related ED mentions were relatively stable, but they increased significantly between 1999 (84,409) and 2000 (97,287). This increase can be attributed to substantial increases in heroin use by several demographic subgroups including Caucasians, admissions aged 18 to 25, and admissions aged 35 and older. Overall, males accounted for nearly 66 percent of heroin/morphine ED mentions in 2000. Caucasians, African Americans, and Hispanics accounted for approximately 42, 32, and 15 percent of mentions, respectively.

Heroin/morphine was the second most frequently mentioned drug involved in drug-related deaths between 1996 and 1999, according to DAWN ME data. Heroin/morphine was mentioned in approximately 41 percent of reported drug-related deaths in 1999, just slightly behind cocaine. Of 4,820 DAWN ME mentions for heroin/morphine in that year, 80 percent of decedents were male and 20 percent of decedents were female. The metropolitan areas with the highest rates of heroin/morphine-related ME

deaths in 1999 were Baltimore, Portland, Salt Lake City, and Boston.

Publicly funded treatment admissions for heroin as a primary substance of abuse remained relatively stable in 1998, accounting for nearly 14 percent of all treatment admissions reported in TEDS data. The typical admission to publicly funded treatment in 1998 was male (67%), Caucasian (50%), and between 35 and 39 years old (20%). More than 67 percent of publicly funded treatment admissions for primary heroin use involved injecting heroin, while snorting and smoking heroin accounted for approximately 28 percent and 3 percent, respectively. Admissions for snorting tend to be younger than admissions for injection.

Heroin often is used in combination with one or more drugs. According to 1999 DAWN ME data, cocaine and alcohol in combination were most frequently mentioned in heroin/morphine-related deaths when more than one drug was involved. Also, the 1998 TEDS indicates that many admissions to publicly funded treatment facilities for heroin abuse report secondary use of nonsmoked cocaine (26%), alcohol (25%), smoked cocaine (12%), and marijuana (12%).

ADAM data also indicate a propensity for combination use. In 1999, more than 75 percent of the arrestees in the entire adult male sample that tested positive for opiates also tested positive for some other drug. Heroin use among arrestees remained relatively low and stable between 1990 and 1999, according to ADAM data. In 1999, only 12 ADAM sites reported adult opiate positive rates of 10 percent or higher. The lowest rates for both male and female arrestees were recorded in Omaha (0% and <1%, respectively) and the highest rates were in Chicago (32% and 20%).

## Production

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Heroin is produced from opium poppies cultivated in four source areas: South America, Mexico, Southeast Asia, and Southwest Asia.

In 2000, potential opium production was estimated at just over 5,000 metric tons. If all this opium had been converted to heroin (it was not), an



estimated 486 metric tons of heroin would have been produced in 2000.

Heroin produced in South America, primarily in Colombia, accounts for most of the heroin available in the United States, according to law enforcement estimates. In 1999, potentially 8 metric tons of heroin could have been produced in Colombia, nearly all of which was destined for U.S. markets. Although an estimate for 2000 is not available, the average production from 1995 to 1999 is believed to have been around 6.5 metric tons.

Heroin produced in Mexico also accounts for a significant amount of the heroin available in the United States. Nearly all of the opium grown in Mexico—less than 1 percent of the world's illicit opium—is processed into heroin and shipped to the United States. An estimated 2.5 metric tons of heroin were produced in Mexico during 2000; however, production had averaged 4 to 6 metric tons for the previous several years. Low production in 2000 is attributed to successful eradication efforts by Mexican authorities and to a drought. Despite the lower potential opium production in Mexico, there is no indication that reduced heroin processing in Mexico has had any effect on prices, purity, or availability of Mexican black tar heroin in the United States.

Heroin in Southeast Asia is processed primarily in Burma, Laos, and Thailand in a common border area known as the Golden Triangle. In 2000, enough

opium (1,316 mt) was produced—mostly in Burma—to yield 110 metric tons of heroin if all was processed. Potential heroin yield in 2001 dropped to 91 metric tons. Southeast Asian heroin generally is destined for foreign markets, primarily in China and elsewhere in Southeast Asia; nonetheless, interagency estimates for 2000 indicated that approximately 3 metric tons of Southeast Asian heroin were smuggled into the United States.

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The most common form of heroin processed in Mexico is “black tar,” which results from less refined processing methods than those used for “white” heroin produced in other source areas. A “brown powder,” more refined than black tar heroin, also is produced in Mexico. According to limited law enforcement reporting, Mexican traffickers may be attempting to produce white powdered heroin with the help of Colombian chemists, but the extent of this activity is unknown.

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The opium produced in Southwest Asia in 2000 (3,367 mt), almost all of which came from Afghanistan, could have yielded some 366 metric tons of heroin if all was processed. In 2001, opium production dropped to 79 metric tons, a potential yield of 8 metric tons of heroin (see Key Developments on page 25). According to interagency estimates for 2000, only 1 metric ton of Southwest Asian heroin was smuggled into the United States.

## Transportation

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New York, Chicago, and Los Angeles are the primary transportation hubs for heroin smuggled into the United States. Heroin is shipped to transportation hubs by air, by sea, overland, and through mail services.

International airports are significant POEs for heroin smuggled into the United States. Approximately 800 kilograms of heroin were seized from commercial aircraft in 2000, with most seizures occurring at Miami and John F. Kennedy International Airports. Heroin couriers who use commercial air often swallow

heroin-filled pellets. Each pellet usually contains between 10 and 15 grams of heroin, and couriers typically swallow between 0.5 and 1.5 kilograms. Couriers who smuggle via commercial air also conceal heroin by taping packages of the drug to their legs or torsos or by secreting it in their luggage or clothing.

Maritime ports are also significant POEs for heroin smuggled into the country, as evidenced by recent seizure reporting. In January 2001, a joint DEA–USCS investigation resulted in the seizure of more than 57 kilograms of Southeast

Asian heroin from a ship in Elizabeth, New Jersey. Shortly after, in May 2001, DEA and USCS seized 54 kilograms of South American heroin from a ship at Staten Island, New York. This shipment was the largest amount of South American heroin ever seized in the United States on board a commercial vessel.

Traffickers smuggle heroin into the United States overland through POEs along the U.S. southwestern border and, to a much lesser extent, along the U.S.–Canada border, capitalizing on the high volume of vehicular traffic and long, geographically complex, often remote border areas. Traffickers also use international mail services to transport heroin since the high volume of parcels entering the United States increases the probability that the heroin will reach its destination without law enforcement intervention.

**South American.** South American heroin is smuggled into the United States through international airports by couriers on both direct and indirect commercial flights. Couriers taking indirect flights to the United States typically transit Central and South American countries as well as Caribbean islands, particularly Puerto Rico. South American heroin also is transported into the United States via airmail and package delivery services, aboard commercial vessels, and through a limited number of land POEs. New York is the primary transportation hub for South American heroin. Miami is a primary entry point for South American heroin, and this city appears to function as a transportation hub as well.

Colombian criminal groups that operate independently of the major cocaine cartels generally control the smuggling of South American heroin into the United States and are major sources of supply for the South American heroin available in the eastern United States. In recent years, DEA has documented various instances in which cocaine and heroin were smuggled together. These shipments generally have consisted of several kilograms of heroin with tens or even hundreds of kilograms of cocaine. While some Colombian sources may supply both heroin and cocaine, it is more likely that Colombian transportation groups have consolidated heroin and cocaine

from separate sources of supply into single shipments to maximize profits.

Recent OCDETF reporting reveals that Colombian traffickers are increasingly smuggling South American heroin to the United States along smuggling routes used by Mexican traffickers. Heroin is transported to Mexico and then across the border by couriers on commercial flights, in containerized cargo, or by couriers on foot or in taxis. Also, law enforcement reporting indicates that Dominican traffickers are hiring Mexican criminal groups to transport South American heroin to the U.S. side of the Southwest Border. The Dominican traffickers reclaim possession of the heroin once it is in the United States and transport it to New York.

Dominican drug traffickers have been involved in wholesale and retail distribution of South American heroin for a number of years; however, law enforcement reporting suggests they are now more involved in the transportation of heroin to the United States. In smuggling South American heroin to U.S. markets many Dominican traffickers appear to be either working with Colombian traffickers in the same organizations or purchasing heroin from them. Others involved in the transportation of South American heroin to the United States include Guatemalan, Puerto Rican, Jamaican, Haitian, and Bahamian criminal groups.

**Mexican.** Mexican heroin is smuggled into the United States primarily overland across the U.S. southwestern border by Mexican polydrug trafficking organizations. Los Angeles and, to a lesser extent, Houston appear to serve as transportation hubs for Mexican heroin. Heroin is transported in private vehicles with hidden compartments, in commercial trucks, and in buses as well as by couriers, some of whom are undocumented migrants and children. Law enforcement reporting indicates that Mexican trafficking organizations also use couriers to smuggle heroin into the United States via commercial flights arriving at international airports in cities such as Los Angeles and Houston. Mail and package delivery services are used as well.

Mexican traffickers often vary heroin smuggling routes and methods to avoid law enforcement interdiction efforts. For example, some traffickers reportedly are targeting POEs along the U.S.–Mexico border such as Nogales, Douglas, and San Luis in Arizona and Columbus in New Mexico because they believe these POEs do not have staffing levels as high as or drug detection technology as advanced as other POEs.

Historically, Mexican heroin has been smuggled into the United States in relatively small quantities of 1 to 2 kilograms. Several large-scale heroin seizures along the U.S. southwestern border from September 2000 to February 2001 indicate this trend may be changing, however. On October 3, 2000, USCS officials in San Luis seized over 46 kilograms of Mexican black tar heroin, the largest ever seizure along the border. Between December 2000 and February 2001, six large seizures of Mexican black tar heroin totaling 234 kilograms occurred near POEs in southern Texas.

**Southeast Asian.** Southeast Asian heroin is transported to the United States by a variety of methods including by couriers on commercial flights, via mail services, and in containerized cargo. New York is the principal transportation hub for Southeast Asian heroin, which is shipped to the United States primarily by Nigerian and ethnic Chinese criminal groups (often the Fukinese). Cities that appear to be used as transshipment points for Southeast Asian heroin include Buffalo, Chicago, Dallas, Detroit, Los Angeles, and San Francisco.

Nigerian criminal groups based in Thailand typically use couriers to transport Southeast Asian heroin to New York. To disguise the origin of the couriers, Nigerian traffickers use multiple couriers who make numerous hand-offs while traveling on multiple routes. Nigerian criminal groups also use couriers on commercial flights or package delivery services to transport small amounts of Southeast Asian heroin through Mexico to the United States.

Ethnic Chinese criminal groups smuggle small amounts of Southeast Asian heroin to New York City through Canada. Couriers reportedly

carry Southeast Asian heroin in luggage from Canada to Seattle, Toronto, or Montreal before traveling by train, bus, or private vehicle to New York. Ethnic Chinese traffickers generally conduct operations with similar ethnic groups; however, U.S. law enforcement agencies report that ethnic Chinese criminal groups also have supplied wholesale quantities of heroin to Hispanic criminal groups, usually Dominican or Puerto Rican, and to members of traditional organized crime.

**Southwest Asian.** Southwest Asian heroin is smuggled via mail parcels, by couriers on commercial aircraft, and in containerized cargo to New York and Los Angeles, which are the primary transportation hubs for this type. From these hubs, heroin often is shipped to Atlanta, Chicago, and Detroit for further distribution. Unlike groups smuggling heroin from other sources, traffickers of Southwest Asian heroin frequently smuggle heroin into the country without a prearranged buyer, often storing the heroin until a buyer is found.

Recent OCDETF and other law enforcement reporting indicates that Asian, Albanian, Lebanese, Middle Eastern, Nepalese, Nigerian, Pakistani, and Turkish criminal groups control most of the Southwest Asian heroin smuggled to and distributed in the United States. Seizures at John F. Kennedy International Airport indicate that Nigerian traffickers transport Southwest Asian heroin from Pakistan to the United States through various transshipment locations including Southeast Asia (primarily Bangkok) and Mexico. Nigerian criminal groups employ female couriers to travel by bus to the U.S. southwestern border, pick up packages ranging from 100 grams to a kilogram of heroin, and transport them by private vehicle or commercial air to U.S. heroin markets.

## Distribution

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Several criminal groups—many of them small, independent, and loosely structured—are involved in the distribution of heroin in the United States according to federal, state, and local law enforcement reporting. The most frequently reported heroin wholesalers are Colombian, Dominican, Mexican, Nigerian, and ethnic Chinese criminal groups. Retail distributors include African Americans, Colombians, Dominicans, Jamaicans, Mexicans, Puerto Ricans, Nigerians, Caucasians, and Asians. Independent heroin retailers are frequently users, and they procure heroin in larger cities and often distribute it in the suburban and rural areas in which they reside to sustain their own habits.

Gangs are actively involved in the wholesale and retail distribution of heroin. Members of national gangs such as the Gangster Disciples, Bloods, Crips, Vice Lords, and Latin Kings maintain links to many heroin traffickers to ensure a constant supply of the drug. As these gangs spread outside urban areas, so do their drug distribution operations, a situation that may partially explain the expansion of heroin use in suburban and rural areas.

**South American.** South American heroin is distributed in the eastern United States at the wholesale level by Colombian trafficking organizations and at the retail level by Dominican criminal groups. Consequently, Colombian traffickers rely on Dominican criminal groups for distribution operations, particularly because of the Dominican traffickers' proven ability to both manage distribution networks and aggressively expand markets. Law enforcement reporting suggests that Dominican traffickers have expanded from their base of operations in New York City and established distribution networks in other areas of the eastern United States including Maine, Massachusetts, New Hampshire, Pennsylvania, Vermont, and Virginia. Other retailers of South American heroin include African American, Puerto Rican, and Caucasian criminal groups.

**Mexican.** Mexican drug trafficking organizations operating from Mexico generally control heroin distribution in the United States at the wholesale level while Mexican American gangs, such as the Sinaloa Cowboys in the western and southwestern United States, operate at the retail level. Local and prison-based gangs, such as the Black Guerrilla Family, control street distribution of the drug as well. Others involved in the retail distribution of Mexican heroin include Honduran, Guatemalan, Nicaraguan, African American, and Caucasian criminal groups.

**Southeast Asian.** Nigerian and other West African traffickers and ethnic Chinese criminal groups generally control the wholesale distribution of Southeast Asian heroin in the United States. Nigerian wholesale distributors are most active in locations with longstanding Nigerian populations such as Atlanta, Chicago, Dallas, Houston, New York, and the Baltimore–Washington area, where they provide Southeast Asian heroin to street-level dealers, including members of African American gangs. Ethnic Chinese criminal groups use extensive connections to foreign source areas and to Asian gangs in the United States and Canada to facilitate heroin distribution. Southeast Asian heroin imported by ethnic Chinese traffickers is sold to and distributed by members of other Asian criminal groups and members of traditional organized crime. Dominican and Puerto Rican groups also are involved in the wholesale and retail distribution of Southeast Asian heroin, particularly in New York.

**Southwest Asian.** Lebanese, Pakistani, and Nigerian criminal groups largely control the wholesale distribution of Southwest Asian heroin in the United States. Dominican and Puerto Rican traffickers also are involved in the wholesale and retail distribution of Southwest Asian heroin in New York, although to a much lesser extent.

## Distribution Centers

Traffickers transport heroin from transportation hubs to key distribution centers in the United States, cities from which the drug is distributed regionally and across the country. Analysis of federal, state, and local law enforcement reporting indicates that the transportation hubs of New York, Chicago, and Los Angeles also are distribution centers for a large portion of the heroin sold in the United States. Other cities identified as transportation hubs that also are used as distribution centers include Miami and Houston. In addition to these cities, Philadelphia is a significant heroin distribution center.

### Map 10. Heroin Distribution from New York



Source: National Drug Intelligence Center, National Drug Threat Survey 2001.

**New York.** New York is the primary distribution center for South American heroin destined for markets throughout the country. On a smaller scale, traffickers use New York as a distribution hub for Southeast and Southwest Asian heroin, brokering deals in that city and distributing heroin throughout the state as well as to the New England, New York/New Jersey, Great Lakes, and Southeast regions. Agencies in Alabama, Connecticut, Delaware, Georgia, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Nebraska, New Jersey, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Virginia, Washington, D.C., and Wisconsin identify New York City as a source for the heroin available in their areas. Investigative information also indicates that the city may serve as a transshipment point for limited quantities of South American heroin destined for Canada.

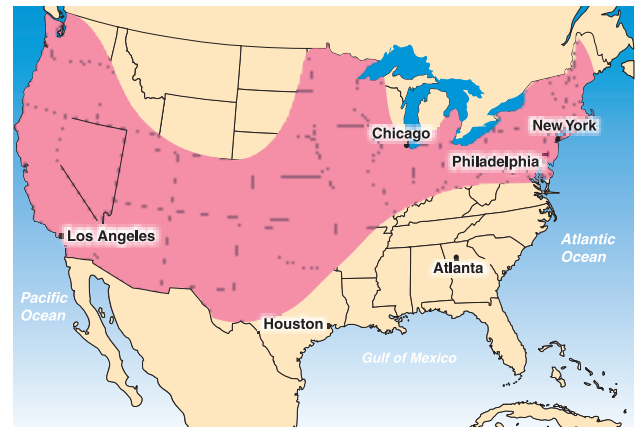
### Map 11. Heroin Distribution from Chicago



Source: National Drug Intelligence Center, National Drug Threat Survey 2001.

**Chicago.** Traffickers use Chicago as a distribution center for heroin from all four source areas. Traffickers distribute heroin from Chicago throughout Illinois and to other states including Indiana, Iowa, Ohio, Minnesota, Missouri, and Wisconsin.

### Map 12. Heroin Distribution from Los Angeles



Source: National Drug Intelligence Center, National Drug Threat Survey 2001.

**Los Angeles.** Los Angeles is a distribution center for Mexican heroin and, occasionally, a transshipment point for Southeast Asian and Southwest Asian heroin destined for other markets. Traffickers in Los Angeles distribute Mexican heroin to locations throughout California; to states including Arizona, Colorado, Hawaii, Illinois, Maryland, Minnesota, Missouri, Nevada, New Mexico, New York, Ohio, Oregon, Texas, Utah, and Washington; and to other areas west of the Mississippi River. South American heroin en route to the northeastern United States also may be transshipped through Los Angeles, according to seizure reporting.

**Map 13. Heroin Distribution from Miami**



Source: National Drug Intelligence Center, National Drug Threat Survey 2001.

**Miami.** Traffickers use Miami as a distribution center for South American heroin smuggled into the United States. South American heroin typically is smuggled into the country through Miami International Airport and is transported to northeastern cities, primarily New York, by bus, by rail, and on domestic flights. Agencies in Alabama, Colorado, Kentucky, Louisiana, Maryland, New York, North Carolina, and Tennessee identified Miami as the source for the heroin available in their areas.

**Map 14. Heroin Distribution from Houston**



Source: National Drug Intelligence Center, National Drug Threat Survey 2001.

**Houston.** Houston is a distribution center for heroin from Mexico and a transshipment point for heroin from the other source areas. Agencies in New York, Louisiana, Mississippi, Missouri, and Virginia identified Houston as the source of the heroin available in their areas. Agencies in Houston reported that heroin in the city is being shipped to other states including Illinois, Michigan, and Louisiana.

**Map 15. Heroin Distribution from Philadelphia**



Source: National Drug Intelligence Center, National Drug Threat Survey 2001.

**Philadelphia.** Traffickers use Philadelphia as the primary distribution center for the heroin, primarily South American, sold throughout Pennsylvania and Delaware. Wholesalers in Philadelphia also distribute heroin to Washington, D.C., and Baltimore. New York is the primary source of heroin shipped to Philadelphia; however, small quantities transported to the area are smuggled directly from Colombia or are transhipped through the southern United States or Puerto Rico. Agencies in Delaware, New Jersey, Maryland, Pennsylvania, Tennessee, and Virginia identified Philadelphia as the source of the heroin available in their areas.

## Key Developments

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Mexican heroin is increasingly being smuggled into the United States in multikilogram quantities. Shipments of South American heroin, too, are generally larger than they have been in the past. Moreover, traffickers appear to be increasing their use of maritime conveyances to transship South American heroin.

In Afghanistan, an edict issued by the Taliban in 2000 almost completely eliminated opium cultivation in most of the country. Potential heroin

production in Afghanistan decreased from 365 to less than 8 metric tons between 2000 and 2001, according to official U.S. Government estimates. Although this development has not immediately or directly affected the availability of heroin in the United States, it may significantly affect markets normally supplied with Southwest Asian heroin such as Western Europe, Russia, and elsewhere in the former Soviet Union.

## Projections

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While heroin is not a major part of the rave scene, reports have surfaced of young people taking heroin to offset the effects of “club drug” stimulants such as MDMA. Because of such polydrug use, young people may be at risk for increased overdoses, emergency department visits, and deaths.

The rise in abuse of the prescription painkiller OxyContin could have an effect on the demand for heroin, particularly in rural and suburban areas where heroin is available.<sup>16</sup> As initiatives taken to curb the abuse of OxyContin are successfully implemented, abusers of OxyContin may begin to use other oxycodones, such as Percocet and Percodan. But they also may begin to use heroin, especially if it is readily available, pure, and relatively inexpensive.

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16. The use of trademarked names such as OxyContin and Rohypnol in this assessment does not imply any criminal activity or intent on the part of the manufacturers of these drugs.

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# NATIONAL DRUG THREAT ASSESSMENT 2002

## Methamphetamine

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The threat posed to the United States by methamphetamine lies in its availability and the severe physiological effects associated with its use. The violence and environmental damage associated with the production, distribution, and use of the drug, as well as the involvement of international drug trafficking organizations, further threaten the country and render methamphetamine the third greatest drug threat. Methamphetamine is readily available throughout the western half of the country and is becoming increasingly available in areas of the eastern United States.

Domestic clandestine methamphetamine production is dominated largely by Mexican criminal groups who also dominate wholesale distribution and share control of retail distribution with local independent distributors and gangs, including out-law motorcycle gangs (OMGs) and street gangs. Despite law enforcement pressure and the regulation of precursor chemicals, both of which have had a measurable impact on methamphetamine trafficking, Mexican criminal groups continue to manufacture bulk quantities of methamphetamine. Methamphetamine produced in foreign source areas, predominantly Mexico and, to a lesser extent, Canada and Southeast Asia, is available to varying degrees in the United States as well.

Violence associated with methamphetamine trafficking and use is increasing. Federal, state, and local law enforcement reporting reveals increases in methamphetamine-related child neglect, child and spousal abuse, sexual abuse, homicide, and property crime, especially mail and check fraud. Moreover, methamphetamine laboratories produce poisonous gas and 5 to 7 pounds of toxic waste for every pound of methamphetamine produced, and exposure to toxins poses a threat to those in or near methamphetamine laboratories. In 1999, 877 children were encountered at laboratory sites, while in 2000, the number dropped slightly to 841.

In addition to creating potential health hazards, methamphetamine production has a profound environmental impact. Most laboratory operators dispose of toxic waste by dumping it down household drains, into pits and trenches, on rural roads, in fields, or in yards. In California, chemicals from large methamphetamine laboratory dump sites have killed livestock, contaminated streams, and destroyed large areas of trees and vegetation in that state.

## Availability

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Methamphetamine is widely available throughout the Pacific, Southwest, and West Central regions and is increasingly available in the Great Lakes, Southeast, and Mid-Atlantic regions. This widespread availability is illustrated by increasing methamphetamine seizures, arrests, indictments, and sentences.

According to FDSS data, the amount of methamphetamine seized increased from 2,777 kilograms in 1999 to 3,310 kilograms in 2000. Of the total seized in 2000, approximately 52 percent was seized in California (1,737 kg). In addition, the USPS reported methamphetamine seizures in 15 of 16 Divisions in FY2000.

DEA arrests for methamphetamine-related offenses have increased steadily since the mid-1990s, rising 85 percent from 1996 (4,069) to 2000 (7,519). In FY2000, methamphetamine-related OCDETF indictments accounted for 18.5 percent of all OCDETF indictments, while the number of federal sentences handed down for methamphetamine-related offenses accounted for over 14 percent of all federal sentences.

Methamphetamine prices range from \$2,000 to \$21,000 per pound, \$350 to \$3,000 per ounce, and \$20 to \$200 per gram. The average purity of methamphetamine seized by DEA in 2000 was 35.3 percent, down significantly from a high of 71.9 percent in 1994.

## Demand

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Methamphetamine consumption is stable or increasing slightly. According to ONDCP, the number of hardcore methamphetamine users has been stable at approximately 356,000 users since 1998. According to NHSDA data, approximately 1 million individuals aged 12 and older reported past year use of methamphetamine in 2000.

The MTF Study began measuring the prevalence of use for methamphetamine in 1999, allowing a comparison of only 2 years. MTF data for 2000 indicate that past year methamphetamine use decreased slightly among eighth, tenth, and twelfth graders from 1999 to 2000. The greatest decrease (3.2% to 2.5%) was reported among eighth graders. None of these changes were statistically significant. Past year use of crystal methamphetamine, or "ice," which has been measured by MTF for several years, increased slightly (nonsignificantly) from 1999 (1.9%) to 2000 (2.2%) among twelfth graders, the only age group for which its use is measured. Nonetheless, the rate of crystal methamphetamine use is at one of the lowest levels reported since 1994.

PATS data for 2000 indicate a slight rise in past year methamphetamine use by teenagers from 1999 (7%) to 2000 (8%). The rate of use is still lower than that reported each year from 1996 through 1998 (9%), however.

National-level prevalence and consequence indicators show mixed trends in methamphetamine use. While the prevalence indicators mentioned above indicate stable or slightly decreasing use, consequence indicators such as DAWN and TEDS suggest that the consequences of methamphetamine use are increasing as evidenced by rising emergency department visits and treatment admissions. Awareness of such consequences of methamphetamine use may be affecting the attitudes of young people. For example, PATS reports that teens' perceptions of the risks associated with methamphetamine use remained stable or improved slightly between 1999 and 2000. In 2000, 78 percent of teens agreed there is "great risk in using methamphetamine regularly" for the third consecutive year. Nearly half of all teens (47%) surveyed agreed there is "great risk in trying methamphetamine once or twice," a 3 percent increase from 1999.

DAWN reporting shows a decrease in ED mentions for methamphetamine/speed from 1998 (11,491) to 1999 (10,447) but an increase from 1999 to 2000 (13,513). DAWN data further indicate that over half of ED mentions for methamphetamine/speed were male Caucasians and that a large percentage were in the Pacific and West Central regions.

TEDS statistics indicate a steady increase in publicly funded treatment admissions for methamphetamine use from 1993 (20,771) through 1998 (55,745), the latest reported year. Admissions to publicly funded treatment facilities for methamphetamine use rose each year during that

period with the exception of a slight downward turn in 1996. TEDS data for 1998 further indicate that the typical admission to publicly funded treatment for methamphetamine use was male (53%), Caucasian (80%), and between 25 and 29 years old (22%).

Between 1998 and 1999, the percentage of adult arrestees who tested positive for methamphetamine remained relatively stable at ADAM sites, except in San Diego. ADAM sites in the western states reported the highest rates in 1999; however, the presence of methamphetamine was reported at some eastern sites.

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## Production

Methamphetamine is produced both commercially and clandestinely in the United States and abroad. Commercial laboratories produce levo-methamphetamine, an active ingredient in many over-the-counter medicines that has substantial addictive qualities. Commercial as well as clandestine laboratories produce dextro-levo- and dextro-methamphetamine (dl- and d-methamphetamine, respectively), highly addictive and illegal forms of methamphetamine.

DL-methamphetamine is less potent than d-methamphetamine and appears to be produced only in the United States using P2P as the precursor chemical (phenyl-2-propanone method). D-methamphetamine is the most potent and widely abused form of methamphetamine. It is produced in the United States as well as in foreign source areas, including Mexico, Canada, and Southeast Asia, using several different, relatively simple, production methods, all of which use ephedrine or pseudoephedrine as the precursor chemical (ephedrine/pseudoephedrine reduction methods).

### Domestic Production

Production of dl-methamphetamine appears to occur primarily in the Philadelphia and southern New Jersey areas and has been linked to traditional organized crime and OMGs. The Philadelphia/Camden High Intensity Drug Trafficking Area (HIDTA) and the DEA Philadelphia Field Division report that dl-methamphetamine is the preferred type in the Philadelphia area. Three recent OCDETF investigations targeted or identified dl-methamphetamine production groups. In each case, the targeted group was located in Philadelphia or southern New Jersey, and two of the three cases involved either traditional organized crime or OMGs.

There is no indication that dl-methamphetamine production is increasing in Philadelphia and southern New Jersey or emerging outside that area. Moreover, the Philadelphia/Camden HIDTA and the DEA Philadelphia Field Division both indicate that use of the P2P dl-methamphetamine production method, although still the most common in the area, is waning, and that ephedrine/pseudoephedrine reduction methods for d-methamphetamine production may soon become more popular.

## Methamphetamine Production

### Phenyl-2-Propanone Method

*P2P*: The principal chemicals associated with this method are phenyl-2-propanone, aluminum, methylamine, and mercuric acid. This method yields low quality dl-methamphetamine and was traditionally associated with OMGs.

### Ephedrine/Pseudoephedrine Reduction Methods

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

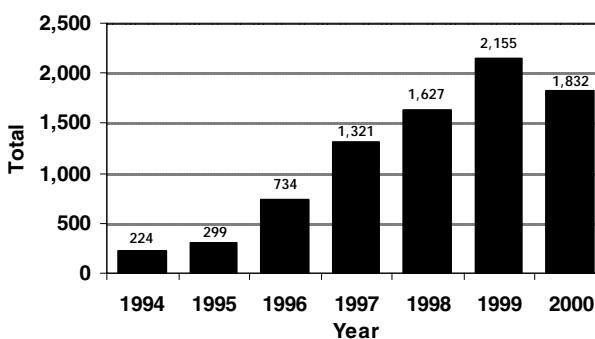
*Birch reduction (often called the “Nazi method”)*: The principal chemicals associated with this method are ephedrine or pseudoephedrine, anhydrous ammonia, and sodium or lithium metal. This method yields ounce quantities of high quality d-methamphetamine and is often used by independent producers.

*Iodine/Red phosphorus*: The principal chemicals associated with this method are ephedrine or pseudoephedrine, iodine (combined with water to produce hydriodic acid), and red phosphorus. This method is also called the “cold cook method” because the chemicals are not heated over a flame but instead are often placed in a hot environment (e.g., the sun). This method yields ounce quantities of high quality d-methamphetamine.

Federal, state, and local law enforcement agencies indicate that although d-methamphetamine is produced in most states throughout the country, production is most prevalent in western and southwestern states. According to the El Paso Intelligence Center (EPIC), California, Washington, Missouri, Kansas, and Arizona led all states in the number of clandestine laboratories seized in 2000. In 1999, Arizona, California, Nevada, Oklahoma, and Oregon were the only states in which “superlabs”—those capable of producing 10 pounds of methamphetamine in 24 hours—were seized. In 2000,

The number of domestic methamphetamine laboratories seized in the United States by DEA escalated after d-methamphetamine production became popular in the mid-1980s and remained high (around 800) until 1990. The number of laboratory seizures then declined until reaching a low of 224 in 1994. Since that time, the number of seizures rose sharply each year through 1999 as a growing number of independent producers began operating laboratories, often small, in more regions of the country. In 2000, the number of seizures declined slightly.

**DEA Methamphetamine Laboratory Seizures, Nationwide, 1994–2000**



Source: Drug Enforcement Administration.

superlabs were found in 16 states: California, Oregon, Washington, Idaho, Nevada, Utah, Arizona, Wyoming, Texas, Oklahoma, Louisiana, Missouri, Minnesota, Pennsylvania, Indiana, and Alabama.

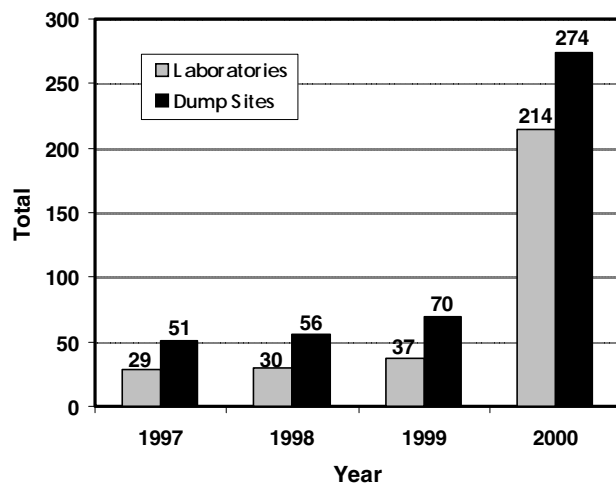
California is the epicenter of d-methamphetamine production. DEA estimates that clandestine laboratories in California operated by both Mexican and U.S. traffickers produce far more d-methamphetamine than those in any other state or region. Of the 126 superlabs seized in 2000, 83 were in California, according to EPIC, which also reported a somewhat higher ratio in 1999, when 177 of the 185 superlabs seized were in California. Moreover, the U.S. Attorney General’s Methamphetamine Interagency Task Force reports that 4 percent of clandestine laboratories produced more than 80 percent of domestic methamphetamine in 2000 and that most of those laboratories were located in California. The Inland Narcotics Clearing House, a component of the Los Angeles

HIDTA, estimates that in Riverside and San Bernardino Counties alone, d-methamphetamine laboratories had a production capability of 44.6 tons in 2000. This is far more than the 3.87 metric tons seized by federal agencies in 2000 reported to FDSS.

From the mid- to late 1990s, d-methamphetamine production spread eastward as traditional suppliers worked to keep pace with growing demand and users learned simple production methods, particularly the Birch reduction method, to produce their own supply. The Birch reduction method first became popular in areas of the West Central region but is now used throughout much of the United States, most prominently in the West Central, Great Lakes, Mid-Atlantic, Southeast, and Florida/Caribbean regions. Of the 13 HIDTAs in these regions, 7 report that d-methamphetamine production is increasing and is a serious concern in their areas. Of the remaining six, four state that d-methamphetamine is produced in their areas and that there is concern the number of laboratories may rise in the near future. According to EPIC, the number of Birch reduction laboratories seized increased from 439 in 1998 to 2,912 in 2000, and 1,233 laboratories were seized during the first 5 months of 2001.

Methamphetamine production on national forest land has become increasingly common, and according to the U.S. Forest Service, the number

**Chart 1. Methamphetamine Laboratories and Dump Sites Seized from National Forest Service Lands**



Source: U.S. Forest Service, Law Enforcement and Investigations, 2000.

of methamphetamine laboratories—mostly small Birch reduction laboratories—and chemical dump sites discovered in forests increased from 80 in 1997 to 488 in 2000 (see Chart 1). Almost half the laboratories discovered in 2000 were in Missouri. Methamphetamine laboratories on national forest land usually are set up in abandoned mines, vacant cabins, caves, and remote areas of the forest, posing an environmental threat to the parks and a public safety threat to forest visitors who may inadvertently encounter an active laboratory or toxic chemical dump site.

### Foreign Production

D-methamphetamine (hereafter referred to as simply methamphetamine) is produced throughout the world, but only that produced in Mexico appears to be smuggled into the United States in significant quantities. Methamphetamine produced in Canada and Burma is transported to the United States as well but to a much lesser extent. There are no conclusive estimates of worldwide production, however.

Law enforcement reporting, primarily from DEA, and seizure data for the U.S.–Mexico border indicate that methamphetamine produced in Mexico is the most widely available foreign-produced methamphetamine. According to EPIC, the amount of methamphetamine smuggled into the United States from Mexico increased dramatically through the 1990s, especially between 1997 and 1999 when border seizures of methamphetamine increased from 538 to 1,091 kilograms. Further, according to the International Narcotics Control Strategy Report (INCSR), Mexican authorities have seized nearly 2 metric tons of methamphetamine destined for U.S. markets since 1994, of which almost half was seized between 1998 and 2000.

The Royal Canadian Mounted Police (RCMP) reported in 2000 that independent laboratory operators and members of OMGs produce methamphetamine primarily in western Canada for distribution in the United States as well as for consumption in Canada. The Federal Bureau of Investigation (FBI) also reports that criminal groups, especially OMGs, produce methamphetamine in Canada and smuggle it

into the United States. While Canadian authorities seized fewer than two dozen methamphetamine laboratories in 2000, they believe the number of laboratories seized will increase, particularly if OMG involvement in methamphetamine trafficking increases.

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### Precursor Chemical Acquisition

Precursor chemicals such as phenyl-2-propanone, ephedrine, pseudoephedrine, and lithium metal are required in the methamphetamine production process. These chemicals, most of which are controlled to some extent in the United States, generally are diverted from legitimate sources in the United States and in foreign countries, including Canada, China, and Mexico.

Anhydrous ammonia, a principal reagent used in the Birch reduction method, is a particular concern to law enforcement. The theft of anhydrous ammonia from large pressurized tanks on farms, where it is used as a crop fertilizer, is a growing problem in many states in the Midwest. On a number of occasions, botched thefts have resulted in serious injury to the thieves and in the release of ammonia clouds from the tanks, which have forced nearby residents to evacuate their homes and other buildings.

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## Transportation

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Methamphetamine is transported from production sites through transportation hubs to methamphetamine market areas by Mexican, Asian, Canadian, and U.S. criminal groups. Mexican criminal groups dominate wholesale and midlevel wholesale methamphetamine transportation. They use well-established marijuana, cocaine, and heroin distribution routes as well as newly defined routes to transport methamphetamine throughout the Pacific, Southwest, West Central, and Great Lakes regions and, increasingly, to the Southeast and Florida/Caribbean regions. Most Mexican criminal groups transport methamphetamine from transportation hubs to distribution centers in private vehicles or tractor-trailers with hidden compartments.

According to the INCSR and recent DEA reporting, traffickers in Burma and, to a lesser extent, China produce the bulk of Asian methamphetamine. The INCSR and other intelligence reporting indicate that Burma-based traffickers produce vast quantities of methamphetamine and may now be producing more than clandestine laboratory operators in any other country. Methamphetamine produced in Burma usually is pressed into tablets—often referred to as “Ya Ba”—for consumption in Asian markets. However, reporting from the Intelligence Community indicates that methamphetamine tablets from Southeast Asia have been seized with increasing frequency in California since 1997. Nonetheless, overall amounts of Southeast Asian methamphetamine seized are still small.

The INCSR also reports that traffickers based in China have increased methamphetamine production greatly in recent years and transport large quantities of the drug (often crystal methamphetamine) to the Philippines with some continuing on to U.S. markets, primarily Guam and Hawaii. Criminal groups in other Asian countries such as the Philippines, North Korea, South Korea, and Thailand also produce methamphetamine in varying quantities; however, little is smuggled to U.S. markets.

Most criminal groups involved in methamphetamine trafficking do not transport the drug in quantities large enough to require sophisticated logistics. Consequently, most methamphetamine transported by these groups is shipped directly from production sites to retail market areas. Asian criminal groups transport methamphetamine tablets from Burma through POEs in Hawaii, Los Angeles, and San Francisco primarily to central California and principally for use within the Asian community. Couriers on commercial flights carry some tablets, but most are transported via mail services and maritime cargo.

Map 16. Methamphetamine Transportation from Southern California



Source: National Drug Intelligence Center, National Drug Threat Survey 2001.

### Transportation Hubs

Law enforcement reporting indicates that methamphetamine produced in Mexico usually is smuggled to the United States in multipound quantities via private vehicle through POEs along the U.S.–Mexico border between California and Arizona. The methamphetamine usually is transported from the POE to one of three transportation hubs: Southern California (Los Angeles, San Diego, San Bernardino, and Riverside), Central California (San Francisco, Sacramento, and Fresno), or Central Arizona (Phoenix and Tucson). In addition, southern Texas appears to be emerging as a transit area for methamphetamine produced in Mexico. Methamphetamine smuggled into this area is destined for markets in Texas and surrounding states.

**Southern California.** Southern California is the largest methamphetamine transportation hub. Mexican criminal groups control most methamphetamine transportation from this area to distribution centers

throughout the country; however, U.S. criminal groups move limited wholesale quantities to regional distribution centers. Federal, state, and local law enforcement reporting indicates that mail services, commercial flights, private vehicles, and public transportation are all used to move methamphetamine from Southern California to distribution centers across the country. Cities supplied by the Southern California transportation hub include Chicago, Cincinnati, Dallas, Denver, Honolulu, Houston, Kingman (AZ), Lincoln (NE), Mobile, Nashville, Olympia (WA), Richmond, St. Paul, Salt Lake City, Tulsa, and Yakima.

**Central California.** Central California is the second largest transportation hub for methamphetamine distribution. Mexican criminal groups control most wholesale methamphetamine transportation from this transportation hub, although some U.S. methamphetamine production and transportation groups operate from the area as well. Federal, state, and local law enforcement reporting indicates that

Map 17. Methamphetamine Transportation from Central California



Source: National Drug Intelligence Center, National Drug Threat Survey 2001.

mail services, commercial flights, private vehicles, and public transportation are all used to move methamphetamine from Central California to distribution centers across the country. Cities supplied by the Central California transportation hub include Boise, Del Rio (TX), Denver, Honolulu, Kingman, Salt Lake City, and Yakima.

**Central Arizona.** Mexican criminal groups control almost all transportation from this area, generally using private vehicles to move methamphetamine from this area to other parts of the country. Cities supplied by the Central Arizona transportation hub include Atlanta, Chicago, Dallas, Denver, Greeley (CO), Green Bay, Hamilton (OH), Houston, Las Vegas, St. Paul, Santa Fe, and Topeka.

## Distribution

Mexican and Asian criminal groups, gangs—including OMGs and street gangs—and local independents all distribute midlevel wholesale and retail quantities of methamphetamine. Mexican traffickers supply many methamphetamine distribution groups, but some of these groups, especially Asian traffickers and OMGs, often produce their own methamphetamine for distribution. Many

local independent retailers also produce methamphetamine, albeit in limited quantities, in small laboratories throughout the country.

Mexican methamphetamine typically is packaged in compressed bricks, covered in plastic wrap or bags, and frequently coated with grease, coffee, detergent, or salve. Often, packages are then wrapped in plastic or carbon paper.



Map 18. Methamphetamine Transportation from Central Arizona



Source: National Drug Intelligence Center, National Drug Threat Survey 2001.

Mexican traffickers' involvement in retail distribution usually is limited to associations with Mexican gangs active in the Pacific, West Central, Great Lakes, Southwest, and Southeast regions.

Distribution of Asian methamphetamine is limited but growing, according to the USCS. In addition to distributing Asian methamphetamine tablets, many Asian criminal groups distribute midlevel wholesale and retail quantities of methamphetamine produced by Mexican criminal groups, sometimes transporting the methamphetamine throughout the U.S. mainland and to Hawaii. Asian criminal groups also sometimes convert the drug to crystal methamphetamine prior to transporting it to Hawaii.

OMGs have been involved in methamphetamine distribution in every region of the country for several decades. Many OMGs produce their own methamphetamine for distribution but often supplement their supplies with Mexican methamphetamine. Although OMGs distribute methamphetamine throughout the country, their distribution routes are not as structured as those of Mexican traffickers. OMGs typically do not

ship wholesale quantities from transportation hubs on to distribution centers. Rather, they transport methamphetamine in pound quantities via private vehicle or mail services from production sites directly to retail markets. OMGs often distribute retail quantities of methamphetamine in bars and clubs owned by OMG members.

Federal, state, and local law enforcement reporting indicates that gangs, primarily Caucasian and Hispanic, distribute methamphetamine at the retail level in the Pacific, West Central, and Southwest regions. African American gangs are increasingly involved in retail methamphetamine distribution, particularly in the West Central, Great Lakes, Southeast, and Mid-Atlantic regions.

A growing number of local independent distributors throughout the country are producing small quantities of methamphetamine for retail distribution in their local area. Law enforcement reporting indicates that local independents account for as much as 80 percent of retail methamphetamine distribution in some areas of the country.

## Distribution Centers

Distribution centers supply midlevel wholesale and retail distribution groups within and outside the state in which they are located. Several areas have been identified as wholesale or midlevel wholesale methamphetamine distribution centers supplied by criminal groups operating through a major transportation hub. Distribution centers for methamphetamine include Atlanta, Central Florida, Chicago, Dallas, Denver, Houston, Salt Lake City, and Yakima.

**Atlanta.** Mexican criminal groups transport multipound quantities of methamphetamine produced in Mexico, California, and the southwestern United States from the Southern California and Central Arizona transportation hubs to Atlanta for distribution in the Southeast. Methamphetamine distributed from Atlanta supplies midlevel wholesale and retail markets in North and South Carolina, Tennessee, and the central Florida area.

**Central Florida.** Mexican criminal groups established this area as a distribution center in the mid-1990s, supplying it with methamphetamine from the Central California and Southern California transportation hubs. Methamphetamine distributed from Central Florida generally supplies retail markets throughout Florida. Hispanic street gangs in the area, particularly the Latin Kings and Sur 13s, are becoming increasingly involved in methamphetamine distribution in Central Florida.

**Chicago.** The availability of methamphetamine is increasing throughout the Chicago area; however, the drug has not gained a large user acceptance. Consequently, most methamphetamine transported to Chicago is destined for further distribution to other markets in Illinois and surrounding states. Mexican criminal groups based in California, Texas, and Mexico dominate wholesale methamphetamine distribution in Illinois, transporting multipound quantities from the Southern California transportation hub to Chicago for further distribution to criminal groups engaged in midlevel wholesale and retail distribution. OMGs, specifically the Hells Angels and Outlaws, are active in both midlevel wholesale and retail distribution of methamphetamine in Illinois. Hispanic gangs in

Illinois distribute methamphetamine to surrounding states. For example, Chicago-based Hispanic street gangs, especially the Latin Kings, are involved in midlevel wholesale distribution of methamphetamine to several states in the Great Lakes region. Methamphetamine distributed from Chicago supplies retail markets such as Deerfield (IL), Eau Claire (WI), Hickory (NC), Superior (WI), and Vincennes (IN).

**Dallas.** Mexican criminal groups transport methamphetamine via tractor-trailers, private vehicles, couriers, mail services, and aircraft from the Southern California and, to a lesser extent, Central Arizona transportation hubs to Dallas. Methamphetamine distributed from Dallas supplies midlevel wholesale and retail markets primarily in eastern Texas and Oklahoma.

**Denver.** Mexican criminal groups transport ounce, pound, and kilogram quantities of methamphetamine from all three transportation hubs to Denver via private vehicles, tractor-trailers, mail services, private aircraft, and couriers on commercial buses and airlines. OMGs, particularly the Hells Angels and Bandidos, supplied by sources in Mexico, also distribute wholesale quantities of methamphetamine in Denver but are not as prevalent as Mexican traffickers. Methamphetamine distributed from Denver supplies midlevel wholesale and retail markets in Illinois, Kansas, Minnesota, Montana, Nebraska, North Dakota, South Dakota, and Wyoming.

**Houston.** Mexican criminal groups transport methamphetamine in private vehicles across the Texas–Mexico border and from the Southern California and, to a lesser extent, Central Arizona transportation hubs to Houston. The Houston HIDTA reports seizures of larger quantities of methamphetamine produced in Mexico and an overall increase in the availability of Mexican methamphetamine in its area. Methamphetamine distributed from Houston supplies midlevel wholesale and retail markets in northern and eastern Texas and in the Southeast region including in Alabama, Arkansas, Georgia, Louisiana, Mississippi, and North Carolina.

**Salt Lake City.** Mexican criminal groups employ illegal aliens as drug couriers to transport methamphetamine from the Southern California and Central California transportation hubs to Salt Lake City, generally via private vehicle. Also, local independent distributors, usually Caucasians, and OMGs produce methamphetamine in the area and distribute it to local users, who seem to prefer the locally produced variety. Methamphetamine distributed from Salt Lake City supplies midlevel wholesale and retail markets in Colorado, Idaho, Montana, Nevada, Utah, and Wyoming.

**Yakima.** Mexican criminal groups transport methamphetamine from the Southern California

and Central California transportation hubs to Yakima. Mexican traffickers reportedly travel with Hispanic migrant workers to facilitate methamphetamine distribution throughout Washington, the Midwest states, and Canada. Shipments of methamphetamine to Yakima are increasing in size, according to DEA. Methamphetamine distributed from Yakima, including that produced in clandestine laboratories located in rural areas of eastern and southern Washington, supplies midlevel wholesale and retail markets elsewhere in Washington and in Idaho, Minnesota, Montana, North Dakota, Wyoming, and Canada.

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## Key Developments

State and local law enforcement reporting indicates that methamphetamine has been distributed at raves in Louisiana, New York, Ohio, Texas, Washington, D.C., and in areas of the New England region. For example, in responding to the National Drug Threat Survey 2001, the Erie County (NY) Sheriff's Office reported an increase in methamphetamine availability associated with the distribution of club drugs. Presumably, young people use methamphetamine at raves to increase energy levels and stamina. Dealers reportedly have offered free samples of methamphetamine at raves in an attempt to build a market base for the drug.

Methamphetamine users and producers often commit mail and check fraud, as well as identity theft, to finance illegal drug activities. An increasing number of law enforcement agencies, including agencies in Arizona, California, Colorado, Oregon,

and Washington, report that the increase in such crimes in their jurisdictions is directly related to a rise in methamphetamine use and production.

Gangs and Asian criminal groups in the Los Angeles area are using powdered methamphetamine supplied by Mexican criminal groups to produce crystal methamphetamine for distribution in the area. Also, Japanese and Korean traffickers are using precursor chemicals from China to produce crystal methamphetamine for distribution in the Los Angeles area as well as in Guam and Hawaii.

Successful international precursor chemical controls may have forced producers to substitute lower quality chemicals and caused distributors to dilute stretched supplies to maintain profit levels, thereby decreasing purity levels.

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## Projections

The threat of methamphetamine will remain high in many areas of the Pacific, Southwest, and West Central regions and continue to grow in the Great Lakes, Southeast and, to a lesser extent, Mid-Atlantic regions. However, there is no indication that eastern states will experience the

same levels of methamphetamine availability and use found in the western half of the country in the near term. Effective legislative and law enforcement action in the mid-1990s has helped slow the eastward spread of methamphetamine and limited the impact of the drug in

the New England, New York/New Jersey, and Mid-Atlantic regions, where methamphetamine is not readily available in most areas and generally is considered a low threat.

Mexican criminal groups will continue to dominate methamphetamine production as well as wholesale and midlevel wholesale distribution. Criminal groups operating methamphetamine laboratories, especially superlabs, in Mexico and California will continue to supply most of the methamphetamine consumed nationwide, despite the growing number of low-yield laboratories operated in many midwestern and eastern states.

The amount of Asian methamphetamine tablets available in the United States, primarily in California, may continue to rise. Asian methamphetamine tablets will be encountered with increasing frequency at raves and other venues where MDMA and other club drugs are popular.

# NATIONAL DRUG THREAT ASSESSMENT 2002

## Marijuana

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The threat of marijuana lies primarily in its widespread availability and in its popularity. Traffickers in foreign source areas and in the United States supply users with marijuana of varying potency, and while high-grade marijuana appears to receive more publicity, lower potency marijuana—much of which is produced in Mexico—is more endemic. Even in major domestic cultivation areas, large amounts of marijuana produced in Mexico are available.

The large user population in the United States equates to steady profits, and drug trafficking organizations, criminal groups, and gangs involved in trafficking drugs such as cocaine or heroin are trafficking marijuana as well to help finance their drug operations. Another likely factor behind some traffickers' involvement is the belief that the penalties associated with the trafficking of marijuana are less than those for other illicit drugs.

Marijuana-related violence is limited and generally associated only with cannabis cultivation. The current user population is exposed to more potent marijuana than in previous years, however, and strong or high doses may result in rapidly fluctuating emotions, disorientation, or hallucinations, thereby exposing users to potential harm. Marijuana used in combination with, or as a delivery medium for, other drugs further increases the risk.

The hazards of marijuana use do not seem to have an effect on most users' attitudes and perceptions concerning the drug. Common perceptions among users and the general population are that marijuana is not as harmful as other drugs and that use carries little social stigma. The perception that marijuana is not as harmful or disruptive as other illicit substances may influence investigative priorities, too, particularly among agencies with limited resources or those dealing with more socially disruptive criminal activity such as gang violence. Indeed, most state and local law enforcement agencies that responded to the National Drug Threat Survey 2001 identified marijuana availability and use as high, but the bulk of these agencies also identified the threat of marijuana to public safety and health as medium to low, and stable. Moreover, law enforcement reporting reveals that marijuana seizures often are ancillary to investigations targeting other drugs or other criminal activity.

## Availability

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Marijuana is the most available illicit drug throughout the United States. The indoor and outdoor cultivation of cannabis in every region of the country, as well as the presence of marijuana smuggled into the United States from foreign sources, contributes to the pervasiveness of the drug. Although the breadth of its availability is clear, no exact estimates of the amount of marijuana available in the United States have been determined. The only concrete data that can provide insight, albeit limited, into marijuana availability are seizure statistics. Seizures of marijuana reported in the FDSS accounted for 1,100 metric tons in 1999 and approximately 1,200 metric tons in 2000. A large percentage of the seized marijuana was from foreign source areas. Most of the foreign-source marijuana found in the United States is produced in Mexico; other foreign sources include Colombia, Canada, and Jamaica.

Despite appearances that the threat of marijuana is overshadowed by concern with other illicit drugs, data show that law enforcement and judicial system efforts to reduce marijuana trafficking through investigations and indictments are continuing. The number of federal sentences for marijuana in 2000 (7,295) was up slightly from 1999 (7,089). OCDETF indictments on marijuana-related charges dropped from 823 in FY1999 to 715 in FY2000; however, they accounted for roughly 17 percent of all OCDETF indictments in both fiscal years.

Law enforcement reporting from every region identifies marijuana produced in the United States and Mexico as the most prevalent types available. Other marijuana types are available to varying degrees depending on the area of the country. Sources in Colombia and Jamaica supply marijuana more in the eastern United States, specifically in the Southeast and New York/New Jersey regions. Nonetheless, marijuana supplied by both Colombian and Jamaican sources has been identified in the New England and Great Lakes regions as well, and marijuana from Jamaican sources also has been identified in the Mid-Atlantic.

Law enforcement and anecdotal reporting suggests that marijuana from Canada, commonly referred to as BC Bud, is now in every region of the United States to varying degrees (see Text Box). Marijuana from Canada probably accounts for a greater proportion of available supplies in the Pacific and West Central regions than in the rest of the country, but quantities are still not as high as marijuana grown domestically or in Mexico. Marijuana produced in Thailand is available in limited quantities in areas of the western United States and in New York.

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The term "BC Bud," which originally referred to the bud of the unpollinated female cannabis plant grown in British Columbia, has become synonymous with any high-grade marijuana from Canada.

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Marijuana often is defined not by its source of origin but by its quality. Commercial-grade is typically low in potency and contains lower quality parts of the cannabis plant such as leaves, stems, and seeds. This type is typical of marijuana produced in Mexico. Sinsemilla, higher potency marijuana, contains only the leaves and the buds of unpollinated female cannabis plants, where the primary psychoactive chemical of the cannabis plant, THC (tetrahydrocannabinol), is most concentrated. This type is typical of marijuana produced in Canada. On the surface, it may seem unlikely that a large market would exist for commercial-grade in areas where sinsemilla is available. But traffickers use commercial-grade marijuana to augment supplies of sinsemilla by increasing the bulk—and, consequently, the profits—and to replace supplies of sinsemilla when they are depleted. Among users, too, there is always demand for a less expensive product.

Overall, potency, as characterized by THC content, is still increasing. According to data from the Potency Monitoring Project, the THC content of commercial-grade marijuana increased from 1997 to 2000 for commercial-grade (4.25% to

4.92%) and for sinsemilla (11.62% to 13.20%).<sup>17</sup> The DEA reports the national average price for a pound of commercial-grade marijuana in 2000 was \$100–\$6,500. A pound of sinsemilla in 2000 was \$900–\$8,000. The wide range in marijuana prices reflects variables such as potencies, quantities purchased, purchase frequencies, buyer–seller relationships, transportation costs, and proximity to sources of supply.

Most law enforcement and epidemiologic sources cite the availability of marijuana as stable at high levels, widespread, or increasing. Responses to the National Drug Threat Survey 2001 regarding availability and use appear to concur. Of 1,261 respondents, 1,048 identified marijuana availability as high, and 901 identified use as high. This pervasiveness contributes to a broad user population that normally reflects the

demographics of the general population of any given area. Reporting from across the country identifies marijuana use among all age, ethnic, and economic groups. High levels of use are cited particularly among youth, however.

Also derived from cannabis, hashish is the THC-rich resinous material from the flowering tops of the female plant; potency averages 6 percent. Law enforcement reporting indicates that hashish availability is low, most likely because demand for the drug is low. Personal-use amounts are seized occasionally in the eastern and western United States and at POEs along the U.S.–Canada border, and large shipments of hashish destined for Canada sometimes are seized while transiting the United States. One domestic seizure of 10.6 metric tons destined for Montreal accounted for nearly the entire U.S. seizure total for hashish in 2000.

## Demand

Estimates of the number of marijuana users in the United States suggest that demand for marijuana far exceeds that of any other illicit drug. As of 2000, more than 76 million individuals aged 12 and older had tried marijuana in their lifetime, more than 18 million had used in the past year, and nearly 11 million in the past month, according to NHSDA. Furthermore, 2000 NHSDA data indicate that on an average day, 5,556 individuals try marijuana for the first time, of which 3,814 are aged 12 to 17.

National-level drug prevalence indicators show that while the rates of marijuana use are higher today than the early 1990s when marijuana use waned, they have stabilized or decreased over the last few years, especially among young users. According to 2000 MTF data, rates of past year use are stable or declining. In 2000, 15.6 percent of eighth graders used marijuana in the past year, continuing a gradual decline since peaking at 18.3 percent in 1996. The rate of past year use among tenth and twelfth graders in 2000 was 32.2 and 36.5 percent, respectively,

holding steady since peaking in 1997 at 34.8 and 38.5 percent.

Similar to the MTF figures, data from PRIDE show that past year marijuana use peaked in the 1996–1997 school year among junior high (14.7%) and senior high (35.8%) students as well as among twelfth graders (39.4%). Since then, the rate of past year use has decreased among junior high and senior high school students, and significantly so between the 1998–1999 and 1999–2000 school years, from 11.0 to 9.2 percent (junior high) and from 32.3 to 31.4 percent (senior high). The rate has fluctuated somewhat among twelfth graders and is reported at 38.0 percent for 1999–2000.

One factor in the decline in adolescent use is a change in youths' attitudes toward marijuana. According to PATS, significantly more teens in 2000 perceived specific risks related to marijuana use than did in 1997, and significantly fewer teens in 2000 perceived marijuana as prevalent or difficult to reject as did in 1997. Interestingly, the MTF Study, which indicates some increase in

17. The Potency Monitoring Project, conducted at the University of Mississippi and funded by the National Institute on Drug Abuse, analyzes samples of marijuana seized by federal agencies.

personal disapproval of marijuana use since the mid-1990s among eighth graders only, suggests youths' attitudes shift with age—that the lower the grade level, the higher the rate of disapproval. For example, the eighth graders in 1991 disapproved of trying marijuana once or twice at the rate of 84.6 percent; as tenth graders in 1993, their disapproval rate dropped to 70.3 percent; and as twelfth graders in 1995, their disapproval rate was just 56.7 percent. This shift in attitude is thought to contribute to the higher rates of use normally seen at higher grade levels.

National-level indicators that gauge the consequences of drug use, such as DAWN and TEDS, seemingly contradict the stable or declining use rates shown in the prevalence indicators. Underlying factors such as drug use patterns and treatment referrals may contribute to that interpretation, however. Polydrug use—possibly exacerbated by higher potency marijuana—may affect the number of emergency department visits or treatment admissions. Also, a shift toward stricter enforcement of drug offenses or, conversely, toward alternatives to incarceration may affect treatment admissions through increased criminal justice referrals.

DAWN ED data suggest a sharp escalation in the number of ED mentions for marijuana/hashish from 1990 (15,706) through 2000 (96,446). The largest increases over the decade were in the 35 and older (1,209%) and 12 to 17 (622%) age groups. Nonetheless, a comparison of data from 1998 through 2000 shows that total ED mentions have been statistically unchanged from year to year, and that between 1999 and 2000, the number of mentions remained stable for all age groups. In 1999, marijuana/hashish ranked as the seventh most reported drug by DAWN MEs, accounting for less than 6 percent of episodes. But the causes of death for most ME mentions were use of marijuana/hashish and some external physical event (47%), use of marijuana/hashish with multiple drugs (28%), and use of marijuana/hashish and a physiological condition (19%)—not use of marijuana alone. For both DAWN ED and ME mentions, marijuana/hashish usually was mentioned in combination with other drugs, most often with alcohol, cocaine, and heroin.

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Marijuana is often smoked in the form of loosely rolled joints or hollowed-out commercial cigars called blunts that are easily laced with a number of adulterants or other illicit drugs—with the user's knowledge or not—that can substantially alter effects and toxicity. For example, reporting from some areas shows an increase in the use of blunts that contain marijuana and small rocks of crack, while in other areas, blunts or joints dipped in embalming fluid are popular.

It is likely that much of the embalming fluid in which marijuana joints (or cigarettes containing tobacco or tea leaves) are dipped either is laced with PCP or is PCP alone. "Embalming fluid" has long been a slang term for PCP. Terms such as "water" and "wet," used to describe joints or cigarettes dipped in embalming fluid, also are slang for PCP. Moreover, some patients who reportedly smoked joints or cigarettes dipped in embalming fluid displayed symptoms identical to PCP intoxication.

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In 1998, the typical admission for marijuana/hashish use to publicly funded treatment facilities, as reported in TEDS data, was male (77%), Caucasian (59%), and under 20 years old (49%). As with the number of ED mentions, the number of publicly funded treatment admissions for marijuana/hashish use has risen steadily, from 111,265 in 1993 to 208,671 in 1998. In 1998, however, more than half (57%) reported secondary abuse of alcohol, and more than half (54%) were criminal justice referrals.

A possible factor behind the large percentages of criminal justice referrals reported in 1998 is the proliferation of drug courts established since the early 1990s, which integrate alcohol and drug treatment services with justice system case processing. Another factor may be the shift toward marijuana use during the 1990s among those in the criminal justice system. For example, ADAM data indicate that by 1998 marijuana had replaced cocaine as the most prevalent drug used by male arrestees at a majority of ADAM sites. In 1998 and 1999, the median male adult arrestee positive rate for marijuana was 39 percent.



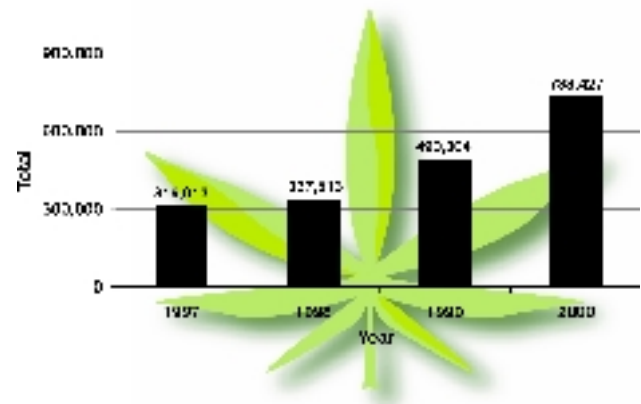
## Production

Cannabis is cultivated in every state at outdoor and indoor sites. According to responses to the National Drug Threat Survey 2001, state and local law enforcement agencies from each state, Puerto Rico, and Guam indicated the presence of both indoor and outdoor cannabis cultivation in their jurisdictions. Hydroponic grow operations, in which cannabis plants are grown without soil but with liquid nutrients, were identified in every state and in Puerto Rico.

According to the DEA's Domestic Cannabis Eradication and Suppression Program (DCE/SP), California, Hawaii, Kentucky, and Tennessee accounted for 78 percent of all outdoor-cultivated cannabis plants eradicated in the United States in 2000. The same reporting indicates that California, Washington, Florida, Alaska, and Rhode Island accounted for nearly 62 percent of all indoor-cultivated cannabis plants eradicated in 2000. These eradication figures do not necessarily mean that these states have the most cannabis, but they may have the most effective eradication programs.

Many of the key outdoor cultivation areas in the United States are on national forest land, and the number of cannabis plants seized has more than doubled since 1997 (see Chart 2). Historically, the Daniel Boone National Forest in Kentucky has had the most cannabis eradicated, but according to the U.S. Forest Service, eradication numbers are surging for forests in California. Of 733,427 cannabis plants eradicated from national forest land in 2000, 443,595 were in California. U.S. Forest Service data and law enforcement reporting suggest that in California both the size of grow sites and the number of plants per site are increasing, and there is evidence of long-term occupancy of some cultivation sites by members or employees of Mexican drug trafficking organizations. In the eastern United States, grow sites tend to be smaller with fewer plants per site; it is the number of cultivation sites that is increasing, and growers tend to travel long distances from their homes to sites scattered throughout remote areas.

**Chart 2. Cannabis Plants Seized from National Forest Service Lands**



Source: U.S. Forest Service, Law Enforcement and Investigations, 2000.

Anecdotal reporting indicates that cannabis cultivation appears to be declining in certain areas of the Appalachian states. Some local law enforcement offices suggested possible reasons for declines in outdoor cultivation in their areas such as aggressive eradication programs and shifts by marijuana traffickers toward indoor cannabis cultivation, methamphetamine production, or prescription drug diversion. Indeed, data from the DCE/SP show decreases in eradication numbers, especially regarding outdoor sites, for Kentucky and Tennessee from 1999 to 2000. However, information from the Appalachia HIDTA suggests that decreased flight hours could be a factor in the reported decrease in eradication.

The cultivation of cannabis indoors continues to increase across the country. Eradication programs and drought conditions in some states have led many growers to abandon outdoor cultivation for indoor sites, and indoor cultivation allows growers to better conceal their operations and control the growing environment. Financial benefits also have encouraged growers to move indoors. Automated systems that can monitor and manipulate conditions in the grow room and advanced growing techniques such as hydroponics have raised not only the quality of the marijuana produced but also the profits derived from its sale.

Marijuana-related violence, when it occurs, normally is associated with cannabis cultivation. Growers who cultivate cannabis outdoors sometimes place booby traps in and around grow sites, primarily targeting thieves, rather than law enforcement. Growers also protect indoor cultivation sites, but many state and local law enforcement agencies report that measures are primarily passive, consisting of surveillance devices. Nonetheless, thousands of weapons are seized at grow sites every year.

The demographic makeup of marijuana producers in the United States includes all racial, ethnic, and social groups and, as with the user population, often reflects the general population of an area. Law enforcement reporting indicates that most local, usually independent, growers are Caucasian, although across the United States local growers also are identified as Mexican, Hispanic, and African American. Those identified in more regional or localized areas include Jamaicans (New England, New York/New Jersey, and Mid-Atlantic regions as well as Florida), Vietnamese and Asians (Pacific Northwest), Native Americans (Montana, New Mexico, New York, South Dakota, and Wisconsin), Colombians (Florida), and Dominicans (Rhode Island). Organized groups involved in cultivation and

production include OMGs, street gangs, and drug trafficking organizations.

While there are no conclusive estimates as to the amount of marijuana produced in the four primary source areas, most appears to be produced in Mexico, an estimated 7,000 metric tons in 2000, according to the INCSR. Nearly all marijuana produced in Mexico likely is intended for markets in the United States. Estimates of marijuana production in Colombia, while not precise, have been reported in the INCSR as stable at 4,000 metric tons annually. There are no current accepted interagency estimates of the amount of marijuana destined for the United States from Colombia. The RCMP estimates annual production of marijuana in Canada at 800 metric tons. Seizure and law enforcement reporting suggest that multimetric-ton quantities reach U.S. markets yearly. According to the INCSR, the last estimate of marijuana production in Jamaica was in 1997; a little more than 200 metric tons were produced in that year. There are no accepted estimates as to how much marijuana from Jamaica is destined for the United States. Current law enforcement information indicates, however, that marijuana from Jamaica is being smuggled in the Caribbean, often through the Bahamas, with increasing frequency.

## Transportation

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Traffickers in Mexico move bulk shipments of marijuana north to the U.S. southwestern border area by land, sea, and air. They often break down the shipments to a more manageable and less noticeable size at stash sites along the land border before smuggling them into the United States. Transport across the border is primarily overland via commercial, private, and rental vehicles and by couriers on foot. Private aircraft and watercraft are used but to a lesser extent. Most shipments are smuggled into the United States through or between POEs in Arizona, California, and Texas.

Texas alone accounted for more than 522,000 of the 724,000 pounds listed as seized or purchased in DEA's System to Retrieve Information from Drug Evidence (STRIDE) for 2000.<sup>18</sup> Although not an inclusive list, cities most likely used as transportation hubs for marijuana smuggled from Mexico are Los Angeles, San Diego, Nogales, Phoenix, Brownsville, Dallas, El Paso, Houston, Laredo, McAllen, and San Antonio. These cities also function as distribution centers for marijuana shipped to markets across the country.

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18. The DEA's STRIDE data set contains information on the total cost, weight and purity or potency of illicit drugs purchased, as well as the date and location of the purchase.

Marijuana produced in Colombia and Jamaica is smuggled into the United States by sea and air. Colombian drug trafficking organizations and Jamaican criminal groups move shipments of marijuana through the Caribbean to the eastern and southeastern United States on commercial and noncommercial vessels. Shipments frequently transit Caribbean islands such as the Bahamas, and transporters often use smaller craft for offloads and short trips between islands. According to EPIC, ports on the U.S. Gulf Coast are increasingly being used as entry points for marijuana smuggled from Jamaica. Jamaican criminal groups are the dominant transporters of marijuana via commercial air. Transportation hubs for marijuana smuggled from Colombia and Jamaica by sea and air include Miami and New York. Marijuana produced in Colombia is transported to the United States through Mexico and across the U.S. southwestern border as well. Those southwestern cities mentioned above as transportation hubs for marijuana smuggled from Mexico most likely also serve as hubs for marijuana smuggled from Colombia via Mexico.

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Border area law enforcement agencies report that Canadian traffickers occasionally cross into the United States to swap BC Bud for cocaine. Couriers attempting to return to Canada often are arrested along the border with large quantities of cocaine, but reports of the reputed exchange of Canadian marijuana for U.S. cocaine on a pound-for-pound ratio are inaccurate. DEA reporting suggests the exchange ratio is about three units of marijuana to one unit of cocaine.

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Marijuana produced in Canada is frequently smuggled across the U.S.–Canada border. Primary transport across the border is overland via commercial and private vehicles and couriers on foot, and by sea or waterways via maritime conveyances, often small private boats or fishing vessels. Transport by air in private aircraft occurs but to a lesser extent. Asian criminal groups and OMGs, most notably Vietnamese groups and the Hells Angels, control much of

the marijuana smuggled into the United States from Canada, although independents, usually Caucasians, are involved as well. Most of the smuggling activity appears to occur between Washington State and British Columbia. The U.S. Border Patrol's Spokane and Blaine sectors accounted for 4,969 of 7,218 pounds of marijuana seized at the U.S.–Canada border in FY2000. Marijuana smuggled from Quebec into bordering states accounted for another 2,157 pounds. Transportation hubs for marijuana smuggled from Canada most likely are Seattle and the New York State–Canada border area.

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The Integrated Border Enforcement Team (IBET) is a cooperative multiagency arrangement that involves asset and information sharing among U.S. and Canadian police, immigration, and customs officials as well as local, state, and provincial law enforcement agencies. The West Coast IBET, established in 1997, has been very effective at severely disrupting smuggling operations between British Columbia and Washington State, seizing an average of \$1 million per month in illicit contraband. Its success prompted the creation of an Integrated Marine Enforcement Team and an East Coast IBET, which will begin operations along the New York State–Canada border in late 2001.

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Although a large amount of the marijuana produced in the United States is intended for sale and use in the vicinity in which it is cultivated, some (especially that grown in high production areas) is intended for transport to other areas of the country. In the western part of the country, marijuana produced in northern California and Alaska is transported to Hawaii as well as to cities in the continental United States, and marijuana produced in Hawaii is transported to the U.S. mainland. According to law enforcement and anecdotal reporting, domestic cultivation in the eastern part of the country has resulted in the transport of marijuana from southern Florida to New York and South Carolina; from Tennessee to Illinois, Indiana, Missouri, and Florida; and from Arkansas to Michigan and Texas. Marijuana produced in Appalachian states has been identified as

destined not only for other Appalachian states but also for distant states such as Michigan and Florida.

Once foreign-produced marijuana is in the United States, or when domestic marijuana is ready for distribution, traffickers use several methods to transport the drug across the country, although land transport is by far the most common. Transport of bulk quantities typically is via private vehicle or tractor-trailer. According to EPIC statistics, more than 90 percent of marijuana seizures of more than 1 ton in 1999 were from tractor-trailers. While some law enforcement and anecdotal reporting suggests that 200–500 pounds is typical of an amount transported in private vehicles, other reports indicate that traffickers prefer to use this mode of transport to move shipments of less than 50 pounds. Small amounts of marijuana often are transported to distribution locations by couriers on trains, buses, and aircraft; the use of small private aircraft has been reported as well.

Domestic transport of marijuana also occurs via parcel delivery and mail services, according to law enforcement reporting, National Drug Threat Survey 2001 responses, and USPS data. State and local law enforcement agencies in Alabama, Georgia, Florida, Louisiana, Maryland, Massachusetts, New Jersey, North Dakota, South Carolina, Virginia, and Wisconsin noted increased use of mail and package delivery services to transport marijuana to their jurisdictions. Data from the USPS show that the number of parcels seized in which marijuana was concealed outnumbers by far parcels carrying other illicit drugs. The Southern California, Midwest, and Northwest USPS divisions had the largest numbers of marijuana parcels seized during FY2000 at 145, 136, and 101, respectively. The average weight per parcel, however, was vastly different at 10 pounds (Southern California), 4 pounds (Midwest), and less than 1 pound (Northwest). The average weight per parcel for the southwestern, southeastern, and northeastern United States was 9 pounds.

Concealment methods can vary depending on the mode of transportation used to ship marijuana, but almost all methods involve odor-masking agents to impede drug detection dogs. The drug, often compressed or vacuum-packed, typically is

wrapped tightly in cellophane and sealed with heavy tape. Such packages are then coated with hydraulic fluid or similar products, wrapped in scented dryer sheets, covered with pungent goods such as chili powder, or all of the above. Marijuana transported in large commercial vehicles or vessels normally is concealed in hidden compartments or commingled among legitimate cargo such as produce. Marijuana transported in private vehicles is concealed in hidden compartments, such as false ceilings or floors, or in standard features, such as trunks, tires, and quarter panels. Marijuana transported by couriers on foot usually is not concealed other than by the wrapping and a backpack or duffel bag. Reporting from the DEA Phoenix Field Division, however, indicates that sometimes compressed marijuana also is covered with contact paper in a wood-grain design, perhaps as camouflage for packages left at outdoor stash sites in that area.

The demographic makeup of marijuana transporters encompasses many racial, ethnic, and social groups, and they appear to interact to facilitate the movement of the drug. For example, Jamaican criminal groups on the East Coast maintain contacts with both Jamaican and Mexican traffickers in the Southwest and Pacific regions to transport wholesale quantities of Mexican marijuana to Jamaican criminal groups in the Southeast and along the East Coast. In responding to the National Drug Threat Survey 2001, the Airport Squad of the Phoenix Police Department's Drug Enforcement Bureau noted a marked increase in Jamaican traffickers transporting marijuana from Phoenix to eastern cities including Baltimore, Boston, Hartford, Newark, New York, Philadelphia, and Providence.

Other state and local law enforcement agencies responding to the National Drug Threat Survey 2001 identified Caucasians, Mexicans, Hispanics, and African Americans as dominant transporters of marijuana in every region of the country. Other transporters identified through survey responses and law enforcement reporting include Jamaicans (New England, New York/New Jersey, Mid-Atlantic, and Florida/Caribbean regions as well as California and Illinois), Colombians (New York/New Jersey region and

California), Native Americans (Michigan, Montana, New York, and Wisconsin), and

Dominicans (New Jersey, Rhode Island, and Puerto Rico).

## Distribution

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As mentioned in the previous section, the transportation hubs of Los Angeles, San Diego, Nogales, Phoenix, Brownsville, Dallas, El Paso, Houston, Laredo, McAllen, and San Antonio appear to be used as national-level distribution centers, too, for marijuana produced in Mexico. Mexican traffickers also appear to use Tucson, Chicago and, possibly to a lesser extent, New York as national-level distribution centers. Responses to the National Drug Threat Survey 2001 indicate that marijuana is supplied from these distribution centers to markets across the country, including Arkansas, Colorado, Florida, Hawaii, Illinois, Massachusetts, Minnesota, Ohio, South Carolina, Tennessee, and Utah.

Marijuana produced in Colombia and the United States probably is distributed through some of the same cities as marijuana produced in Mexico, depending on proximity of the distribution center to the primary transportation hubs or production areas for such marijuana. The transportation hubs of Miami, New York, and Seattle function as national-level distribution centers for marijuana produced in countries other than Mexico. National Drug Threat Survey 2001 respondents located primarily in the eastern and northwestern United States, such as in Alabama, Connecticut, New Jersey, Pennsylvania, South Carolina, Idaho, Montana, and Oregon, reported that marijuana available in their jurisdictions was supplied by sources in Miami, New York, and Seattle. Other cities that function as distribution centers, probably for all types of marijuana but at more of a regional level, include Atlanta and Denver.

As Mexican traffickers dominate the wholesale distribution of foreign-produced marijuana in the United States, independent Caucasian traffickers appear to control wholesale distribution of marijuana produced in the United States. Of 1,261 responses to the National Drug Threat Survey 2001,

the number of wholesalers identified as Mexican or Hispanic (447) was relatively even with the number identified as Caucasian (402); all these groups were reported in every region of the country. Many state and local law enforcement agencies responding to the survey also identified marijuana wholesalers as African American (New England, New York/New Jersey, Mid-Atlantic, Great Lakes, Southeast, and Southwest regions) and Jamaican (New England, New York/New Jersey, Mid-Atlantic, Great Lakes, and Florida/Caribbean regions). Other wholesalers identified in more localized or specific areas include Colombians (New England and Florida/Caribbean regions as well as California), Dominicans (New England and Mid-Atlantic regions), and Native Americans (Montana and New York).

Retail-level distribution is the point at which overall Mexican dominance of marijuana trafficking ends. Mexican and, to a lesser extent, other criminal groups supply wholesale quantities of marijuana to retailers including independents, street gangs, and OMGs. While independents most often are identified as Caucasian, the ethnicity of these retailers often simply reflects the surrounding area's population. Street gangs of varying ethnicity and affiliation distribute marijuana at the retail level. Those with nationwide influence include the Bloods, Latin Kings, Ñetas, and Mara Salvatrucha. OMGs often reported as involved in marijuana distribution are the Hells Angels, Outlaws, and Pagans.

State and local law enforcement agency responses to the National Drug Threat Survey 2001 corroborate a shift in dominance at the retail level of distribution. Of 972 survey respondents that identified at least one dominant retail distributor (some identified more than one), 653 identified Caucasians, 269 identified Mexicans or Hispanics, and 225 identified African Americans. Caucasian and African American retailers were identified in every region of the country. Survey respondents from every region except the

New England and Mid-Atlantic regions identified Mexican or Hispanic retailers. Other retailers identified in more localized or specific areas include Jamaicans (New England, New York/New Jersey, Mid-Atlantic, and Florida/Caribbean regions) and Native Americans (Arizona, Montana, New Mexico, New York, South Dakota, and Wisconsin).

Sales of marijuana take place in a variety of locations, including on street corners, at nightclubs and raves, from vehicles, in homes, and at schools. The structure of retail distribution operations is equally as broad, ranging from sales conducted at open-air drug markets in urban areas to peer distribution networks found in more suburban and rural areas. Some retail sales involve polydrug

dealing, where marijuana is distributed along with other illicit substances. In Detroit's inner city, for example, marijuana, heroin, and crack cocaine are all sold in \$10 units. Law enforcement and anecdotal reporting indicates that marijuana retailers have used cellular telephones, pagers, prepaid calling cards, the Internet, and mail services to facilitate sales. Other sales are less sophisticated, such as those involving hand-to-hand exchanges. The most common packaging for retail quantities of marijuana is resealable plastic bags, although reporting from some areas identifies the use of small glassine bags and small glass tubes or bottles.

## Key Developments

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Polydrug use has become commonplace, and the consequences of concurrent or sequential use of marijuana with other drugs are high. Law enforcement and epidemiologic sources, as well as treatment data, indicate that marijuana is often just one of a number of substances taken by drug users. Among young people, polydrug use may be spurred on by raves, where a variety of drugs are available, marketed, and consumed. Other factors may include attempts to curb the effects of other drugs taken or to improve the euphoric effect provided by lower potency marijuana. Whatever the reason or reasons, polydrug use appears to be contributing to an increase in ED mentions and treatment admissions for marijuana/hashish use. Moreover, some users are unaware that the marijuana they ingest may contain another substance, making it difficult

for healthcare providers to prescribe correct treatment if these users react adversely.

Although not a national trend, reporting from some areas of the country suggests a rise in marijuana-related violence. In the Southwest, confrontations involving marijuana smugglers crossing at Arizona POEs have endangered law enforcement as well as legitimate cross-border travelers. Also, law enforcement reporting from the New England, New York/New Jersey, and Mid-Atlantic regions indicates that marijuana-related violence is increasing, particularly relating to distribution activities. The eastward expansion of Mexican polydrug trafficking organizations and the involvement of other criminal groups and gangs in the marijuana trade likely is contributing to these reports.

## Projections

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Marijuana will remain the most widely available illicit drug in the country. Domestic cannabis cultivation and marijuana use are widespread, and traffickers in foreign source countries will continue to smuggle marijuana into the United States to profit from high demand. The market for marijuana will

remain strong given the drug's wide appeal and profit potential.

Any changes in the marijuana trade likely will come in the form of refinements to ongoing methods of cultivation. Growers will explore new ways to conceal outdoor sites, such as

cultivating in underground facilities and in swamps. Also, growers, especially those involved with indoor cultivation, will continue to refine techniques to improve the growing environment as well as experiment with different strains of cannabis plants to increase potency and yield higher profits.

In May 2001, the U.S. Supreme Court ruled there is no exception under the Controlled Substances Act to permit the cultivation, distribution, or use of marijuana for claimed medical purposes. Although eight states have laws allowing patients to use marijuana for medical purposes, the

Supreme Court's decision implicitly rules that state law does not preclude enforcement under federal law. The decision does not appear to have discouraged medical marijuana supporters, however. Many marijuana proponents believe that the ruling is too limited to affect individual patients who use marijuana and that the existing state laws may effectively protect many of those arrested by state and local law enforcement agencies. Medical marijuana supporters and pro-marijuana groups will continue lobbying state legislatures to enact laws legalizing marijuana distribution and use for medical purposes.

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# NATIONAL DRUG THREAT ASSESSMENT 2002

## MDMA

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MDMA (3,4-methylenedioxymethamphetamine), a Schedule I drug under the Controlled Substances Act, is a stimulant with mild hallucinogenic properties. Its use has increased dramatically across the country since the mid-1990s, particularly among adolescents and young adults. MDMA is the most popular drug within the rave culture, and it is increasingly used in combination with other drugs such as marijuana, ketamine, heroin, and GHB (gamma-hydroxybutyrate).

The threat associated with MDMA trafficking and use has increased greatly over the past year, driven by several recent trends. The growing number of pills and capsules being marketed as MDMA but containing drugs like methamphetamine, PCP,

amphetamine, ketamine, and PMA—with or without MDMA—has increased the dangers associated with MDMA use. The spread of MDMA use to all regions of the country and the drug's prevalence among a diverse user population further exacerbate the domestic MDMA situation. The recent involvement of Colombian, Mexican, Asian, and Dominican drug trafficking organizations and criminal groups in MDMA production and transportation, and of African American and Hispanic gangs in MDMA distribution, has increased competition at each trafficking level. This rivalry is contributing to a marked increase in violence among distributors and dealers, including violence against law enforcement.

### Availability

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MDMA is available in every state and most DEA Field Divisions indicate that availability is increasing in their areas. Nearly all law enforcement and epidemiologic sources report that MDMA use is centered at raves and dance clubs (see Text Box next page). However, MDMA is readily available outside these venues, including in homes, at high schools, on college campuses, at private parties, and on the street.

Reports of rising MDMA availability correspond with a dramatic increase in the number of arrests, case initiations, and seizures. DEA reports that arrests for MDMA violations increased from 681 in 1999 to 1,456 in 2000 and that the number of DEA cases initiated against MDMA traffickers and distributors rose from 278 to 670 during that same period. The amount of MDMA seized by the DEA and USCS has increased each year over the past 5 years, particularly since 1998 (see Table 2 next page).

**Table 2. MDMA Seizures, Nationwide, 1997–2000 (dosage units)**

	1997	1998	1999	2000
<b>DEA</b>	<b>79,599</b>	<b>143,612</b>	<b>1,054,973</b>	<b>3,045,041</b>
<b>USCS</b>	<b>400,000</b>	<b>750,000</b>	<b>3,000,000</b>	<b>9,300,000</b>

Source: Drug Enforcement Administration System to Retrieve Information from Drug Evidence and U.S. Customs Service.  
 Note: These seizure statistics cannot be totaled for a given calendar year because of a possible overlap in reporting.

High energy, all-night dance parties and clubs known as “raves,” which feature dance music with a fast, pounding beat and choreographed laser programs, have become increasingly popular over the last decade, particularly among teenagers and young adults. Beginning as an underground movement in Europe, raves have evolved into a highly organized, commercialized, worldwide party culture. Rave parties and clubs are now found throughout the United States and in countries around the world.

Raves are held either in permanent dance clubs or at temporary venues set up for a single weekend event in abandoned warehouses, open fields, or empty buildings. Attendance can range from fewer than 30 in a small club to tens of thousands in a sports stadium or open field. While techno music and light shows are essential to raves, drugs such as MDMA have become an integral component of the rave culture.

The price of MDMA varies throughout the country. The DEA reports that retail prices are usually between \$20 and \$30 per dosage unit;

## Demand

The number of MDMA users in the country has increased sharply since the mid-1990s, and the demand for MDMA is still growing, according to national-level drug prevalence and consequence studies. According to the 2000 NHSDA, an estimated 6.4 million individuals aged 12 and older tried MDMA (reported as ecstasy in the NHSDA) at least once in their lifetime, an increase from the 5.1 million lifetime users reported in 1999.

MDMA users are principally young people of high school and college age (mostly Caucasian)

however, in some areas, prices have been reported as low as \$5 and as high as \$40.

The primary areas for MDMA smuggling and distribution are Los Angeles, Miami, and the New York/New Jersey region. Most MDMA brought into the United States by couriers on commercial flights is smuggled through Los Angeles, Miami, John F. Kennedy, and Newark International Airports. The wide availability of MDMA in the New York/New Jersey region is evidenced by several large seizures, including a single seizure of 1 million pills (444 lb) in Queens, New York, in July 2001.

Crystal MDMA currently appears to be available only in the Philadelphia area. The DEA Philadelphia Field Division reports that crystal MDMA is very pure (95% to 100%) and similar in appearance to crystal methamphetamine. The Division further reports that crystal MDMA sells for \$210–\$225 per gram (approximately 10 dosage units) and that the effects of one crystal taken orally can last up to 4 hours. Crystal MDMA is believed to be the cause of several drug-induced seizures and overdoses in the Philadelphia area.

from middle- and upper-class families, and data from MTF and PATS reveal significant increases in MDMA consumption especially among adolescents and young adults over the last several years. According to MTF, the rates of MDMA use for all three categories reached the highest recorded levels among all three grades in 2000. The rate of MDMA use among twelfth graders increased between 1999 and 2000 for lifetime use (8.0% to 11.0%), past year use (5.6% to 8.2%), and current use (2.5% to 3.6%)—higher than the rates for

cocaine, crack, methamphetamine, and heroin. Likewise, PATS shows that lifetime MDMA use among students in grades 7 through 12 increased from 5 percent in 1995 to 10 percent in 2000.

## Production

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MDMA is produced in numerous countries around the world by chemists and criminal groups using illegally diverted chemicals. Although the process by which MDMA is produced is not complex, most producers have university or commercial laboratory experience. They acquire necessary chemicals such as safrole, piperonal, and MDP2P (3,4-methylenedioxyphenyl-2-propanone) from criminal groups that illegally divert these chemicals from source countries such as China, Germany, India, and Poland. Once the chemists have procured the precursor and essential chemicals, they produce MDMA in temporary, often mobile, laboratories or in permanent, high capacity clandestine laboratories with high-speed commercial pill presses. Notwithstanding laboratory expense, MDMA production costs are relatively low, and profit margins are high.

Most MDMA consumed in the United States is produced in the Netherlands or Belgium. Drug trafficking organizations operating laboratories in these two countries have led worldwide MDMA production since the mid-1990s, accounting for more than 80 percent of the MDMA consumed worldwide by the end of 1999, according to DEA estimates. Despite concerted law enforcement efforts in these two countries that have resulted in numerous seizures of large MDMA laboratories, there is no current threat to the dominance of MDMA production groups operating in the Netherlands and Belgium. But drug trafficking organizations and individual chemists operating MDMA laboratories in other countries, including Canada, China, and the United States, reportedly are increasing production and could potentially

As may be expected, the negative consequences of MDMA use have increased concurrently with increased use. Data from DAWN show that ED mentions for MDMA nearly doubled each year since 1996, rising from 319 in that year to 4,511 in 2000.

challenge the dominance of production groups operating in the Netherlands and Belgium in the near future. Reportedly, Mexico also is emerging as a potential MDMA production area.

MDMA laboratories emerging in other countries, particularly Canada and Mexico, pose a distinct threat to the United States. DEA and USCS reporting within the past year indicates that clandestine laboratory operators in Canada and Mexico are producing MDMA for distribution in the United States. In addition, MDMA produced in China is being smuggled into the United States, primarily California, in relatively small quantities by Asian traffickers. MDMA production in countries proximate to the United States, as well as the apparent involvement of Canadian, Mexican, and Asian criminal groups in MDMA production, likely will result in increased availability and lower prices.

The increased number of drug trafficking organizations involved in MDMA production likely has contributed to the growing number of pills and capsules that are being sold as MDMA but which contain varied—and sometimes deadly—substances. MDMA users also are unknowingly being exposed to dangerous and often highly addictive substances as producers add readily available drugs or less expensive substances to MDMA to increase profits. DEA Field Divisions throughout the country report an increase in the amount of pills sold as MDMA that were actually a combination of several drugs, including PCP, PMA, methamphetamine, ketamine, and ephedrine as well as other dangerous chemicals.

## Transportation

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MDMA usually is pressed into pills and packaged at laboratory sites then sold to wholesale groups that smuggle the drug to other countries. Since the mid-1990s, Israeli and Russian criminal groups have dominated MDMA smuggling to the United States. However, other traffickers, including U.S., Mexican, and Dominican criminal groups, have established relations with Israeli and Russian criminal groups or have their own sources of supply in Europe and are emerging as significant wholesalers of MDMA.

MDMA smuggled from Europe to the United States is transported via individual couriers, mail services, or cargo containers. In 2000, express mail and cargo services were the preferred methods to smuggle MDMA into the United States. Because of enforcement actions against traffickers using express mail and cargo services, individual couriers on commercial flights are now used as the preferred smuggling method.

Couriers on commercial flights initially smuggled MDMA pills primarily in false-bottomed luggage. They then switched to body-carrying MDMA by either taping packages of pills to their torso and legs or inserting the packages into their clothing. In 2000, the Atlanta HIDTA Airport Interdiction Group, USCS, and DEA began encountering couriers on direct flights from the Netherlands to the United States, primarily New York, who were swallowing latex condoms filled with MDMA pills, much like the method used by heroin and cocaine smugglers. Colombian and Dominican traffickers appear to prefer using couriers on commercial flights that originate in Suriname and the Dominican Republic to transport MDMA to the United States. China- and Suriname-based traffickers also appear to use couriers to smuggle MDMA, although neither group has emerged as a significant trafficker of the drug to the United States. When couriers smuggle MDMA from Mexico to the United States, transport generally occurs overland across the U.S. southwestern border by private vehicle.

While individual couriers currently appear to be the primary method used to smuggle MDMA, express mail is still used because such services allow for timely distribution without the need for large stash sites in transportation hub cities, and they provide MDMA smugglers a high degree of anonymity, lowering the risk of arrest. Express mail services reportedly are used by Israeli, Russian, and U.S. MDMA traffickers. Colombian, Mexican, and Dominican MDMA traffickers appear to use express mail as well but to a lesser extent.

Cargo containers appear to be the least used MDMA transportation method. Three recent OCDETF investigations in the Southeast and Florida/Caribbean regions, however, have identified maritime containerized cargo as a common method of MDMA transportation from Europe to those regions.

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### **Canada and Mexico as MDMA Transit Countries**

The RCMP reports that U.S. traffickers are crossing the border to purchase MDMA from Canadian sources with increasing frequency, and that these traffickers are using Canada as a transshipment point for MDMA destined for U.S. markets as well. The New York State Police reports that members of the Hells Angels are assisting Israeli MDMA smugglers across the U.S.–Canada border. In two recent cases, Israelis were arrested in New York for smuggling a total of 600,000 MDMA pills across the border.

The DEA estimates that traffickers will increasingly use Mexico as a transit country for MDMA destined for the United States. In July 2001, the USCS seized 55,000 MDMA pills being smuggled into the United States at the Brownsville POE. The shipment, the largest ever seized along the U.S.–Mexico border, was found in a private vehicle driven by a Dominican national who lived in Mexico City.

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Couriers smuggling MDMA from Europe to the United States on commercial flights usually fly directly to one of five MDMA transportation hub cities: Atlanta, Los Angeles, Miami, New York, or Newark. Increasingly, however, drug trafficking organizations are sending couriers on commercial flights to one of three primary transit

countries—Canada, Mexico, or the Dominican Republic—en route to the United States (see Text Box facing page). From the transshipment country, MDMA is then smuggled to one of the transportation hub cities either by commercial air or private vehicle.

## Distribution

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Wholesale traffickers that transport MDMA to U.S. transportation hubs usually sell the pills to midlevel wholesale distributors in quantities of at least 1,000 pills. Midlevel wholesale distributors then transport the pills to distribution centers such as Houston, Jacksonville, Phoenix, Pittsburgh, and Washington, D.C., and sell them to retail distributors. Retail distributors thereafter supply users, often selling hundreds of pills during a single weekend.

Midlevel wholesale and retail MDMA distribution initially was conducted by independent, entrepreneurial Caucasians. But over the past year, distribution has become more widespread and competitive, involving distributors from a growing number of ethnic backgrounds. Federal, state, and local law enforcement agencies in every region of the country report that midlevel wholesale and retail distribution of MDMA is conducted by traffickers of increasing diversity, including African American, Arab, Canadian, Caucasian, Chinese, Colombian, Dominican, Hungarian, Mexican, Romanian, and Vietnamese criminal groups. Dominican traffickers are

midlevel and retail-level MDMA distributors primarily in the New England, Mid-Atlantic, and Southeast regions, and Mexican traffickers are now distributing midlevel wholesale and retail amounts of MDMA in California and Texas. Vietnamese and Chinese retail distributors have emerged only recently, and of the two, Vietnamese distributors are the most prominent, selling MDMA in at least five major cities: Chicago, Houston, Miami, New Orleans, and San Francisco.

Gangs, especially African American and Hispanic gangs, are increasingly involved in MDMA retail distribution. Recent federal, state, and local law enforcement reporting indicates that many gangs have begun selling MDMA in addition to other drugs like crack cocaine and marijuana. Several law enforcement offices in the New England, Mid-Atlantic, and Florida/Caribbean regions report that many gangs have switched entirely to MDMA distribution because of the growing demand, the profitability, and the perception of reduced law enforcement risks associated with such activity.

## Key Developments

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MDMA is no longer just a club drug. In past years, retail MDMA distribution was carried out primarily at raves, in dance clubs, and in bars. However, information from state and local law enforcement agencies that responded to the National Drug Threat Survey 2001 indicates that increasing use, particularly among young people, has created new distribution venues

such as schools and private homes in suburban neighborhoods. Law enforcement and epidemiologic reporting confirms that MDMA has spread beyond raves to other settings and is distributed through street sales. Moreover, the expansion of MDMA distribution to new venues may be leading to a broader user population. Some epidemiologic sources indicate that older MDMA users (over

40 years old) are emerging and that some cocaine users have switched to MDMA because the euphoric effects are similar to those of cocaine but last longer and because MDMA is considered safer than cocaine.

The rising competition in MDMA distribution appears to have contributed to an increase in MDMA-related violence over the past year. Violence was rarely associated with MDMA distribution in previous years, although many members of Israeli and Russian MDMA distribution groups were career criminals. However, in 2000 and 2001, MDMA distributors were involved in several murders of other MDMA distributors and in shootouts with police officers in New York City and in the Detroit area. Furthermore, DEA reports that weapons are now routinely seized along with MDMA at the street level.

MDMA is increasingly being smuggled into the country in new ways. Emerging methods include the insertion of pills into baby carriers, hollowed out furniture, and canned food as well as the use of couriers who swallow latex condoms filled with MDMA pills. For example, the Atlanta Police Department noted in its response to the National Drug Threat Survey 2001 that couriers are increasingly smuggling MDMA internally from Western Europe into Georgia.

## Projections

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MDMA availability and use will continue to increase as more traffickers supply MDMA to new user groups, such as older users, and to new market areas in smaller communities and outside the rave scene. Law enforcement agencies in Boston, New York, and Washington, D.C., identify user groups outside of rave and dance club venues, including users in casual social settings, on the street, and in suburban high schools.

There is little indication that the low level of domestic MDMA production is significantly affecting availability nationally. However, the potential involvement of Mexican trafficking organizations and Canadian criminal groups in

These methods resemble those employed by cocaine and heroin smuggling groups and are of great concern to interdiction agencies since they will make detection more difficult.

A recent trend in wholesale MDMA trafficking in Europe is the practice of swapping cocaine and MDMA. DEA reporting cites instances of wholesale MDMA distributors traveling to Europe with kilograms of cocaine to trade for MDMA pills. The DEA Los Angeles Field Division reports that some groups trade 1 kilogram of cocaine for approximately 13,000 MDMA pills, which are then smuggled into the United States, sometimes via Mexico.

The growing awareness of both the nature of rave activity and the effects of MDMA use has moved many communities to action. In order to curtail rave activity, communities and law enforcement agencies are enforcing existing fire codes, health and safety ordinances, and liquor laws, and are establishing juvenile curfews and licensing requirements for large public gatherings. They also are requiring rave promoters and club owners to pay for building or liquor licenses, medical services, and security for their events, all in an effort to force rave promoters to move or cease their operations.

MDMA production and distribution may affect domestic availability because of the proximity of these traffickers to the United States and their possible use of established drug trafficking routes.

Violence against other distributors and law enforcement is likely to rise as competition among MDMA distributors grows and street gangs and polydrug distributors become more involved in MDMA distribution. A review of OCDETF investigations shows that in most cases, MDMA distributors engaging in violence are members of established polydrug trafficking groups that have only recently begun distributing MDMA.

# NATIONAL DRUG THREAT ASSESSMENT 2002

## Other Dangerous Drugs

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Other Dangerous Drugs include club drugs and hallucinogens. In past years, these drugs were not considered as great a threat as other illicit drugs. However, they are now available

nationwide and are increasingly drawing law enforcement attention as more communities are confronting increased use of substances such as GHB and ketamine.

### Club Drugs

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Club drugs comprise stimulants such as MDMA and depressants like GHB, ketamine, and Rohypnol. The primary outlets for club drugs are raves and dance clubs in metropolitan areas and, increasingly, in suburban and rural communities. Club drugs are an integral part of the rave culture, and many who attend raves use club drugs and advocate their use, wrongly believing that they are not harmful if they are used “responsibly” and their effects are managed properly.

MDMA is unquestionably the most popular of the club drugs, and evidence of its use can be seen at most rave parties. MDMA is now considered a national-level threat independent of the Other Dangerous Drugs or Club Drugs categories and is discussed separately in this assessment (see MDMA section). GHB and ketamine also are used at raves, as is Rohypnol, although to a lesser extent.

### GHB

GHB (gamma-hydroxybutyrate), a powerful central nervous system depressant, is odorless, tasteless and, in its liquid form, clear and nearly undetectable when mixed in a drink. Initially used by bodybuilders to stimulate muscle growth, GHB currently is used recreationally for its euphoric effects. Moreover, because of its sedative properties, GHB reportedly is used in the commission of drug-facilitated sexual assault. Federal, state, and local law enforcement agencies in every region report that GHB appears to have surpassed Rohypnol as the most common substance used in drug-facilitated sexual assaults.

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Effects of GHB include a sense of euphoria, hallucinations, drowsiness, increased heart rate, depressed respiration, visual distortions, seizures, coma, unconsciousness, and death.

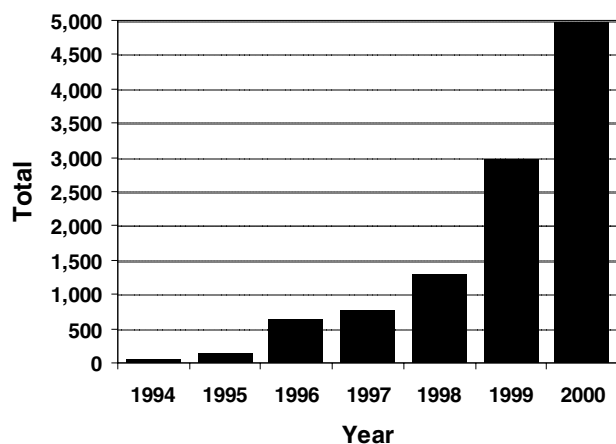
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Nearly every DEA Field Division and HIDTA reports that GHB availability was stable or increasing in their areas as of 2000, and in that year, there were OCDETF investigations targeting GHB traffickers in every region of the country. In addition, most state and local law enforcement agencies that responded to the National Drug Threat Survey 2001 indicated that the availability of GHB increased in their areas concurrent with a rise in rave activity.

The consequences of GHB use appear to be increasing in tandem with availability, according to DAWN reporting. DAWN ED mentions for GHB have risen dramatically since the mid-1990s from just 56 in 1994 to 4,969 in 2000. GHB appears to be used by young people for recreational purposes. DAWN ED data for 2000 show that 60 percent of GHB mentions were 25 years old and under and that well over half of the mentions (3,172) were associated with recreational use.

It is difficult to gauge GHB demand because most national-level drug abuse indicators do not measure GHB prevalence. However, law enforcement reporting, National Drug Threat Survey 2001 responses, and anecdotal reporting from epidemiologists and substance abuse counselors all indicate that GHB use is rising (see Chart 3). Law enforcement reporting further indicates an increase

**Chart 3. DAWN ED Mentions for GHB 1994–2000**



Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Drug Abuse Warning Network, 2000.

in the number of cases involving analogs of GHB, including GBL (gamma-butyrolactone) and 1,4-butanediol.

### Ketamine

Ketamine hydrochloride is a Schedule III drug commercially manufactured outside the United States for veterinary use as a general anesthetic or preoperative sedative. Ketamine is available as a powder and a liquid; when diverted and abused, the powder is smoked or snorted, and the liquid is injected or mixed into drinks. Law enforcement and epidemiologic reporting indicates that ketamine is used primarily by adolescents and young adults at raves, dance clubs, and house parties. Ketamine also has been used in drug-facilitated sexual assaults because of its sedative properties.

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The effects of ketamine include delirium, hallucinations, dulled senses, memory loss, impaired judgment, and loss of coordination.

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Ketamine availability appears to be increasing. According to DEA STRIDE data, seizures of ketamine have increased each year since 1999, the first year in which ketamine seizures were recorded. Seizures increased from 4,551 dosage units in 1999, to 1,154,463 dosage units in 2000; 581,677 dosage units were seized through June 2001. Ketamine reportedly is available in every region of the country; nearly all DEA Field Divisions and most HIDTAs report the availability of ketamine in their areas, and many Field Divisions report dramatic increases since last year. There has been a marked increase in ketamine availability in many rural areas, especially in the Great Lakes and Southeast regions, according to OCDETF and DEA reporting, and National Drug Threat Survey respondents corroborate increasing availability. Many agencies reporting ketamine availability, however, often note that availability increases as rave activity increases and that the drug often is used with other club drugs such as MDMA, GHB, and LSD (lysergic acid diethylamide). Ketamine typically is distributed among friends and acquaintances; street sales are rare.



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Miami may be emerging as a key area for ketamine activity. In August 2001, the Miami Beach Police and DEA seized 110 pounds of ketamine—the largest single seizure of the drug in the country. In September 1999, the Miami Beach Police seized 11,000 vials of ketamine, which was the largest seizure at that time. In both cases, police stated that the drug was intended for use at Miami-area raves.

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Ketamine use is not measured by national-level drug prevalence studies; however, DAWN reporting indicates that the consequences of ketamine use have risen. The number of ED mentions for ketamine increased from a low of 19 in 1994 to a high of 396 in 1999, thereafter decreasing to 263 in 2000. While the consequences of ketamine use have risen overall, it is important to note that these numbers are small relative to the total number of mentions for all drugs (more than 1 million in 2000).

### **Rohypnol**

Rohypnol (flunitrazepam hydrochloride) is a powerful, benzodiazepine sedative—up to 10 times stronger than Valium. Rohypnol is prescribed by physicians in many countries to treat sleep disorders like insomnia; however, it is not approved for medical use in the United States, where it sometimes is found at raves, dance clubs, and bars. Users often combine Rohypnol with alcohol to intensify the effects of the drug. Because of its sedative properties and because it dissolves completely in liquid, Rohypnol has been widely used in the commission of drug-facilitated sexual assaults. In an attempt to curb the drug's use in sex crimes, the principal commercial manufacturer of Rohypnol added a blue dye that appears if the drug is dissolved in liquid. Unfortunately, despite attempts to make it more detectable, Rohypnol reportedly is still used in drug-facilitated sexual assaults, although GHB appears to be more common.

The availability of Rohypnol appears to be declining. Only six DEA Field Divisions—Atlanta, El Paso, Houston, New Orleans, San Diego, and Washington, D.C.—report that Rohypnol is available in their areas, and the San Diego and Washington, D.C., Field Divisions report that availability is declining. Since January 2000, only three OCDETF investigations involved criminal groups distributing Rohypnol, and in each, Rohypnol was simply one of several drugs distributed. Declining availability is reflected further in decreasing seizures. DEA STRIDE data show that seizures decreased since the mid-1990s from a high of 164,534 dosage units in 1995 to 4,967 dosage units in 2000.

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Rohypnol causes deep sedation, muscle relaxation, and reduced anxiety. The onset of the drug's effects is usually within 15–20 minutes of administration, and the effects can last up to 12 hours. High doses produce unconsciousness and memory loss.

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Rohypnol abuse appears to be decreasing. According to MTF, the only national-level demand study to specifically mention Rohypnol, past year use of the drug decreased between 1998 and 2000 among eighth graders (0.8% to 0.5%), tenth graders (1.2% to 0.8%), and twelfth graders (1.4% to 0.8%). These rates are low and the changes may not be statistically significant.

The consequences of Rohypnol use appear to be decreasing as well. The number of ED mentions for Rohypnol dropped from 624 in 1998 to 540 in 1999 and thereafter to 469 in 2000.

## Hallucinogens

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Drugs that induce false images or powerful auditory and visual distortions, such as LSD, PCP, and psilocybin mushrooms, are referred to collectively as hallucinogens. These substances are now considered by many to be club drugs because they are increasingly encountered by law enforcement at raves and dance clubs and often are used in combination with other club drugs such as MDMA, GHB, and ketamine. The use of hallucinogens peaked in the mid-1990s and has since stabilized or decreased slightly; however, the increasing presence of hallucinogens at raves may signal an increase in availability and use in the near future.

### LSD

LSD (lysergic acid diethylamide), a Schedule I drug, is the most available and most popular hallucinogen in the United States. It induces hallucinations more powerful than that of any other drug, adding to its appeal among those at raves and dance clubs seeking enhanced auditory and visual experiences. LSD is ingested orally and is available in several forms including tablets, liquid (often in breath mint bottles), gelatin squares, blotter paper, and sugar cubes. LSD also is produced as a powder or crystal but generally is not ingested in these forms. LSD potency currently ranges between 20 and 80 micrograms, considerably lower than in the 1960s and 1970s, when potency ranged between 100 and 300 micrograms. Most LSD consumed in the United States is produced domestically in clandestine laboratories located primarily in the San Francisco Bay area and is transported throughout the country via mail services and couriers in private vehicles. LSD production is a complex process, and the DEA reports that a small tightly knit group of chemists currently produce LSD domestically.

LSD is available in every state, and at least one major investigation against significant LSD distributors has been initiated in every OCEDEF region since January 2000. Increasing availability also is reflected in DEA STRIDE data, which show fluctuating but generally increasing

seizure rates since the mid-1990s, including one large seizure in Kansas of 24,306,583 LSD dosage units in 2000.

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The effects of LSD include enhanced auditory and visual stimulation, hallucinations, reduced body temperature, nausea, rapid heart rate, extreme mood swings, profuse perspiration, and impaired judgment. Effects usually are experienced within 30 minutes of administration and typically last 2–3 hours.

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The NHSDA reveals that past year use of LSD declined slightly between 1999 and 2000. This decrease occurred primarily among users aged 25 and under.

Past year LSD use among young people began rising in 1991 and peaked in 1996, according to MTF data. Thereafter, past year use began to decline, and current levels are at or below those reported in 1994. MTF reports a significant decrease in past year LSD use among twelfth graders from 1999 (8.1%) to 2000 (6.6%). The consequences of LSD use may be declining as well. DAWN ED mentions for LSD, mostly representing young people, rose slightly from 4,982 mentions in 1998 to 5,126 in 1999 and thereafter declined to 4,016 in 2000.

### PCP

PCP (phencyclidine), a Schedule II hallucinogen, was developed as an intravenous anesthetic and was used medically until 1965. It continued to be used as a veterinary anesthetic until commercial production ended in 1978. Today, PCP is produced clandestinely in laboratories, often located in California, and transported to retail markets via mail services and by couriers on commercial flights or in private vehicles. PCP is available in the form of tablets, capsules, liquid, and powder and is either ingested orally or smoked by applying liquid PCP to cigarettes that may contain tobacco, marijuana, parsley, mint, or oregano.

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The effects of PCP on the user can be very unpredictable. Physical effects include increased blood pressure and pulse rate, profuse perspiration, numbness, garbled speech, loss of coordination, rapid eye movement, an exaggerated gait, respiratory problems, seizures, convulsions, nausea, coma, and death. The psychological effects of PCP can include a sense of detachment from one's surroundings or of great strength, feelings of invulnerability, auditory and visual hallucinations, severe mood disorders, and amnesia. Some PCP users experience extreme paranoia, suicidal tendencies, feelings of despair or impending doom, violent aggressiveness, and psychosis similar to schizophrenia. Long-term use can lead to memory loss, depression, weight loss, mood disorders, and speech and cognitive difficulties.

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According to federal, state, and local law enforcement reporting, PCP is in most major cities throughout the country, although availability often is limited and confined to inner-city areas. Since January 2000, 11 OCDETF investigations involving PCP distribution or production have been initiated, and of those investigations, PCP was the principal drug in only five. Three regions—the New England, Florida/Caribbean, and West Central regions—have not initiated an investigation involving PCP distribution or production since January 2000, indicating limited availability and a low PCP threat in those regions. Declining PCP seizure rates support reports of low availability in most areas. DEA STRIDE data show PCP seizures fell from 2,585,011 dosage units in 1995 to only 184,938 in 2000.

Use of PCP increased between 1991 and 1996, at which time levels began to drop. Although levels of use remain relatively low, they are higher than in the early 1990s. NHSDA estimates that as of 2000, approximately 5.8 million individuals aged 12 and older had used PCP at least once in their lifetime; most of these users were adults over 18 years of age. MTF data also indicate low levels of adolescent use. Past year use among twelfth graders peaked at just

2.6 percent in 1996 and then fluctuated, ending at 2.3 percent in 2000. In contrast, DAWN statistics show that ED mentions for PCP/PCP combinations have risen steadily since 1998, increasing from 4,033 in that year to 4,969 in 1999 and to 6,583 in 2000.

## **2C-B**

2C-B (4-bromo-2,5-dimethoxyphenethylamine), a Schedule I hallucinogen, is clandestinely produced as a powder. The powder usually is pressed into pills or inserted into capsules for oral ingestion, although it also is snorted. Users report that the effects of 2C-B are more intense when the drug is snorted. Some users consume 2C-B in combination with other illicit drugs including MDMA (called a “party pack”) and LSD (referred to as a “banana split”). 2C-B dosage levels vary from 4 to 30 milligrams.

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2C-B is a psychoactive substance that produces euphoria and increased auditory, visual, olfactory, and tactile sensations. The effects of doses as low as 4 milligrams are similar to those of MDMA, and users become passive and relaxed. Orally ingesting 8 to 10 milligrams increases 2C-B's stimulating effects and produces a completely intoxicated state. Mild hallucinations are also possible. The effects of 20- to 30-milligram doses include overt hallucinations. Higher doses produce LSD-type hallucinations and morbid delusions.

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The availability of 2C-B has been sporadic since the mid-1990s, but seizures of 2C-B have increased since 1999. Law enforcement authorities in Illinois, Kansas, Maine, Missouri, New Jersey, Nevada, South Dakota, and Virginia have reported seizures of 2C-B.

National-level drug abuse indicators do not measure use of 2C-B. Law enforcement reporting indicates, however, that 2C-B users resemble MDMA and LSD users and typically are middle- and upper-class Caucasians under 26 years old.

## Psilocybin

Psilocybin is a hallucinogen that can be produced synthetically but is found more commonly in several species of mushrooms. Independent growers cultivate psilocybin mushrooms indoors and frequently harvest those that grow wild. Those not consumed locally are transported to retail markets, usually via express mail services. A single dried mushroom contains approximately 0.2 to 0.4 percent psilocybin. An effective dose of psilocybin is between 4 and 8 milligrams, thereby requiring the user to ingest approximately 2 grams of mushrooms to obtain euphoric effects.

Psilocybin availability appears to be limited. Since January 2000, only two OCDETF investigations have involved psilocybin mushrooms. Both cases were primarily MDMA investigations with ancillary reporting of small quantities of psilocybin. Likewise, only two DEA Field Divisions reported any psilocybin activity in their areas.

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Psilocybin use causes a variety of physical and mental effects including hallucinations, euphoria, anxiety, panic, paranoia, stomach cramps, and nausea. Psilocybin mushrooms can cause death if ingested in large doses. Effects can last up to 8 hours.

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# NATIONAL DRUG THREAT ASSESSMENT 2002

## Pharmaceuticals

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The illegal abuse of pharmaceuticals, medicinal drugs legally available by prescription or over the counter, is the lowest threat among the major drug categories; however, increased demand and availability of pharmaceuticals, as well as the introduction of new, more addictive prescription pain relievers, have heightened concerns. Users sometimes prefer pharmaceuticals to illicit drugs because commercial manufacturing ensures reliable dosage and purity levels. But new users often are unaware of the addictive nature of pharmaceuticals and the dangers inherent to their abuse.

Pharmaceuticals are widely available and typically are produced in tablet or capsule form. Commercial distribution to pharmacies and physicians ensures availability in every region of the country. The growing number of legitimate prescriptions written by physicians further increases availability and the potential for illegal diversion. The Centers for Disease Control and Prevention (CDC) reports that the number of written prescriptions per office visit increased 34 percent between 1985 (1.09) and 2000 (1.49).

Users acquire pharmaceuticals as they might other illicit drugs. More often, though, they purchase or steal prescription medication from friends or family members; forge physician's prescriptions; obtain prescriptions from unscrupulous physicians and pharmacists; imitate medical symptoms to receive prescriptions—often from several different physicians, a practice referred to as “doctor shopping” —and, increasingly, burglarize pharmacies and physician's offices.

Prescription-type pain relievers appear to be the most commonly abused pharmaceuticals. According to 2000 NHSDA data, nearly 1.5 million individuals used prescription-type pain relievers nonmedically for the first time in 1999. This number has been increasing steadily since 1991. Data from the National Institute on Drug Abuse (NIDA) indicate that the rate of abuse of pharmaceuticals is roughly equal for males and females in most age groups and for most drug categories, and that abuse of pharmaceuticals is the most common form of drug abuse reported among the elderly.

## Narcotics

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Narcotics—which include oxycodone, hydrocodone, hydromorphone, and codeine—are prescribed for pain relief; however, they are abused for the euphoric effects they produce. Those who abuse narcotics over time develop physical dependence and suffer withdrawal symptoms if they stop using the narcotics once dependency develops. Consequences associated with the abuse of some prescription narcotics have increased in recent years. DAWN data show an increase in ED mentions for oxycodone from 1997 (4,857) to 2000 (10,825) and an increase in ME mentions between 1997 (87) and 1999 (255). DAWN ED mentions of hydrocodone increased from 1997 (10,705) to 2000 (19,221).

Oxycodone, a Schedule II drug sold under the trade names OxyContin, Percocet, and Percodan, is an opium-based central nervous system depressant with a high abuse potential that is prescribed for moderate to high pain relief. Law enforcement reporting indicates that OxyContin, which has heroin-like effects that last up to 12 hours, is the fastest growing threat among oxycodone products. OxyContin is an oxycodone designed to be swallowed whole for time-released dosing. Those who abuse OxyContin, however, often chew the tablets or crush them to a powder, which can be snorted or dissolved in water for injection, to obtain immediate effects. The illegal diversion, distribution, and abuse

of OxyContin appear to be concentrated in the eastern United States, according to DEA reporting and responses to the National Drug Threat Survey 2001. Several deaths from the abuse of OxyContin have been reported in Kentucky, Ohio, Pennsylvania, Virginia, and West Virginia. There is concern that as initiatives to reduce the diversion of OxyContin are implemented and as supplies decrease, abusers of OxyContin may turn to heroin in areas where heroin is readily available and relatively inexpensive.

Other commonly abused narcotics include hydrocodone, hydromorphone, and codeine. Hydrocodone is a Schedule III drug sold under the trade names Vicodin (the most prescribed pain reliever in the United States), Lorcet, and Lortab. Hydromorphone (Dilaudid), a Schedule II drug, is up to eight times more potent than morphine and can cause drowsiness and euphoria. It is marketed in tablet and liquid form; addicts usually dissolve the tablets in liquid for injection. Prices for a 4-milligram tablet range between \$2 and \$10 but can run much higher in certain urban areas. Codeine is a Schedule V drug commonly available in prescription cough syrups. Users often mix these cough syrups in drinks or soak marijuana cigarettes in the syrup. Codeine lowers heart rate and blood pressure and causes respiratory depression.

## Depressants

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Depressants are used commonly to treat anxiety and sleep disorders. They slow normal brain functions, causing relaxation and reduced anxiety. However, depressants also can cause light to severe side effects including lightheadedness, vertigo, drowsiness, slurred speech, loss of muscle coordination, nervousness, nightmares, and hostility.

The two categories of depressants frequently prescribed are barbiturates and benzodiazepines.

Commonly abused barbiturates are pentobarbital (Nembutal), secobarbital (Seconal), and amobarbital (Amytal). Commonly abused benzodiazepines include alprazolam (Xanax), chlordiazepoxide (Librium), and diazepam (Valium). According to the MTF Study, annual barbiturate use among twelfth graders, the only grade level for which use is measured, has increased every year from 1992 (2.8%) through 2000 (6.2%).

## Stimulants

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Stimulants are prescribed primarily to treat attention deficit disorder (ADD), attention deficit hyperactivity disorder (ADHD), obesity, and narcolepsy. They enhance brain activity, increase alertness and energy, and improve concentration.

One of the most commonly abused stimulants is methylphenidate, sold under the trade name Ritalin.

A Schedule II drug under the Controlled Substances Act, Ritalin is produced commercially in 5-, 10-, and 20-milligram tablets. Those who abuse Ritalin use it to increase alertness, lose weight,

and experience the euphoric effects provided by high doses. The drug usually is ingested orally; however, tablets can be crushed and snorted or dissolved in water and injected. Nearly one-quarter of the respondents to the National Drug Threat Survey 2001 indicated that the abuse of Ritalin was occurring in their areas. Further, anecdotal reporting suggests that some youths with legitimate prescriptions sell their pills to abusers. According to DEA, prices for a 20-milligram tablet can range from \$2 to \$20 depending on the area of the country.

## Other Pharmaceuticals

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Other abused pharmaceuticals include dextromethorphan hydrobromide (referred to as DXM), carisoprodol (Soma), and sildenafil citrate (Viagra). DXM is a psychoactive drug similar to codeine found in many over-the-counter cough medicines. Users who take higher than recommended doses experience hallucinogenic effects similar to those of ketamine or LSD. Soma is a muscle relaxant that is available alone or combined with aspirin or codeine. It is a prescription drug,

but it is not federally controlled. Those who abuse Soma often purchase the drug via the Internet or from individuals for whom the drug has been prescribed. Sildenafil citrate is the active ingredient used in Viagra, a prescription drug available in 25-, 50-, and 100-milligram tablets. Reports indicate that some MDMA users are now taking Viagra in an attempt to enhance sexual performance or to remedy the impotency caused by MDMA.

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# NATIONAL DRUG THREAT ASSESSMENT 2002

## Money Laundering

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Drug money laundering occurs throughout the United States, particularly in cities that have large drug user populations and the financial infrastructure necessary to facilitate the laundering of drug proceeds. However, the drug money laundering threat is centered primarily in the following areas: Los Angeles, New York, Miami, Chicago, San Juan (PR), and the Southwest Border.

The primary drug money launderers in the country are Colombian and Mexican drug trafficking organizations. Colombian money launderers constitute the greatest threat to the New York/New Jersey, Mid-Atlantic, Southeast, and Florida/Caribbean regions and maintain a significant presence in the other regions. Mexican drug trafficking organizations pose the greatest drug money laundering threat in the Southwest, Great Lakes, Pacific, and West Central regions and maintain a presence in other regions. Although not as great a threat as these organizations, Dominican money launderers also maintain a presence in the New England, New York/New Jersey, and Mid-Atlantic regions.

Bulk cash and monetary instrument smuggling is a principal drug money laundering method used throughout the United States. Mexican and, to a lesser extent, Colombian traffickers smuggle bulk cash and monetary instruments to Mexico

primarily in private vehicles and commercial trucks, although they use air and maritime conveyances as well. Colombian traffickers often return their drug proceeds to Colombia via couriers traveling on commercial airlines or by air and maritime cargo shipments. Colombian drug traffickers also extensively use the Black Market Peso Exchange, an unofficial currency exchange system, to launder drug proceeds.

The laundering of drug proceeds through money services businesses is also a significant threat. Money services businesses such as money remittance, money exchange, and check cashing firms have been implicated in federal drug investigations for accepting and transferring drug proceeds on behalf of trafficking organizations. The number of money services businesses in several U.S. cities has increased in recent years, particularly in areas with insufficient registration requirements for these businesses.

Traffickers make considerable use of other techniques to launder drug proceeds, such as structuring bank deposits and money order purchases, commingling drug proceeds with funds generated at legitimate businesses, purchasing real estate and vehicles, and exploiting the gaming industry. Traffickers also use underground banking systems, trade-based schemes, and the services of

fiduciaries such as lawyers, accountants, and securities brokers to launder drug proceeds. The smuggling of currency to foreign countries through express mail services occurs as well. Electronic cash, smart cards, electronic purses, and automated teller machines also pose potential difficulties to anti-money laundering efforts.

Various regulatory, legislative, and law enforcement initiatives have been implemented to enhance anti-money laundering efforts. For example, the Treasury Department, through the Financial Crimes Enforcement Network, has issued regulations requiring certain money services businesses to register with the federal government, and the U.S. Office of the Comptroller of the Currency initiated an examination program that centers on the Bank Secrecy Act and anti-money laundering compliance. Also, the Foreign Narcotics Kingpin Act was passed as a means by which sanctions can be applied to significant foreign drug traffickers and their organizations located worldwide.

A more detailed discussion on money laundering may be found in the NDIC publication *Drug Money Laundering: A National Threat Assessment* (Product Number 2001-L0390FC-001). This publication provides a strategic evaluation of the drug money laundering threat in the United States by analyzing trends in five regions and then discussing regulatory, legislative, and law enforcement anti-money laundering initiatives designed to enhance anti-money laundering efforts.

## Appendix

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# Selected National Drug Abuse Indicators

**Table A1. Percentage of NHSDA Respondents Aged 12 or Older Reporting Use of Specific Drugs in Their Lifetime, by Age Group, 1996–2000**

	1996	1997	1998	1999*	2000
<b>Cocaine</b>					
12–17	1.9	3.0	2.2	2.4	2.4
18–25	10.2	8.9	10.0	11.9	10.9
26–34	20.9	18.4	17.1	17.8	15.1
35 and older	8.9	9.9	10.4	11.4	11.8
12 and older	10.3	10.5	10.6	11.5	11.2
<b>Crack</b>					
12–17	0.7	1.3	0.7	0.6	0.6
18–25	3.0	2.9	2.7	3.3	2.8
26–34	4.4	3.6	3.9	5.1	3.8
35 and older	1.6	1.4	1.7	2.3	2.2
12 and older	2.2	1.9	2.0	2.7	2.4
<b>Heroin</b>					
12–17	0.5	0.5	0.4	0.4	0.4
18–25	1.3	1.0	1.1	1.8	1.4
26–34	1.3	1.0	0.9	1.3	1.1
35 and older	1.2	1.0	1.3	1.5	1.4
12 and older	1.1	0.9	1.1	1.4	1.2
<b>Methamphetamine</b>					
12–17	0.6	1.2	0.6	1.4	1.3
18–25	2.5	2.3	2.6	5.2	4.1
26–34	4.2	2.7	2.6	5.4	4.8
35 and older	2.0	2.6	2.2	4.3	4.2
12 and older	2.3	2.5	2.1	4.3	4.0
<b>Marijuana/Hashish</b>					
12–17	16.8	18.9	17.0	18.7	18.3
18–25	44.0	41.5	44.6	46.8	45.7
26–34	50.5	47.9	47.9	47.7	46.0
35 and older	27.0	29.4	29.4	31.5	31.6
12 and older	32.0	32.9	33.0	34.6	34.2
<b>MDMA</b>					
12–17	1.1	1.3	1.6	1.8	2.6
18–25	4.2	4.6	5.0	7.6	9.7
26–34	2.5	3.1	2.6	1.5**	1.8**
35 and older	0.7	0.5	0.5	—	—
12 and older	1.5	1.5	1.5	2.3	2.9

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, National Household Survey on Drug Abuse, 1996–2000.

**Table A1. Percentage of NHSDA Respondents Aged 12 or Older Reporting Use of Specific Drugs in Their Lifetime, by Age Group, 1996–2000**

	1996	1997	1998	1999*	2000
<b>LSD</b>					
12–17	4.3	5.2	4.2	3.8	3.6
18–25	13.9	13.2	14.0	14.7	14.0
26–34	11.7	11.8	10.6	12.4	11.8
35 and older	5.8	5.9	6.5	7.3	7.8
12 and older	7.7	7.8	7.9	8.7	8.8
<b>PCP</b>					
12–17	1.2	1.4	1.2	0.9	1.1
18–25	2.3	2.4	3.0	2.4	2.3
26–34	4.2	3.2	4.0	2.2	1.8
35 and older	3.4	3.3	3.9	3.0	3.1
12 and older	3.2	3.0	3.5	2.6	2.6

\*Because of the major differences between the data collection methods used for the 1998 and 1999 surveys, it is not appropriate to compare 1999 and later estimates of substance use prevalence to earlier NHSDA estimates to assess changes over time in substance use.

\*\*In 1999 and 2000, MDMA was reported in the NHSDA in four age groups: 12–17, 18–25, 26 and older, 12 and older.

**Table A2. Percentage of NHSDA Respondents Aged 12 or Older Reporting Use of Specific Drugs in the Past Year, by Age Group, 1996–2000**

	1996	1997	1998	1999*	2000
<b>Cocaine</b>					
12–17	1.4	2.2	1.7	1.6	1.7
18–25	4.7	3.9	4.7	5.2	4.4
26–34	3.5	3.1	2.7	2.4	2.1
35 and older	0.9	1.1	0.9	—	—
12 and older	1.9	1.9	1.7	1.7	1.5
<b>Crack</b>					
12–17	0.4	0.8	0.5	0.4	0.4
18–25	1.3	1.0	0.8	1.0	0.7
26–34	1.1	0.9	0.7	0.7	0.4
35 and older	0.4	0.4	0.3	0.3	0.2
12 and older	0.6	0.6	0.4	0.5	0.3
<b>Heroin</b>					
12–17	0.3	0.3	0.3	0.3	0.2
18–25	0.9	0.5	0.4	0.5	0.4
26–34	0.2	0.2	0.1	0.1	0.0
35 and older	0.0	0.2	—	0.1	0.1
12 and older	0.2	0.3	0.1	0.2	0.1
<b>Methamphetamine**</b>					
12–17	—	—	—	0.7	0.8
18–25	—	—	—	1.5	1.2
26–34	—	—	—	0.5	0.5
35 and older	—	—	—	0.3	0.2
12 and older	—	—	—	0.5	0.5
<b>Marijuana/Hashish</b>					
12–17	13.0	15.8	14.1	14.2	13.4
18–25	23.8	22.3	24.1	24.5	23.7
26–34	11.3	11.2	9.7	10.3	10.3
35 and older	3.8	4.4	4.1	4.0	3.8
12 and older	8.6	9.0	8.6	8.6	8.3
<b>MDMA***</b>					
12–17	—	—	—	—	—
18–25	—	—	—	—	—
26–34	—	—	—	—	—
35 and older	—	—	—	—	—
12 and older	—	—	—	—	—

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, National Household Survey on Drug Abuse, 1996–2000.

**Table A2. Percentage of NHSDA Respondents Aged 12 or Older Reporting Use of Specific Drugs in the Past Year, by Age Group, 1996–2000**

	1996	1997	1998	1999*	2000
<b>LSD</b>					
12–17	2.8	2.9	2.6	2.4	2.2
18–25	4.6	3.7	3.4	4.0	3.4
26–34	0.5	0.5	0.3	0.3	0.4
35 and older	—	0.1	0.1	0.0	—
12 and older	1.0	0.9	0.8	0.9	0.8
<b>PCP</b>					
12–17	0.7	0.5	0.6	0.4	0.5
18–25	0.5	0.4	0.4	0.4	0.3
26–34	0.0	—	—	—	0.1
35 and older	0.1	0.1	0.1	0.0	0.0
12 and older	0.2	0.2	0.2	0.1	0.1

\*Because of the major differences between the data collection methods used for the 1998 and 1999 surveys, it is not appropriate to compare 1999 and later estimates of substance use prevalence to earlier NHSDA estimates to assess changes over time in substance use.

\*\*The NHSDA began reporting past year use of methamphetamine in 1999.

\*\*\*Only lifetime use of MDMA is reported in the NHSDA.

**Table A3. Percentage of NHSDA Respondents Aged 12 or Older Reporting Use of Specific Drugs in the Past Month, by Age Group, 1996–2000**

	1996	1997	1998	1999*	2000
<b>Cocaine</b>					
12–17	0.6	1.0	0.8	0.5	0.6
18–25	2.0	1.2	2.0	1.7	1.4
26–34	1.5	0.9	1.2	1.2	0.8
35 and older	0.4	0.5	0.5	0.4	0.3
12 and older	0.8	0.7	0.8	0.7	0.5
<b>Crack</b>					
12–17	0.2	0.4	0.2	0.1	0.1
18–25	0.6	0.4	0.3	0.3	0.1
26–34	0.5	0.3	0.3	0.4	0.1
35 and older	0.2	0.2	0.1	0.1	0.1
12 and older	0.3	0.3	0.2	0.2	0.1
<b>Heroin</b>					
12–17	0.2	0.2	0.2	0.2	0.1
18–25	0.4	0.1	0.2	0.1	0.1
26–34	0.1	0.2	—	0.1	0.0
35 and older	0.0	0.2	—	0.0	0.1
12 and older	0.1	0.2	0.1	0.1	0.1
<b>Methamphetamine**</b>					
12–17	—	—	—	0.2	0.3
18–25	—	—	—	0.5	0.3
26–34	—	—	—	0.2	0.2
35 and older	—	—	—	0.1	0.1
12 and older	—	—	—	0.2	0.2
<b>Marijuana/Hashish</b>					
12–17	7.1	9.4	8.3	7.2	7.2
18–25	13.2	12.8	13.8	14.2	13.6
26–34	6.3	6.0	5.5	5.4	5.9
35 and older	2.0	2.6	2.5	2.2	2.3
12 and older	4.7	5.1	5.0	4.7	4.8
<b>MDMA***</b>					
12–17	—	—	—	—	—
18–25	—	—	—	—	—
26–34	—	—	—	—	—
35 and older	—	—	—	—	—
12 and older	—	—	—	—	—

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, National Household Survey on Drug Abuse, 1996–2000.



**Table A3. Percentage of NHSDA Respondents Aged 12 or Older Reporting Use of Specific Drugs in the Past Month, by Age Group, 1996–2000**

	1996	1997	1998	1999*	2000
<b>LSD</b>					
12–17	0.8	0.7	0.8	0.6	0.5
18–25	0.9	1.0	1.2	1.0	0.8
26–34	0.1	0.1	0.0	0.0	0.1
35 and older	—	—	0.1	0.0	—
12 and older	0.2	0.2	0.3	0.2	0.2
<b>PCP</b>					
12–17	0.2	0.1	0.1	0.1	0.1
18–25	0.1	0.1	—	0.1	0.1
26–34	—	—	—	—	0.0
35 and older	0.0	0.1	—	—	0.0
12 and older	0.1	0.1	—	0.0	0.0

\*Because of the major differences between the data collection methods used for the 1998 and 1999 surveys, it is not appropriate to compare 1999 and later estimates of substance use prevalence to earlier NHSDA estimates to assess changes over time in substance use.

\*\*The NHSDA began reporting past month use of methamphetamine in 1999.

\*\*\*Only lifetime use of MDMA is reported in the NHSDA.

**Table A4. MTF: Trends in Lifetime Prevalence of Use of Various Drugs for Eighth, Tenth, and Twelfth Graders, 1996–2000 (%)**

	1996	1997	1998	1999	2000
<b>Cocaine</b>					
8th Grade	4.5	4.4	4.6	4.7	4.5
10th Grade	6.5	7.1	7.2	7.7	6.9
12th Grade	7.1	8.7	9.3	9.8	8.6
<b>Crack</b>					
8th Grade	2.9	2.7	3.2	3.1	3.1
10th Grade	3.3	3.6	3.9	4.0	3.7
12th Grade	3.3	3.9	4.4	4.6	3.9
<b>Heroin</b>					
8th Grade	2.4	2.1	2.3	2.3	1.9
10th Grade	2.1	2.1	2.3	2.3	2.2
12th Grade	1.8	2.1	2.0	2.0	2.4
<b>Methamphetamine*</b>					
8th Grade	—	—	—	4.5	4.2
10th Grade	—	—	—	7.3	6.9
12th Grade	—	—	—	8.2	7.9
<b>Marijuana/Hashish</b>					
8th Grade	23.1	22.6	22.2	22.0	20.3
10th Grade	39.8	42.3	39.6	40.9	40.3
12th Grade	44.9	49.6	49.1	49.7	48.8
<b>MDMA</b>					
8th Grade	3.4	3.2	2.7	2.7	4.3
10th Grade	5.6	5.7	5.1	6.0	7.3
12th Grade	6.1	6.9	5.8	8.0	11.0
<b>LSD</b>					
8th Grade	5.1	4.7	4.1	4.1	3.9
10th Grade	9.4	9.5	8.5	8.5	7.6
12th Grade	12.6	13.6	12.6	12.2	11.1
<b>PCP**</b>					
8th Grade	—	—	—	—	—
10th Grade	—	—	—	—	—
12th Grade	4.0	3.9	3.9	3.4	3.4

Source: U.S. Department of Health and Human Services, National Institute on Drug Abuse, Monitoring the Future Study, 2000.

\*The MTF began reporting lifetime prevalence of use of methamphetamine in 1999.

\*\*Only twelfth-grade use of PCP is reported in the MTF.

**Table A5. MTF: Trends in Past Year Prevalence of Use of Various Drugs  
for Eighth, Tenth, and Twelfth Graders, 1996–2000 (%)**

	1996	1997	1998	1999	2000
<b>Cocaine</b>					
8th Grade	3.0	2.8	3.1	2.7	2.6
10th Grade	4.2	4.7	4.7	4.9	4.4
12th Grade	4.9	5.5	5.7	6.2	5.0
<b>Crack</b>					
8th Grade	1.8	1.7	2.1	1.8	1.8
10th Grade	2.1	2.2	2.5	2.4	2.2
12th Grade	2.1	2.4	2.5	2.7	2.2
<b>Heroin</b>					
8th Grade	1.6	1.3	1.3	1.4	1.1
10th Grade	1.2	1.4	1.4	1.4	1.4
12th Grade	1.0	1.2	1.0	1.1	1.5
<b>Methamphetamine*</b>					
8th Grade	—	—	—	3.2	2.5
10th Grade	—	—	—	4.6	4.0
12th Grade	—	—	—	4.7	4.3
<b>Marijuana/Hashish</b>					
8th Grade	18.3	17.7	16.9	16.5	15.6
10th Grade	33.6	34.8	31.1	32.1	32.2
12th Grade	35.8	38.5	37.5	37.8	36.5
<b>MDMA</b>					
8th Grade	2.3	2.3	1.8	1.7	3.1
10th Grade	4.6	3.9	3.3	4.4	5.4
12th Grade	4.6	4.0	3.6	5.6	8.2
<b>LSD</b>					
8th Grade	3.5	3.2	2.8	2.4	2.4
10th Grade	6.9	6.7	5.9	6.0	5.1
12th Grade	8.8	8.4	7.6	8.1	6.6
<b>PCP**</b>					
8th Grade	—	—	—	—	—
10th Grade	—	—	—	—	—
12th Grade	2.6	2.3	2.1	1.8	2.3

Source: U.S. Department of Health and Human Services, National Institute on Drug Abuse, Monitoring the Future Study, 2000.

\*The MTF began reporting past year prevalence of use of methamphetamine in 1999.

\*\*Only twelfth-grade use of PCP is reported in the MTF.

**Table A6. MTF: Trends in Current Prevalence of Use of Various Drugs for Eighth, Tenth, and Twelfth Graders, 1996–2000 (%)**

	1996	1997	1998	1999	2000
<b>Cocaine</b>					
8th Grade	1.3	1.1	1.4	1.3	1.2
10th Grade	1.7	2.0	2.1	1.8	1.8
12th Grade	2.0	2.3	2.4	2.6	2.1
<b>Crack</b>					
8th Grade	0.8	0.7	0.9	0.8	0.8
10th Grade	0.8	0.9	1.1	0.8	0.9
12th Grade	1.0	0.9	1.0	1.1	1.0
<b>Heroin</b>					
8th Grade	0.7	0.6	0.6	0.6	0.5
10th Grade	0.5	0.6	0.7	0.7	0.5
12th Grade	0.5	0.5	0.5	0.5	0.7
<b>Methamphetamine*</b>					
8th Grade	—	—	—	1.1	0.8
10th Grade	—	—	—	1.8	2.0
12th Grade	—	—	—	1.7	1.9
<b>Marijuana/Hashish</b>					
8th Grade	11.3	10.2	9.7	9.7	9.1
10th Grade	20.4	20.5	18.7	19.4	19.7
12th Grade	21.9	23.7	22.8	23.1	21.6
<b>MDMA</b>					
8th Grade	1.0	1.0	0.9	0.8	1.4
10th Grade	1.8	1.3	1.3	1.8	2.6
12th Grade	2.0	1.6	1.5	2.5	3.6
<b>LSD</b>					
8th Grade	1.5	1.5	1.1	1.1	1.0
10th Grade	2.4	2.8	2.7	2.3	1.6
12th Grade	2.5	3.1	3.2	2.7	1.6
<b>PCP**</b>					
8th Grade	—	—	—	—	—
10th Grade	—	—	—	—	—
12th Grade	1.3	0.7	1.0	0.8	0.9

Source: U.S. Department of Health and Human Services, National Institute on Drug Abuse, Monitoring the Future Study, 2000.

\*The MTF began reporting current prevalence of use of methamphetamine in 1999.

\*\*Only twelfth-grade use of PCP is reported in the MTF.

**Table A7. PRIDE: Percentage of Past Year Drug Use  
by Junior and Senior High School Students and 12th Graders,  
1995–1996 through 1999–2000 School Years**

	1995–1996	1996–1997	1997–1998	1998–1999	1999–2000
<b>Cocaine</b>					
Junior High	2.7	3.0	2.8	2.7	2.2
Senior High	5.6	5.9	6.0	6.1	5.3
12th Grade	7.1	7.0	7.9	8.0	7.1
<b>Heroin</b>					
Junior High	2.1	2.4	2.1	1.9	1.6
Senior High	3.1	3.1	3.2	3.1	2.9
12th Grade	3.5	3.4	3.8	3.6	3.2
<b>Marijuana</b>					
Junior High	13.6	14.7	12.5	11.0	9.2
Senior High	34.0	35.8	33.4	32.3	31.4
12th Grade	37.9	39.4	38.6	37.8	38.0

Source: Parents' Resource Institute on Drug Education, 1999–2000, National Summary, Grades 6 through 12, August 2000.

**Table A8. PRIDE: Percentage of Current Drug Use  
by Junior and Senior High School Students and 12th Graders,  
1996–1997 through 1999–2000 School Years**

	1996–1997	1997–1998	1998–1999	1999–2000
<b>Cocaine</b>				
Junior High	1.7	1.6	1.5	1.3
Senior High	3.0	3.1	3.2	2.9
12th Grade	3.6	4.0	4.1	3.6
<b>Heroin</b>				
Junior High	1.5	1.3	1.2	1.1
Senior High	1.9	1.9	2.0	1.9
12th Grade	2.1	2.3	2.4	2.1
<b>Marijuana</b>				
Junior High	8.6	7.1	6.5	5.2
Senior High	22.7	20.8	20.3	19.3
12th Grade	24.4	23.6	23.1	23.4

Source: Parents' Resource Institute on Drug Education, 1999–2000, National Summary, Grades 6 through 12, 1998, 1999, and 2000.

**Table A9. DAWN: Estimated Number of Emergency Department Drug Mentions and Mentions of Selected Drugs by Year, 1994–2000**

	1994	1995	1996	1997	1998	1999	2000
<b>Total Mentions (All Drugs)</b>	<b>900,317</b>	<b>901,206</b>	<b>907,561</b>	<b>943,937</b>	<b>982,856</b>	<b>1,015,206</b>	<b>1,100,539</b>
<b>Drug Mentions (Specific Drugs)</b>							
Cocaine	142,878	135,801	152,433	161,087	172,014	168,763	174,896
Heroin/Morphine	64,013	70,838	73,846	72,010	77,645	84,409	97,287
Methamphetamine/Speed	17,665	15,936	11,002	17,154	11,491	10,447	13,513
Marijuana/Hashish	40,183	45,271	53,789	64,744	76,870	87,150	96,446
MDMA	253	421	319	637	1,143	2,850	4,511
GHB	56	145	638	762	1,282	3,178	4,969
Ketamine	19	151	81	318	209	396	263
Rohypnol	13	111	217	293	624	540	469
LSD	5,150	5,681	4,569	5,219	4,982	5,126	4,016
PCP	6,019	6,237	3,924	4,195	4,033	4,969	6,583
Oxycodone	4,084	3,393	3,190	4,857	5,211	6,429	10,825
Hydrocodone	8,478	8,977	10,473	10,705	12,568	14,639	19,221

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Drug Abuse Warning Network, Year-End 2000 Emergency Department Data, July 2001.

**Table A10. Admissions by Primary Substance of Abuse: TEDS 1992–1998**

	1992	1993	1994	1995	1996	1997	1998
<b>Drug Treatment Admissions</b>	<b>1,494,203</b>	<b>1,584,033</b>	<b>1,635,782</b>	<b>1,635,963</b>	<b>1,601,214</b>	<b>1,537,143</b>	<b>1,564,156</b>
<b>Primary Substance</b>							
Cocaine	267,108	277,076	293,666	272,286	256,920	230,129	233,493
Smoked	184,820	201,216	217,344	202,865	190,143	169,724	170,491
Nonsmoked	82,288	75,860	76,322	69,421	66,777	60,405	63,002
Heroin	166,630	192,840	216,238	220,849	216,204	220,575	216,834
Methamphetamine	14,496	20,771	33,440	47,684	40,998	53,560	55,745
Marijuana/Hashish	90,517	111,265	139,670	170,974	192,103	198,079	208,671

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set 1992–1997, August 1999, and 1993–1998, September 2000.

## Sources

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### National

#### **Bureau of Alcohol, Tobacco and Firearms**

#### **Centers for Disease Control and Prevention**

Youth Risk Behavior Survey

#### **Central Intelligence Agency**

Crime and Narcotics Center

#### **Defense Intelligence Agency**

#### **Drug Enforcement Administration**

Atlanta Field Division

Boston Field Division

Caribbean Field Division

Chicago Field Division

Dallas Field Division

Denver Field Division

Detroit Field Division

El Paso Field Division

El Paso Intelligence Center

Houston Field Division

Los Angeles Field Division

Miami Field Division

New Orleans Field Division

New York Field Division

Newark Field Division

Office of Diversion Control

Philadelphia Field Division

Phoenix Field Division

San Diego Field Division

San Francisco Field Division

Seattle Field Division

Special Operations Division

St. Louis Field Division

Washington DC Field Division

#### **East Coast Gang Investigators Association**

#### **Executive Office for United States Attorneys**

U.S. Attorney's Offices

#### **Federal Aviation Administration**

Drug Investigation Support Program

#### **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**

**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  
Southeastern Michigan  
Southwest Border  
Washington/Baltimore

**Immigration and Naturalization Service**

**Internal Revenue Service**

**Narcotic Information Network National**

**National Institute of Justice**

Arrestee Drug Abuse Monitoring Program  
Office of Justice Programs  
National Youth Gang Center

**National Institutes of Health**

National Institute on Drug Abuse  
Community Epidemiology Work Group

**Office of Justice Programs**

Bureau of Justice Assistance  
Regional Information Sharing Systems  
Mid-Atlantic/Great Lakes Organized Crime Law  
Enforcement Network  
Mid-States Organized Crime Information Center  
New England State Police Information Network  
Regional Organized Crime Information Center  
Rocky Mountain Information Network  
Western States Information Network

**Office of National Drug Control Policy**

**Organized Crime Drug Enforcement Task Forces**

**Parents' Resource Institute on Drug Education**

**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



**U.S. Air Force**

Office of Special Investigations  
Detachment, Keesler Air Force Base

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

Joint Interagency Task Force-West  
Joint Task Force-6  
U.S. Navy Criminal Investigative Service

**U.S. Department of State****U.S. Forest Service****U.S. General Accounting Office****U.S. Park Police****U.S. Sentencing Commission****State**

National Drug Threat Survey 2001 respondents are listed in bold.

**Alabama**

8th Judicial Task Force	Huntsville Police Department
Alabama Bureau of Investigation	Madison County Task Force
Alabama Chiefs of Police Association	<b>Mobile Police Department</b>
Alabama Narcotics Officers Association	<b>Montgomery County Sheriff</b>
Alabama Sheriffs Association	<b>Montgomery Police Department</b>
<b>Birmingham Police Department</b>	<b>Perry County Sheriff</b>
Calhoun County Task Force	<b>Prichard Police Department</b>
Central Alabama Task Force	<b>Shelby County Sheriff</b>
<b>Dallas County Sheriff</b>	<b>Tuscaloosa Police Department</b>
Etowah County Task Force	<b>West Alabama Narcotics Task Force</b>
<b>Homewood Police Department</b>	<b>Winfield Police Department</b>
<b>Houston County Sheriff</b>	

**Alaska**

<b>Alaska State Troopers</b>	<b>Dillingham Police Department</b>
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**Arizona**

<b>Arizona Attorney General's Office</b>	Glendale Police Department
Arizona Criminal Justice Commission	<b>Kearny Police Department</b>
Arizona Department of Corrections	<b>Kingman Police Department</b>
<b>Arizona Department of Public Safety</b>	<b>La Paz County Narcotics Task Force</b>
<b>Criminal Investigation Division</b>	<b>Lake Havasu City Police Department</b>
<b>Buckeye Police Department</b>	<b>Mohave Area Group Narcotic Enforcement Team</b>
Bullhead City Police Department	Marana Police Department
<b>Chino Valley Police Department</b>	Maricopa County Clandestine Lab Task Force
Clarksdale Police Department	Maricopa County Sheriff
Cochise County Border Alliance Group	Mesa Police Department
<b>Cochise County Sheriff</b>	Metropolitan Area Narcotics Interdiction Squad
Douglas Police Department	<b>Nogales Police Department</b>
Emergency Mobile Pediatric Adolescent Crisis Team – Suicide Prevention Center	<b>Northern Arizona Street Crimes Task Force</b>
<b>Florence Police Department</b>	Office of the Yavapai County Attorney
<b>Fountain Hills Marshal's Department</b>	Paradise Valley Police Department
	Payson Police Department

**Peoria Police Department**  
**Phoenix Police Department**  
**Pima County Attorney's Office**  
Pima County Sheriff  
Pinetop-Lakeside Police Department  
Prescott Area Narcotics Task Force  
Prescott Police Department  
Prescott Valley Police Department  
**St. John's Police Department**  
Salt River-Maricopa Indian Community  
Office of the Prosecutor  
Santa Cruz County Metro Task Force  
Santa Cruz County Sheriff  
**Scottsdale Police Department**  
**Sedona Police Department**

Show Low Police Department  
Sierra Vista Police Department  
**South Tucson Police Department**  
**Tempe Police Department**  
The Navajo Nation  
Office of the Prosecutor  
**Tucson Police Department**  
**Wellton Police Department**  
**Williams Police Department**  
Yavapai County Sheriff  
Yavapai-Apache Nation Police Department  
**Youngtown Police Department**  
Yuma County Sheriff  
Yuma Police Department

**Arkansas**

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1st and 3d Judicial Drug Task Force  
2d Judicial Circuit Drug Task Force  
4th Judicial Drug Task Force  
5th Judicial District Drug Task Force  
**10th Judicial Circuit Drug Task Force**  
13th Judicial Circuit Drug Task Force  
14th Judicial Drug Task Force  
15th Judicial District Drug Task Force  
16th Judicial District Drug Task Force  
18th Judicial Circuit East Drug Task Force  
**18th Judicial Circuit West Drug Task Force**  
Arkansas Department of Finance and Administration  
**Arkansas National Guard**  
Arkansas State Drug Program Director  
**Arkansas State Police**  
Criminal Investigations Division  
Bi-State Drug Task Force  
Blytheville Police Department  
**Calhoun County Sheriff**  
Central Arkansas Drug Task Force  
**Conway Police Department Special Operations**

Conway Regional Drug Task Force  
**El Dorado Police Department**  
**Fayetteville Police Department**  
**Fort Smith Police Department**  
**Group 6 Narcotics Enforcement Unit**  
Jonesboro Police Department  
Little Rock Police Department  
Special Narcotics Operations  
**North Little Rock Police Department**  
Narcotics Division  
Osceola Police Department  
**Pine Bluff Police Department**  
**Prairie County Sheriff**  
Searcy Police Department  
South Central Drug Task Force  
**Springdale Police Department**  
**Texarkana Police Department**  
Tri-County Drug Task Force  
West Memphis Police Department  
Narcotics Division

**California**

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Alameda County Narcotic Task Force  
**Alameda County Sheriff**  
Alameda Police Department  
**Allied Riverside Cities Narcotic Enforcement Team**  
**Amador County Sheriff**  
**Bakersfield Police Department**  
**Baldwin Park Police Department**  
**Berkeley Police Department**  
**Butte County Sheriff**  
**Butte Interagency Narcotics Task Force**  
California Department of Alcohol and Drug Programs  
**California Department of Justice**  
Bureau of Narcotic Enforcement  
**Carlsbad Police Department**  
Central Contra Costa Narcotic Enforcement Team  
**Chula Vista Police Department**  
**Claremont Police Department**  
Coachella Valley Narcotic Task Force  
**Colusa County Sheriff**  
Narcotics Enforcement Team

Coronado Police Department  
**El Cajon Police Department**  
**El Monte Police Department**  
**El Segundo Police Department**  
**Emeryville Police Department**  
**Escondido Police Department**  
Fontana Police Department  
**Fremont Police Department**  
Fresno County Sheriff  
**Fresno Police Department**  
Garden Grove Police Department  
**Glendale Police Department**  
Glenn County Sheriff  
Humboldt County Drug Task Force  
Humboldt County Sheriff  
**Imperial County Narcotic Task Force**  
Imperial County Sheriff  
**Inland Crackdown Allied Task Force**  
Inland Narcotics Clearinghouse  
**Inland Regional Narcotics Enforcement Team**

**Inyo Narcotics Enforcement Team**  
**Irvine Police Department**  
 Jurisdictions Unified for Drug Gang Enforcement Task Force  
 Kings County Narcotic Enforcement Team  
**La Mesa Police Department**  
**Lake County Narcotic Task Force**  
 Lompoc Police Department  
**Long Beach Police Department**  
 Los Angeles County Regional Criminal Information  
 Clearinghouse  
**Los Angeles County Sheriff**  
**Narcotics Bureau**  
 Los Angeles Joint Drug Intelligence Group  
**Los Angeles Police Department**  
**Narcotics Division**  
**Madera County Narcotic Enforcement Team**  
**Marin Community College Police Department**  
 Mendocino Major Crimes Task Force  
**Merced County Sheriff**  
**Merced Police Department**  
 Merced/Mariposa Narcotic Task Force  
**Modesto Police Department**  
**Modoc County Sheriff**  
**Monrovia Police Department**  
**Montebello Police Department**  
**Monterey Police Department**  
 Napa Special Investigations Bureau  
**National City Police Department**  
 Oakland Police Department  
**Oceanside Police Department**  
**Ontario Police Department**  
**Orange County Proactive Methamphetamine Laboratory**  
**Investigative Task Force**  
 Oxnard Police Department  
**Palm Springs Narcotics Task Force**  
**Pasadena Police Department**  
**Pleasanton Police Department**  
**Plumas County Sheriff**  
**Pomona Police Department**  
**Redding Police Department**  
 Rhonert Park Police Department  
 Rialto Police Department  
 Richmond Police Department  
**Riverside County Sheriff**  
**Riverside Police Department**

**Sacramento County Sheriff**  
**Sacramento Police Department**  
**San Bernardino County Sheriff**  
**San Bernardino County West Narcotic Enforcement Team**  
**San Bernardino Police Department**  
**San Diego Sheriff**  
**Street Narcotics and Gang Suppression**  
 San Diego North County Regional Gang Task Force  
**San Diego Police Department**  
 San Diego/Imperial County Narcotic Information Network  
**San Francisco County Sheriff**  
**San Francisco Police Department**  
**San Jose Police Department**  
**San Leandro Police Department**  
**San Luis Obispo County Narcotic Task Force**  
 San Luis Obispo County Sheriff  
 San Luis Obispo Police Department  
 San Mateo County Narcotic Task Force  
 San Mateo County Sheriff  
**Santa Barbara County Sheriff**  
 Santa Barbara Police Department  
**Santa Barbara Regional Narcotic Enforcement Team**  
**Santa Clara County Specialized Enforcement Team**  
**Santa Clara Police Department**  
**Santa Cruz County Sheriff**  
**Santa Maria Police Department**  
**Shasta Interagency Narcotic Task Force**  
**Simi Valley Police Department**  
 Siskiyou County Sheriff  
 Siskiyou County-wide Interagency Narcotic Task Force  
**Solano County Narcotic Enforcement Team**  
**Solano County Sheriff**  
 South Bay Methamphetamine Task Force  
 South Lake Tahoe/El Dorado County  
 Narcotic Enforcement Team  
 Southern Alameda County Narcotic Enforcement Team  
 Tehama/Glenn Methamphetamine Enforcement Team  
 Unified Narcotic Enforcement Team  
**University of California, Berkeley**  
**Police Department**  
**Ventura Combined Agency Narcotic Task Force**  
 Ventura County Sheriff  
**West Contra Costa County Narcotic Enforcement Team**  
**Woodland Police Department**  
 Yuba County Sheriff

**Colorado**

**16th Drug Task Force**  
**22d Judicial District Drug Task Force**  
**Adams County District Attorney**  
**Alamosa Police Department**  
**Alamosa County Sheriff**  
 Arapahoe County Sheriff  
 Arvada Police Department  
**Aurora Police Department**  
 Bent County Sheriff  
 Boulder County District Attorney's Office  
**Boulder County Drug Task Force**  
 Boulder County Sheriff  
 Boulder Police Department

Brighton Police Department  
 Carbondale Police Department  
**Colorado Bureau of Investigation**  
**Denver Main Office**  
**Durango Resident Office**  
**Pueblo Field Office**  
 Colorado Department of Public Safety  
 Criminal Justice Division  
 Colorado National Guard  
**Colorado Springs Police Department**  
 Metro Vice and Narcotics Investigations Unit  
 Colorado State Patrol

**Colorado State University  
Police Department**  
Commerce City Police Department  
**Cortez Police Department**  
Costilla County Sheriff  
**Craig Police Department**  
Crowley County Sheriff  
Delores County Sheriff  
Denver District Attorney's Office  
Drug Court  
**Denver Police Department  
Gang Bureau**  
Vice and Narcotics Investigations Unit  
**Douglas County Sheriff**  
**Durango Police Department**  
**Eagle County Sheriff**  
Englewood Police Department  
Erie Police Department  
**Evans Police Department**  
Federal Heights Police Department  
**Rocky Mountain HIDTA Front Range Task Force**  
Ft. Collins Police Department  
Garfield County Sheriff  
Glenwood Springs Police Department  
**Grand, Routt and Moffat Narcotics Enforcement Team**  
Grand County Sheriff  
Greeley Police Department  
Greenwood Village Police Department  
Ignacio Police Department  
**Jackson County Sheriff**  
Jefferson County District Attorney's Office  
Jefferson County Sheriff  
La Juanta Police Department  
**La Plata County Sheriff**  
Lafayette Police Department  
Lakewood Police Department

Larimer County Drug Task Force  
Larimer County Sheriff  
**Littleton Police Department**  
Louisville Police Department  
Loveland Police Department  
Manassa Police Department  
Metro Gang Task Force  
Moffat County Sheriff  
Montezuma County Sheriff  
**North Metro Task Force**  
Northglenn Police Department  
Otero County Sheriff  
Parker Police Department  
**Pueblo Police Department  
Narcotics Unit**  
**Rifle Police Department**  
**Rio Blanco County Sheriff**  
Rio Blanco Police Department  
Routt County Sheriff  
San Luis Valley Drug Task Force  
Sheridan Police Department  
**Silverthorne Police Department**  
South Metro Drug Task Force  
**Southwest Drug Task Force**  
Steamboat Springs Police Department  
**Summit County Drug Task Force**  
Summit County Sheriff  
Thornton Police Department  
**Two Rivers Drug Enforcement Team**  
**Vail Police Department**  
**Weld County Drug Task Force**  
Weld County District Attorney's Office  
Weld County Sheriff  
**West Metro Drug Task Force**  
Westminster Police Department  
Wheatridge Police Department

**Connecticut**

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**Berlin Police Department**  
**Brookfield Police Department**  
**Clinton Police Department**  
**Connecticut State Police**  
Statewide Narcotics Task Force  
Area Commander  
**Derby Police Department**  
**East Hartford Police Department**  
**Fairfield Police Department**  
**Farmington Police Department**  
**Greenwich Police Department**  
**Guilford Police Department**  
**Hamden Police Department**  
**Madison Police Department**  
**Middletown Police Department**  
**New Britain Police Department**  
**New Canaan Police Department**

**New London Police Department**  
**New Milford Police Department**  
**Norwich Police Department**  
**Old Saybrook Police Department**  
**Orange Police Department**  
**Rocky Hill Police Department**  
**Stonington Police Department**  
**Stratford Police Department**  
**Thomaston Police Department**  
**Trumbull Police Department**  
**Waterbury Police Department**  
**Watertown Police Department**  
**West Haven Police Department**  
**Westport Police Department**  
**Windsor Locks Police Department**  
**Wolcott Police Department**

**Delaware**

**Bethany Beach Police Department**  
**Delaware State Police**

**Dewey Beach Police Department**  
**New Castle County Police**

**District of Columbia**

**Metropolitan Police Department**

Washington DC Housing Authority Police Department

**Florida****Alachua County Sheriff**

Arcadia Police Department

**Bay County Sheriff****Boynnton Beach Police Department**

Broward County Sheriff

Cape Coral Police Department

Cedar Key Police Department

Central Florida Support Center

Charlotte County Sheriff

Citrus County Sheriff

City of Miami Police Department

**Clay County Sheriff**

Clean Task Force

Clearwater Police Department

Collier County Sheriff

**Coral Springs Police Department****DeSoto County Sheriff**

Escambia County Sheriff

Florida Department of Juvenile Justice

Cape Coral

Fort Myers

**Florida Department of Law Enforcement**

Fort Myers Regional Operations Center

**Jacksonville Regional Operations Center**

Gainesville Field Office

St. Augustine Field Office

**Miami Regional Operations Center****Tampa Regional Operations Center**

Florida Fish and Wildlife Conservation Commission

Florida Highway Patrol

Florida Office of the Comptroller

Florida State Attorney's Office

Medicaid Fraud Unit

Fort Lauderdale

Fort Myers

Miami

**Fort Lauderdale Police Department**

Fort Myers Abuse Counseling and Treatment

Gainesville Police Department

**Glades County Sheriff**

Gulf Breeze Police Department

**Hernando County Sheriff****Hialeah Police Department****Hillsborough County Sheriff****Special Investigations Bureau**

Jackson County Sheriff

**Jacksonville Sheriff**

Key Colony Beach Police Department

Key West Police Department

Lakeview Center Pensacola

Lee County Port Authority Police

Lee County Sheriff

Levy County Sheriff

Marion County Sheriff

Metropolitan Bureau of Investigation

Miami Beach Police Department

**Miami-Dade Police Department**

Moore Haven Police Department

**Naples Police Department**

Nassau County Sheriff

Northeast Florida Support Center

**Ocala Police Department**

Orange County Sheriff

**Ormond Beach Police Department**

Osceola County Sheriff

**Palm Beach County Sheriff**

Panama City Police Department

Pasco County Sheriff

Pensacola Community Drug and Alcohol Council

Pensacola Police Department

**Pinellas County Sheriff**

St. Augustine Police Department

St. Johns County Public Health Department

St. Johns County Sheriff

**St. Petersburg Police Department**

Santa Rosa County Sheriff

Sarasota Manatee Airport Police

Seminole County Sheriff

State of Florida Medical Examiners

Jacksonville

Pensacola

St. Augustine

Southwest Florida Addiction Services

Sumter County Sheriff

**Sunrise Police Department**

Ruth Cooper Center Addiction Services

**Tampa Police Department****Taylor County Sheriff**

University of Central Florida

**University of Florida****Police Department**

University of North Florida

University of West Florida

## National Drug Threat Assessment 2002

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### Georgia

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Altamaha Drug Task Force	Macon Police Department
Appalachian Multi-Jurisdictional Task Force	Metro Fugitive Squad
<b>Atlanta Police Department</b>	Middle Georgia Fugitive Squad
<b>Cherokee County Multi-Agency Narcotic Squad</b>	<b>Ocmulgee Drug Task Force</b>
<b>College Park Police Department</b>	Oconee Dublin Drug Task Force
<b>Columbus Police Department</b>	Pataula Judicial Circuit Drug Task Force
<b>East Central Georgia Drug Task Force</b>	Piedmont/Northern Multi-Agency Narcotic Squad
<b>East Point Police Department</b>	Savannah Police Department
<b>Forest Park Police Department</b>	South GA Drug Task Force
Fulton County Sheriff	State Drug Task Force
Georgia Bureau of Investigation	Tallapoosa Judicial Circuit Task Force
<b>Glascok County Sheriff</b>	<b>Towns County Sheriff</b>
Governor's Task Force	<b>Tri-Circuit Multi-Jurisdictional Task Force</b>
<b>Hall County Multi-Agency Narcotics Squad</b>	<b>Tri-Cities Narcotics Drug Task Force</b>
<b>Hall County Sheriff</b>	<b>Tri-County Drug Task Force</b>
<b>Multi-Agency Crack Enforcement Drug Task Force</b>	West Georgia Drug Task Force
<b>Lookout Mountain Judicial Circuit Drug Task Force</b>	

### Guam

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Government of Guam	Guam Police Department
Customs & Quarantine Agency	

### Hawaii

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Hawaii Department of Public Safety	<b>Honolulu Police Department</b>
Narcotics Enforcement Division	<b>Kauai Police Department</b>
Hawaii Police Department	<b>Maui Police Department</b>

### Idaho

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Ada County Sheriff	<b>Idaho State Police</b>
Boise City Police Department	<b>Oneida County Sheriff</b>
Clark County Sheriff	<b>Pocatello Police Department</b>
Idaho Falls Police Department	<b>Twin Falls Police Department</b>

### Illinois

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Algonquin Police Department	DuPage County Metropolitan Enforcement Group
Aurora Police Department	East Central Illinois Task Force
Belleville Police Department	<b>Effingham City/County Special Operations Group</b>
<b>Berwyn Police Department</b>	(Narcotics)
Blackhawk Area Task Force	<b>Evanston Police Department</b>
<b>Blue Island Police Department</b>	<b>Evergreen Park Police Department</b>
<b>Boone County Sheriff</b>	<b>Forest Park Police Department</b>
<b>Canton Police Department</b>	Galesburg Police Department
<b>Carol Stream Police Department</b>	Special Operations Unit
Central Illinois Enforcement Group	<b>Glendale Heights Police Department</b>
<b>Centralia Police Department</b>	<b>Greene County Sheriff</b>
<b>Chicago Police Department</b>	<b>Grundy County Sheriff</b>
<b>Clay County Sheriff</b>	<b>Hancock County Sheriff</b>
<b>Clinton County Sheriff</b>	<b>Hanover Park Police Department</b>
Collinsville Police Department	<b>Illinois State Police</b>
<b>Cook County Sheriff's Police</b>	Division of Operations
Cook County State's Attorney Office	Criminal Intelligence Bureau
<b>Crawford County Sheriff</b>	<b>Statewide Interdiction Bureau</b>
<b>Crest Hill Police Department</b>	<b>Jacksonville Police Department</b>
<b>Danville Police Department</b>	<b>Jefferson County Sheriff</b>
<b>Decatur Police Department</b>	Joliet Metropolitan Area Narcotics Squad
<b>Deerfield Police Department</b>	<b>Joliet Police Department</b>
<b>De Kalb Police Department</b>	<b>Kankakee Area Metropolitan Enforcement Group</b>
District 17 Drug Task Force	<b>Kankakee County Sheriff</b>

**Kankakee Police Department**  
**Kendall County Cooperative Police Assistance Team**  
**Kendall County Sheriff**  
**Kenilworth Police Department**  
**Lake County Metropolitan Enforcement Group**  
**Lemont Police Department**  
**Libertyville Police Department**  
**Lincoln Police Department**  
**Lindenhurst Police Department**  
**Madison County Sheriff**  
**Mahomet Police Department**  
**Mattoon Police Department**  
**McHenry County Sheriff**  
 Metropolitan Enforcement Group of Southwestern Illinois  
**Midlothian Police Department**  
**Morgan County Sheriff**  
**Moultrie County Sheriff**  
**Multi-County Metropolitan**  
     **Narcotics Enforcement Group**  
**Mundelein Police Department**  
**Northlake Police Department**  
**Olney Police Department**  
**Orland Park Police Department**  
**Park Forest Police Department**  
**Peru Department of Police**  
**Pike County Sheriff**  
**Pontiac Police Department**  
**Quad City Metropolitan Enforcement Group**  
**Rantoul Police Department**  
**Richland County Sheriff**  
**River Grove Police Department**

**Rock Island Police Department**  
**Rockford Police Department**  
 Rockford Police/Winnebago County Sheriff  
     Metro Narcotics Unit  
**Rolling Meadows Police Department**  
**St. Charles Police Department**  
**Schaumburg Police Department**  
**Skokie Police Department**  
 South Central Illinois Drug Task Force  
**South Elgin Police Department**  
**Southeastern Illinois Drug Task Force**  
**Southern Illinois Drug Task Force**  
     **Marion Office**  
     **Ullin Office**  
 Southern Illinois Enforcement Group  
**Springfield Police Department**  
 State Line Area Narcotics Team  
**Stephenson County Sheriff**  
**Task Force 6, Bloomington**  
**Task Force X, Champaign/ Decatur**  
**Tazewell County Sheriff**  
**Vermilion County Metropolitan Enforcement Group**  
**Villa Park Police Department**  
**Village of Spring Grove Police Department**  
**West Central Illinois Task Force**  
**Westchester Police Department**  
**Will County Sheriff**  
**Winnetka Police Department**  
**Woodridge Police Department**  
**Woodstock Police Department**  
**Zion Police Department**

**Indiana**

**Allen County Sheriff**  
**Ball State University**  
     **Office of Public Safety**  
         Campus Police  
**Bi-State Drug Task Force**  
**Bloomington Police Department**  
**Brown County Sheriff**  
**Carmel Metropolitan Police Department**  
**Clark County Sheriff**  
**Daviess County Sheriff**  
**Elkhart County Drug Task Force**  
**Elkhart County Sheriff**  
**Evansville Police Department**  
**Fayette County Sheriff**  
**Fishers Police Department**  
**Fort Wayne Police Department**  
 Gary Police Department  
**Gibson County Sheriff**  
**Hamilton County Drug Task Force**  
 Hammond Police Department  
**Indiana State University**  
     **Police Department**  
 Indiana University  
     Police Department  
**Indiana State Police**  
     Indiana State Police Laboratory  
**Indianapolis Police Department**

**Jefferson County Sheriff**  
**Joint Effort Against Narcotics Drug Task Force**  
**Knox County Police Department**  
**Kosciusko County Sheriff**  
 Lafayette Police Department  
**Lake County Drug Task Force**  
 Lake County Sheriff  
**Muncie/Delaware County Drug Task Force**  
**Newton County Sheriff**  
 Posey County Sheriff  
 Purdue University  
     Police Department  
**Ripley County Sheriff**  
**Starke County Sheriff**  
**Steuben County Sheriff**  
**Tippecanoe County Drug Task Force**  
 Tippecanoe County Sheriff  
**Vanderburgh County Sheriff**  
**Vigo County Drug Task Force**  
 Vigo County Sheriff  
 Vincennes Police Department  
 Wayne County Drug Task Force  
**West Lafayette Police Department**  
**Whitley County Drug Task Force**

**Iowa**

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**Ankeny Police Department**  
**Bear Creek Narcotics Task Force**  
**Black Hawk County Sheriff**  
Buchanan County Sheriff  
**Carroll Police Department**  
Cedar Rapids Police Department  
**Davenport Police Department**  
Decorah Police Department  
Des Moines County  
**Des Moines Police Department**  
**Fort Dodge Police Department**  
Iowa City Police Department

**Iowa Department of Public Safety, Intelligence Bureau**  
**Iowa Division of Narcotics Enforcement**  
Iowa State University  
Iowa Highway Patrol  
Keokuk Police Department  
**Lee County Narcotics Task Force**  
**Newton Police Department**  
Ottumwa Police Department  
**Polk County Sheriff**  
**Ringgold County Sheriff**  
Sioux City Police Department  
**Sioux County Sheriff**  
Spirit Lake Police Department

**Kansas**

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**Barton County Sheriff**  
**Coffeyville Police Department**  
Colby Police Department  
**Crawford County Sheriff**  
**Dickinson County Sheriff**  
**Dodge City Police Department**  
Douglas County Sheriff  
**Emporia Police Department**  
**Ford County Sheriff**  
Fort Scott Police Department  
**Franklin County Sheriff**  
**Garden City Police Department**  
**Great Bend Police Department**  
**Greeley County Sheriff**  
Harvey County Sheriff  
**Independence Police Department**  
Iola Police Department  
**Jefferson County Sheriff**  
**Johnson County Sheriff**  
**Junction City Police Department**  
**Kansas Bureau of Investigation**  
**Kansas City, Kansas Police Department**  
Kansas City/DEA Clandestine Lab Task Force  
**Kansas Highway Patrol**  
Kansas Narcotics Officers Association  
**Labette County Sheriff**  
Lawrence Police Department  
**Leavenworth Police Department**

Leavenworth County Sheriff  
Leawood Police Department  
**Lenexa Police Department**  
**Liberal Police Department**  
**Lyon County Sheriff**  
**Merriam Police Department**  
**Montgomery County Sheriff**  
**Nemaha County Sheriff**  
**Newton Police Department**  
**Olathe Police Department**  
**Ottawa Police Department**  
**Overland Park Police Department**  
**Paola Police Department**  
**Pittsburg Police Department**  
Pittsburg State University Police Department  
**Pratt County Sheriff**  
**Pratt Police Department**  
**Riley County Police Department**  
**Salina Police Department**  
**Saline County Sheriff**  
**Sedgwick County Sheriff**  
**Shawnee County Sheriff**  
Southeast Kansas Drug Task Force  
Thomas County Sheriff  
**Topeka Police Department**  
**Wichita Police Department**  
**Wilson County Sheriff**

**Kentucky**

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**Ashland Police Department**  
**Ballard County Sheriff**  
Boone County Sheriff  
**Burkesville Police Department**  
**Campbellsville Police Department**  
**Carlisle Police Department**  
**Clark County Sheriff**  
**Commonwealth of Kentucky**  
**Office of Attorney General**  
**Corbin Police Department**  
**Daviess County Sheriff**  
**Erlanger Police Department**  
**Fayette County Sheriff**

**Fivco Area Drug Enforcement Task Force**  
**Florence Police Department**  
**Franklin County Sheriff**  
**Fulton County Sheriff**  
**Glasgow Police Department**  
**Graves County Sheriff**  
**Greater Hardin County Narcotics Task Force**  
**Hardin County Sheriff**  
**Harlan County Sheriff**  
Hazard Police Department  
**Henderson County Sheriff**  
Jefferson County Sheriff  
**Kentucky State Police**



Kentucky Vehicle Enforcement Bureau  
**Lancaster Police Department**  
**Laurel County Sheriff**  
 Leslie County Sheriff  
**Lewis County Sheriff**  
 Lexington Police Department  
**Lexington-Fayette Urban County Division of Police**  
 London Police Department  
 Louisville Metro Police Department  
**Louisville Metropolitan Narcotics Unit**

**Maysville Police Department**  
**Paducah Police Department**  
 Perry County Sheriff  
 Richmond Police Department  
**Salyersville Police Department**  
**Trimble County Sheriff**  
**Vanceburg Police Department**  
 Williamsburg Police Department  
**Wolfe County Sheriff**

**Louisiana**

3d Judicial Drug Task Force  
 Acadia Parish Drug Task Force  
 Avoyelles Parish Drug Task Force  
**Baker Police Department**  
**Baton Rouge City Police Department**  
 Beauregard Parish Drug Task Force  
**Bogalusa Police Department**  
 Bossier City Police Department  
 Caddo/Bossier Drug Task Force  
 Claiborne Parish Drug Task Force  
 Concordia Parish Drug Task Force  
 East Feliciana Parish Task Force  
 Evangeline Parish Task Force  
 Franklin Sheriff Drug Task Force  
**Grant Parish Sheriff**  
 Hammond Police Department Drug Task Force  
 Iberia Sheriff Drug Task Force  
**Jefferson Parish Sheriff**  
 Jefferson Parish Drug Task Force  
**La Salle Parish Sheriff**  
 Louisiana Sheriffs Association Task Force  
**Lafayette Metropolitan Narcotics Task Force**  
 Lafourche Parish Drug Task Force

**Louisiana State Police**  
**Bureau of Investigations/Narcotics**  
 Louisiana Sheriffs Association  
 Louisiana Chiefs of Police Association  
 Louisiana Narcotics Officers Association  
 Morehouse Parish Drug Task Force  
 Natchitoches Drug Task Force  
**New Orleans Police Department**  
 Rapides Parish Sheriff Task Force  
**Red River Parish Sheriff**  
 St. James Parish Drug Task Force  
 St. John the Baptist Parish Drug Task Force  
 St. Landry Parish Drug Task Force  
 St. Mary Parish Task Force  
 St. Tammany Parish Task Force  
 Shreveport Police Department  
 Tangipahoa Parish Sheriff Task Force  
 Terrebonne Parish Sheriff Task Force  
 Union Parish Drug Task Force  
 Vernon Parish Sheriff Drug Task Force  
 Washington Parish Sheriff Task Force  
 Webster Parish Sheriff Task Force  
 West Baton Rouge Parish Sheriff Task Force  
 Winn Parish Sheriff Talk Force

**Maine**

**Augusta Police Department**  
 Calais Police Department  
 Dexter Police Department  
 Kittery Police Department  
**Lincoln County Sheriff**  
**Madawaska Police Department**  
 Maine Board of Pharmacy  
 Maine Board of Licensure in Medicine  
 Maine Department of Mental Health, Mental Retardation,  
 and Substance Abuse Services  
 Maine Department of Human Services  
 Bureau of Health  
 Health and Environmental Testing Laboratory

**Maine Drug Enforcement Agency**  
**Augusta Task Force Office**  
**Bangor Task Force Office**  
**Houlton Task Force**  
 Lewiston Task Force Office  
**Lyman Task Force Office**  
 Portland Task Force Office  
 Maine State Police  
 Norway Police Department  
 Old Orchard Beach Police Department  
**Penobscot County Sheriff**  
 Somerset County Sheriff  
**Washington County Sheriff**  
**Waterville Police Department**

**Maryland**

**Allegany County Sheriff**  
**Annapolis Police Department**  
**Baltimore City Police Department**  
 Baltimore County Police Department  
**C3I Narcotics Unit**

**Calvert County Sheriff**  
**Cambridge Police Department**  
**Caroline County Sheriff**  
**Carroll County Sheriff**  
**Cumberland Police Department**

## National Drug Threat Assessment 2002

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Easton Police Department  
**Frederick County Sheriff**  
Frederick Police Department  
**Garrett County Sheriff**  
Greenbelt Police Department  
Hagerstown Police Department  
**Harford County Sheriff**  
**Howard County Police Department**  
**Kent County Sheriff**

**Maryland National Capital Park Police**  
**Maryland State Police**  
**Montgomery County Police Department**  
Ocean City Police Department  
Salisbury Police Department  
**Talbot County Sheriff**  
**University of Maryland Department of Public Safety**  
**Washington County Sheriff**  
**Worcester County Sheriff**

### Massachusetts

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**Abington Police Department**  
**Ashland Police Department**  
**Belmont Police Department**  
**Berkshire County District Attorney's Narcotics Unit**  
**Boston Police Department**  
**Bristol County District Attorney's Drug Task Force**  
**Cape and Islands District Attorney's Office**  
**Drug Task Force**  
**Cohasset Police Department**  
**Dennis Police Department**  
**Foxboro Police Department**  
**Hampden County Narcotics**  
**Hampshire/Franklin District Attorney's**  
**Narcotics Task Force**  
**Hanover Police Department**

**Holyoke Police Department**  
**Hopkinton Police Department**  
**Kingston Police Department**  
**Lowell Police Department**  
**Massachusetts State Police**  
**Central Narcotics Section**  
**Oak Bluffs Police Department**  
**Plainville Police Department**  
**Shrewsbury Police Department**  
**Springfield Police Department**  
**Stockbridge Police Department**  
**Webster Police Department**  
**West Springfield Police Department**  
**Westford Police Department**

### Michigan

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**Allen Park Police Department**  
**Bay Area Narcotics Enforcement Team**  
**Central Michigan Enforcement Team**  
**Clay Township Police Department**  
**Coldwater Police Department**  
**Farmington Hills Police Department**  
Flint Area Narcotics Group  
Flint Police Department  
**Grand Rapids Police Department**  
**Hillsdale Police Department**  
**Kent County Sheriff**  
Kingsford/Iron Mountain/Norway/Dickinson  
Narcotics Task Force  
Ironwood Department of Public Safety  
**Lansing Police Department**  
**Ludington Police Department**  
Marquette Police Department

**Michigan State Police**  
**Criminal Investigation Division**  
Monroe County Sheriff  
**Monroe Police Department**  
Morris Police Department  
Muskegon Police Department  
**Novi Police Department**  
Saginaw County Sheriff  
**Sault Ste. Marie Police Department**  
**Spring Lake/Ferrysburg Police Department**  
**State, Sheriffs, Chiefs Enforcement Narcotics Team**  
Straits Area Narcotics Enforcement Team  
**Thumb Narcotics Unit**  
**Traverse Narcotics Team**  
**Upper Peninsula Substance Enforcement Team**  
**Wayne Police Department**  
**West Michigan Enforcement Team**

### Minnesota

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**Anoka Police Department**  
**Anoka-Hennepin Narcotics & Violent Crime Task Force**  
**Bemidji Police Department**  
**Blaine Police Department**  
**Brooklyn Park Police Department**  
**Burnsville Police Department**  
Cooperative Enforcement Effort Drug Task Force  
Central Minnesota Drug Task Force  
**Cloquet Police Department**  
**Dakota County Drug Task Force**  
Dakota County Sheriff  
Duluth Police Department  
Eagan Police Department

**Edina Police Department**  
**Elk River Police Department**  
Evergreen House/Evergreen Shelter Program  
**Fergus Falls Police Department**  
**Fridley Department of Public Safety**  
Hazelden Foundation  
**Hennepin County Sheriff**  
**Hibbing Police Department**  
Kandiyohi County Sheriff  
**Kittson County Sheriff**  
**Koochiching County Sheriff**  
Lake Superior Drug Task Force  
**Maple Grove Police Department**

**Maplewood Police Department**  
**Marshall Department of Public Safety**  
 Minneapolis City Chemist Office  
 Minneapolis Police Department  
 Minneapolis Public Health Department  
 Minneapolis/Hennepin County Drug Task Force  
 Minnesota Chiefs of Police Association  
 Minnesota Department of Public Safety  
     **Bureau of Criminal Apprehension**  
         Forensic Science Laboratory  
         Office of Drug Policy & Violence Prevention  
         Police Division  
 Minnesota Department of Agriculture  
     Agronomy & Plant Protection Division  
**Minnesota Gang Strike Force**  
 Minnesota River Valley Task Force  
 Minnesota Sheriffs Association  
**Minnesota State Patrol**  
     Canine Narcotics Interdiction Unit  
 Moorhead Police Department  
**Mounds View Police Department**  
**New Hope Police Department**  
**Northfield Police Department**  
 Olmstead County Sheriff  
 Otter Tail County Sheriff  
 Paul Bunyan Drug Task Force

Polk County Sheriff  
 Polk/Norman/Mahnomen Drug Task Force  
 Ramsey County Drug Task Force  
**Ramsey County Sheriff**  
**Red Lake County Sheriff**  
**Red River Valley Drug Task Force**  
**Red Wing Public Safety/Police Division**  
**Rochester Police Department**  
**Rosemount Police Department**  
**Roseville Police Department**  
 St. Louis County Sheriff  
**St. Paul Police Department**  
**Shakopee Police Department**  
 South Central Drug Task Force  
 Southeast Minnesota Drug Task Force  
**Southwest Hennepin Drug Task Force**  
**Southwest Metropolitan Drug Task Force**  
 Stearns County Sheriff  
**Waite Park Police Department**  
 Washington County Drug Task Force  
 Washington County Sheriff  
**West Central Drug Task Force**  
 West Central Minnesota Narcotics Task Force  
**Winona Police Department**  
**Woodbury Police Department**  
**Worthington Police Department**

**Mississippi**

**Biloxi Police Department**  
 Capital Cities Metro Narcotics  
 Coastal Narcotics Task Force  
**Copiah County Sheriff**  
 DeSoto County Metro Narcotics  
 East Mississippi Drug Task Force  
**Gulfport Police Department**  
**Hinds County Sheriff**  
 Interlocal Narcotics Task Force  
**Jackson Police Department**  
**Lee County Sheriff**  
**Mississippi Bureau of Narcotics**  
**Mississippi Forestry Commission**  
 Mississippi Sheriffs Association

Mississippi Chiefs of Police  
 Mississippi Narcotics Officers Association  
 Northern Mississippi Narcotics Task Force  
 North Central Narcotics Task Force  
 Natchez/Adams Task Force  
 Oxford/Lafayette Task Force  
 Panola/Tate Narcotics Task Force  
 Pearl River Basin Task Force  
 South Mississippi Task Force  
 Southwest Mississippi Drug Task Force  
 Tri-County Narcotics Task Force  
**Tunica County Sheriff**  
**Vicksburg Police Department**

**Missouri**

**Boothill Drug Task Force**  
 Branson Police Department  
**North County Multi-Jurisdictional Task Force**  
 Buchanan County Drug Strike Force  
**Combined Ozark Multi-Jurisdictional Enforcement Team**  
**Creve Coeur Police Department**  
 East Central Drug Task Force  
**Ferguson Police Department**  
**Festus Police Department**  
 Hazelwood Police Department  
**Jackson County Drug Task Force**  
 Jasper County Drug Task Force  
**Jasper County Sheriff**  
**Jefferson County Prosecuting Attorney**  
 Jefferson County Sheriff  
 Jefferson County Task Force

**Kansas City Police Department**  
     **Administration**  
     **Interdiction**  
     **Drug Enforcement Unit**  
     **Metro Meth Task Force**  
     **Street Narcotics Unit**  
**Lafayette County Narcotics Unit**  
**Lee's Summit Police Department**  
 Missouri Department of Public Safety  
     **Missouri State Highway Patrol**  
         **Division of Drug & Crime Control**  
 Mid-Missouri Unified Strike Team and Narcotics Group  
 Northeast Missouri Task Force  
 North Central Task Force  
 North Missouri Task Force  
 Northwest Narcotics Enforcement Team

**Perry County Sheriff**  
**Platte City Police Department**  
**Platte County Sheriff**  
**Raytown Police Department**  
St. Ann Police Department  
St. Charles County Drug Task Force  
St. Louis County Multi-Jurisdictional Drug Task Force  
St. Louis County Police Department

St. Louis Metro Drug Task Force  
**St. Louis Metropolitan Police Department**  
South Central Drug Task Force  
**Southeast Missouri Drug Task Force**  
**Southwest Missouri Drug Task Force**  
Taney County Sheriff  
**Wayne County Sheriff**

**Montana**

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Big Horn County Sheriff  
**Bozeman Police Department**  
Broadwater County Sheriff  
**Cascade County Sheriff**  
Custer County Sheriff  
**Cut Bank Police Department**  
**Dawson County Sheriff**  
**Eastern Montana Drug Task Force**  
Gallatin County Sheriff  
**Great Falls Police Department**  
**Helena Police Department**  
**Lewis and Clark County Sheriff**  
**Liberty County Sheriff**  
**Missoula County Sheriff**

**Missoula Police Department**  
**Missouri River Drug Task Force**  
**Montana Department of Justice**  
    **Division of Criminal Investigation**  
**Montana Highway Patrol**  
Montana Bureau of Crime Control  
Montana Department of Public Health and Human Services  
**Park County Sheriff**  
**Phillips County Sheriff**  
**Ravalli County Sheriff**  
Southwest Montana Drug Task Force  
University of Montana  
    Office of Public Safety/Police  
**Yellowstone County Sheriff**

**Nebraska**

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III Corps Task Force  
**Alliance Police Department**  
**Beatrice Police Department**  
**Bellevue Police Department**  
Box Butte County Sheriff  
**Buffalo County Sheriff**  
**Cass County Sheriff**  
**Chadron Police Department**  
**Columbus Police Department**  
Compact for the Apprehension of Narcotics Dealers and  
    Offenders Task Force  
**Custer County Sheriff**  
**Dawson County Sheriff**  
**Fremont Police Department**  
Gering Police Department  
**Grand Island Police Department**  
Hall County Sheriff  
**Hastings Police Department**  
**Kearney Police Department**  
**Kimball Police Department**  
Lancaster County Sheriff  
**Lincoln Police Department**  
Mid Upper Level Enforcement Task Force

**Nebraska State Highway Patrol**  
    Headquarters, Lincoln  
    **Troop A, Omaha**  
    **Troop B, Lincoln**  
    Troop C, Grand Island  
**Norfolk Police Division**  
**North Platte Police Department**  
**Omaha Police Department**  
**Otoe County Sheriff**  
Pawnee County Sheriff  
**Platte County Sheriff**  
**Plattsmouth Police Department**  
Richardson County Sheriff  
**Sarpy County Sheriff**  
**Scottsbluff Police Department**  
**Sidney Police Department**  
South East Area Drug Enforcement Task Force  
**South Sioux City Police Department**  
Specialized Narcotics Abuse Reduction Effort Task Force  
**Tri-City Drug Task Force**  
**Tri-State Task Force**  
**Valentine Police Department**  
**Wayne Police Department**  
West Point Police Department  
Western Intelligence Narcotics Group

**Nevada**

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Carson County Sheriff  
Douglas County Sheriff  
Eastern Nevada Narcotic Task Force  
**Elko County Sheriff Department**  
Fallon Police Department  
Humboldt County Sheriff  
**Humboldt/Pershing Narcotics Task Force**

**Las Vegas Metropolitan Police Department**  
**Mesquite Police Department**  
**Nevada Division of Investigation**  
    **Las Vegas Office**  
    Narcotic Task Forces  
    **Elko Combined Narcotics Unit**  
    Headquarters, Carson City

Nevada Gaming Control Board  
**Nevada Office of Attorney General**  
 Nevada Substance Abuse Commission  
 North Central Narcotic Task Force  
**North Las Vegas Police Department**  
**Narcotics Division**  
**Nye County Sheriff**  
 Omaha Metro Task Force  
 Pershing County Sheriff

Rural Apprehension Project  
 Reno Police Department  
 Scottsbluff County Sheriff  
 South Lake/El Dorado County Narcotic Enforcement Team  
 Sparks Police Department  
 Storey County Sheriff  
 Tri-County Narcotic Enforcement Team  
**Washoe County Consolidated Narcotics Unit**  
 Washoe County Sheriff

**New Hampshire**

**Auburn Police Department**  
**Berlin Police Department**  
 Colebrook Police Department  
 Conway Police Department  
**Durham Police Department**  
 Epsom Police Department  
 Hampton Police Department  
**Hillsborough County Sheriff**  
**Hudson Police Department**  
**Keene Police Department**  
 Lancaster Police Department  
 Littleton Police Department  
 Manchester Police Department  
**New Hampshire Attorney General**  
**Drug Task Force**

New Hampshire Department of Health and Human Services  
 Division of Alcohol and Drug Abuse  
**New Hampshire State Police**  
 Narcotics Investigations Unit  
 Special Investigation Unit and Forensic Laboratory  
 Newington Police Department  
 Pittsburg Police Department  
 Portsmouth Police Department  
**Rochester Police Department**  
 Rockingham County Department of Corrections  
 Rye Police Department  
 Strafford County Department of Corrections  
**Troy Police Department**  
 University of New Hampshire  
 Police Department  
 Whitefield Police Department

**New Jersey**

**Aberdeen Township Police Department**  
**Alpha Police Department**  
 Asbury Park Police Department  
 Atlantic City Police Department  
**Atlantic County Prosecutor's Office Narcotic Task Force**  
 Avalon Police Department  
 Barnegat Police Department  
**Barnegat Township Police Department**  
 Bayonne Police Department  
 Beach Haven Police Department  
**Belmar Police Department**  
 Bergen County Narcotic Task Force  
**Bogota Police Department**  
**Borough of Pompton Lakes Police Department**  
**Bradley Beach Police Department**  
 Brick Township Police Department  
**Burlington County Prosecutor's Office**  
 Burlington County Narcotic Task Force  
**Caldwell Police Department**  
 Camden County Narcotic Task Force  
 Camden Police Department  
**Cape May City Police Department**  
 Cape May County Narcotic Task Force  
**Carney's Point Police Department**  
**Carteret Police Department**  
**Clayton Police Department**  
 Colts Neck Township Police Department  
**Cranbury Township Police Department**  
**Cranford Police Department**  
 Cumberland County Narcotic Task Force  
**Deal Police Department**

**Deptford Police Department**  
 Dunellen Police Department  
 East Brunswick Police Department  
**East Orange Police Department**  
**Eatontown Police Department**  
**Edison Police Department**  
**Egg Harbor Township Police Department**  
 Elizabeth Police Department  
**Englishtown Borough Police Department**  
 Essex County Narcotic Task Force  
 Essex County Sheriff Bureau of Narcotics  
**Freehold Borough Police Department**  
**Gloucester County Prosecutor's Office**  
 Gloucester County Narcotics Task Force  
**Hackettstown Police Department**  
 Harvey Cedars Police Department  
 Hoboken Police Department  
 Hudson County Narcotics Task Force  
**Hunterdon County Prosecutor's Office Narcotic Task Force**  
**Hunterdon County Sheriff**  
**Irvington Police Department**  
 Jackson Police Department  
**Jamesburg Police Department**  
**Jersey City Police Department**  
**Narcotics Unit**  
**Keansburg Police Department**  
**Kearny Police Department**  
 Lakewood Police Department  
**Linden Police Department**  
 Long Beach Township Police Department  
 Long Branch Police Department

**Mantua Township Police Department**  
Mercer County Narcotics Task Force  
**Middle Township Police Department**  
Middlesex County Narcotics Task Force  
Middlesex County Department of Corrections  
Monmouth County Narcotics Strike Force  
Montgomery Township Police Department  
Morris County Narcotics Task Force  
Mountainside Police Department  
**Neptune City Police Department**  
Neptune Township Police Department  
**New Brunswick Police Department**  
New Jersey County Narcotic Commanders Association  
New Jersey Department of Health and Senior Services  
Division of Addiction Services  
New Jersey Narcotics Enforcement Officers Association  
**New Jersey State Police**  
Narcotics & Organized Crime Bureau  
Central Unit  
North Unit  
South Unit  
**Newark Police Department**  
**Newfield Police Department**  
**North Caldwell Police Department**  
**North Wildwood Police Department**  
**Ocean City Police Department**  
Ocean County Narcotics Strike Force  
**Oceanport Police Department**  
**Orange Township Police Department**  
**Palisades Park Police Department**  
Paramus Police Department  
**Passaic County Prosecutor's Office**  
Passaic County Narcotics Task Force  
**Paterson Police Department**  
Penns Grove Police Department  
**Pennsville Police Department**  
**Perth Amboy Police Department**

Phillipsburg Police Department  
**Piscataway Police Department**  
**Plainfield Police Division**  
**Rahway Police Department**  
**Roseland Police Department**  
**Rumson Police Department**  
Rutgers University Police Department  
Salem County Narcotics Task Force  
**Sayreville Police Department**  
**Ship Bottom Police Department**  
**Somerset County Prosecutors Office**  
Somerset County Narcotics Task Force  
Somerville Police Department  
South Plainfield Police Department  
**Spring Lake Police Department**  
**Stafford Township Police Department**  
**Surf City Police Department**  
**Sussex County Narcotics Task Force**  
The Port Authority of New York and New Jersey  
Police Department  
**Trenton Police Department**  
**Union Beach Police Department**  
**Union County Prosecutor's Office Narcotic Strike Force**  
Union Police Department  
**Union Township Police Department**  
Vineland City Police Department  
**Wall Township Police Department**  
**Warren County Prosecutor's Office Narcotic Task Force**  
Watchung Police Department  
**Wenonah Police Department**  
**West Deptford Township Police Department**  
West New York Police Department  
Wildwood Police Department  
**Woodbridge Township Police Department**  
**Woodbury Police Department**  
**Woodstown Police Department**  
**Woolwich Township Police Department**

**New Mexico**

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**Albuquerque Police Department**  
**Eunice Police Department**  
**Harding County Sheriff**  
**Lincoln County Narcotics Enforcement Unit**  
**McKinley County Sheriff**  
New Mexico Corrections Department  
Probation and Parole Division  
Addiction Services  
New Mexico Department of Public Safety  
**New Mexico State Police**  
Narcotics Section  
Special Investigations Division  
Investigations Bureau  
Southern Crime Laboratory  
New Mexico Drug Enforcement Task Force Region I

**New Mexico Drug Enforcement Task Force Region II**  
**New Mexico Drug Enforcement Task Force Region III**  
**New Mexico Drug Enforcement Task Force Region IV**  
New Mexico Drug Enforcement Task Force Region V  
New Mexico Drug Enforcement Task Force Region VI  
New Mexico Drug Enforcement Task Force Region VII  
New Mexico Gang Task Force  
New Mexico Health Department  
Office of Epidemiology  
New Mexico National Guard Drug Task Force  
**Otero County Narcotics Enforcement Unit**  
**Roswell Police Department**  
**Southern New Mexico Gang Multi Agency Task Force**  
**Taos Pueblo Department of Public Safety Police**

**New York**

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Adirondack Task Force  
**Allegany County Sheriff**  
**Amityville Village Police Department**  
**Broome County Sheriff**

**Buffalo City Police Department**  
**Chautauqua County Sheriff**  
**City of Cohoes Police Department**  
**City of Kingston Police Department**

**City of Middletown Police Department**  
**City of New Rochelle Police Department**  
**City of Poughkeepsie Police Department**  
 Clarkstown Police Department  
 Clinton County Sheriff  
**District Attorney County of Onondaga**  
 Ellenville Police Department  
**Erie County Sheriff**  
 Essex County Sheriff  
**Franklin County Sheriff**  
**Freeport Police Department**  
**Garden City Police Department**  
**Genesee County Sheriff**  
 Glen Cove City Police Department  
**Hempstead Police Department**  
**Hornell City Police Department**  
 Ithaca Police Department  
**Jefferson County Sheriff**  
**Johnstown City Police Department**  
 Kent Town Police Department  
 Larchmont Police Department  
**Lewis County Sheriff**  
**Livingston County Sheriff**  
 Long Beach City Police Department  
 Malone Police Department  
 Mahopac Police Department  
 Malverne Village Police Department  
 Mamaroneck Town Police  
**Massena Police Department**  
 Maybrock Police Department  
 Monroe County Sheriff  
**Montgomery County Sheriff**  
**Mount Vernon Police Department**  
 Nassau County District Attorney's Office  
**Nassau County Police Department**  
     **Narcotics/Vice Bureau**  
**New York Police Department**  
     **Drug Enforcement Task Force**  
     Gang Unit

**New York State Police**  
     **Bureau of Criminal Investigation**  
         Crime Analysts Unit  
         Special Investigations Unit  
         Troop B  
         **Troop F**  
 North Star Industries Substance Abuse Treatment Clinic  
 Office of the District Attorney Franklin County  
 Office of the District Attorney St. Lawrence County  
 Office of the Special Narcotics Prosecutor for the City of  
     New York  
 Old Westbury Police Department  
**Oneida City Police Department**  
**Oneida County Sheriff**  
**Onondaga County Sheriff**  
**Orange County Sheriff**  
**Oswego County Drug Task Force**  
 Peekskill Police Department  
 Pelham Police Department  
 Plattsburgh Police Department  
 Port Washington Police Department  
**Putnam County Sheriff**  
**Queens County District Attorney**  
**Rochester Police Department**  
 Rockville Center Village Police Department  
**Saratoga Springs City Police Department**  
**Sherrill City Police Department**  
**Southold Town Police Department**  
 Spring Valley Police Department  
**Steuben County Sheriff**  
 Suffolk County District Attorneys Office  
**Suffolk County Police Department**  
 Syracuse Police Department  
 Town of Caramel Police Department  
 Town of Montgomery Police Department  
 Town of Niskayuna Department of Police  
**Troy City Police Department**  
**Utica Police Department**  
**Watertown City Police Department**  
**Wayne County Sheriff**  
**Westchester County District Attorney's Office**  
**Wyoming County Sheriff**  
**Yonkers Police Department**

**North Carolina**

Alexander County Sheriff  
 Alleghany County Sheriff  
 Ashe County Sheriff  
 Brunswick County Sheriff  
**Asheville-Buncombe Metropolitan Enforcement Group**  
**Asheville Police Department**  
 Catawba County Sheriff  
 Charlotte-Mecklenburg Police Department  
 Clay County Sheriff  
 Columbus County Sheriff  
**Cumberland County Sheriff**  
**Durham Police Department**  
 Duplin County Sheriff  
 Emerald Isle Police Department  
**Fayetteville Police Department**

Forsyth County Sheriff  
 Gaston County Police Department  
 Gastonia Police Department  
 Graham County Sheriff  
**Greensboro Police Department**  
**Guilford County Sheriff**  
 Henderson County Sheriff  
**Hickory Police Department**  
 High Point Police Department  
 Hoke County Sheriff  
 Iredell County Sheriff  
 Jacksonville Police Department  
 Kinston Police Department  
**Montgomery County Sheriff**  
**Nags Head Police Department**

## National Drug Threat Assessment 2002

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New Hanover County Sheriff  
**North Carolina State Highway Patrol**  
North Carolina State Bureau of Investigation  
Onslow County Sheriff  
Pender County Sheriff  
**Raleigh Police Department**  
**Reidsville Police Department**  
Robeson County Sheriff  
Rocky Mountain Police Department

**Tyrrell County Sheriff**  
University of North Carolina at Wilmington  
Police Department  
Wake County Sheriff  
Watauga County Sheriff  
**Wilmington Police Department**  
Winston-Salem Police Department  
**Yanceyville Police Department**

### North Dakota

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**Beulah Police Department**  
**Bismarck Police Department**  
**Burke County Sheriff**  
**Burleigh County Sheriff**  
**Devils Lake Police Department**  
**Dickinson Police Department**  
**Grand Forks Police Department**  
**Grand Forks Sheriff**  
Grand Forks Drug Task Force  
Jamestown Police Department  
**Mandan Police Department**  
**Mercer County Sheriff**  
Metro Area Narcotics Task Force  
**Morton County Sheriff**

**North Dakota Bureau of Criminal Investigation**  
North Dakota Division of Mental Health  
& Substance Abuse Services  
North Dakota Highway Patrol  
**North Dakota Youth Correctional Center**  
Division of Juvenile Services  
Red River Valley Drug Task Force  
South Sakakawea Narcotics Task Force  
Stark County Sheriff  
**Stutsman County Sheriff**  
Stutsman County Task Force  
Ward County Task Force  
**Williston Police Department**

### Northern Mariana Islands

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Commonwealth of the Northern Mariana Islands  
Department of Public Safety  
DEA/ Commonwealth of the Northern Mariana  
Islands Narcotic Task Force  
Office of the Attorney General  
Investigation Unit

### Ohio

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**Akron Police Department**  
Athens Police Department  
**Brooklyn Heights Police Department**  
**Butler County Sheriff**  
**Cincinnati Police Division**  
Drug Diversion Unit  
**Cleveland Police Department**  
Columbus Airport Police Department  
**Columbus Police Department**  
**Narcotics Bureau**  
Cuyahoga County Sheriff  
Delaware County Sheriff  
Dublin Police Department  
**Erie County Drug Task Force**  
Franklin County Sheriff  
**Greene County Task Force**  
**Hamilton County Sheriff**  
**Hamilton Police Department**  
Mahoning Valley Drug Task Force  
Marietta Police Department  
**Metro Drug Task Force**

**Miami University**  
**Police Department**  
**Middleburg Heights Police Department**  
Monroe County Police Department  
**Ohio Bureau of Criminal Identification and Investigation**  
**Ohio State Highway Patrol**  
Ohio University  
Police Department  
Oregon Police Department  
Oxford Police Department  
**Paulding County Sheriff**  
Salem Police Department  
Summit County Sheriff  
**Trumbull County Drug Task Force**  
Upper Arlington Police Department  
**Valley View Police Department**  
**Village of Yellow Springs Police Department**  
Warren County Drug Task Force  
Washington County Sheriff  
Wood County Sheriff  
**Wyandot County Sheriff**  
Youngstown Police Department



**Oklahoma**

Association of Oklahoma Narcotics Enforcers  
**Buffalo Police Department**  
 Cherokee County District Attorney  
**Cimarron County Sheriff**  
**Coal County Sheriff**  
**Muskogee Police Department**  
**Oklahoma Bureau of Narcotics & Dangerous Drug Control**  
 Oklahoma City Police Department  
 Oklahoma Department of Mental Health  
 and Substance Abuse Services  
 Oklahoma District Attorneys Council  
 Drug Task Force Coordinator's Office

**Oklahoma Highway Patrol**  
**Special Operations Division**  
 Oklahoma Military Department  
 Oklahoma National Guard  
 Counterdrug Section  
 Oklahoma State Bureau of Investigations  
**Pawnee County Sheriff**  
**Pittsburg County Sheriff**  
**Stillwater Police Department**  
**Tulsa Police Department**  
 Special Investigations Division  
**Yukon Police Department**

**Oregon**

Baker County Drug Task Force  
 Blue Mountain Narcotics Enforcement Team  
 Central Oregon Drug Enforcement Team  
 Clatsop Interagency Narcotics Team  
 Columbia Enforcement Narcotics Team  
 Douglas Interagency Narcotics Team  
**Gresham Police Department**  
**Hillsboro Police Department**  
**Independence Police Department**  
 Interagency Gang enforcement Team  
 Jackson County Narcotic Enforcement Team  
 Josephine Interagency Narcotics Team  
 Klamath County Interagency Drug Team  
**Lake County Sheriff**  
 Lane Interagency Narcotics Team  
**Lakeview Police Department**  
**Lincoln Interagency Narcotics Team**  
**Malheur-Harney County Narcotics Task Force**

Marion Area Gang and Narcotics Task Force  
**Medford Police Department**  
 Mid Columbia Interagency Narcotics Team  
**Multi-Agency Drug Enforcement Response & Interdiction Team**  
**Multnomah County Sheriff**  
**Ontario Police Department**  
**Oregon Department of Justice**  
**Oregon State Police**  
 Polk Interagency Narcotics Team  
 Portland Airport Interagency Narcotics Team  
 Regional Organized Crime Narcotics Team  
 South Coast Interagency Narcotics Team  
 Tillamook Interagency Narcotics Team  
 Union/Wallowa County Drug Task Force  
 Valley Interagency Narcotics Team  
 Westside Interagency Narcotics Team  
 Yamhill County Interagency Narcotics Team

**Pennsylvania**

**Allentown Police Department**  
**Altoona Police Department**  
 Narcotic Unit  
 Bethlehem Police Department  
**Butler City Police Department**  
**City of Beaver Falls Police**  
**City of Coatesville Police Department**  
**City of Pittsburgh Department of Public Safety**  
**Corry City Police Department**  
 Easton Police Department  
**Easttown Township Police Department**  
**Galeton Borough Police**  
**Harrisburg Bureau of Police**  
**Indiana Township Police Department**  
**Johnstown City Police**  
 Lancaster Bureau of Police  
**Manor Township Police Department**  
**Northampton Township Police Department**  
**Pennsylvania Office of Attorney General**  
 Bureau of Narcotics Investigations  
 Allentown Regional Office  
 Butler Regional Office  
 Erie Regional Office  
 Greensburg Regional Office

**Harrisburg Regional Office**  
**State College Regional Office**  
**Philadelphia Regional Office**  
**Wilkes-Barre Regional Office**  
**Pennsylvania State Police**  
 Bureau of Drug Law Enforcement  
 Troop K Vice and Narcotics Unit  
 Philadelphia Police Department  
 Commissioner's Office  
 Intelligence Division  
 Narcotics Division  
 Philadelphia Department of Health  
 Drug and Alcohol Abuse Section  
 Reading Police Department  
**Scranton Police Department**  
**Shaler Township Police Department**  
**Upper Merion Township Police Department**  
**Warrington Township Police Department**  
**West Whiteland Township Police**  
**West Pottsgrove Township Police Department**  
**Wilkes-Barre City Police Department**

**Puerto Rico**

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**Policia de Puerto Rico**  
Department of Drugs, Narcotics, and Vice, Guayama

**Rhode Island**

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**Burrillville Police Department**  
**Central Falls Police Department**  
**Cranston Police Department**  
Narcotics Unit  
**Bryant College**  
Department of Public Safety  
Campus Police  
**East Providence Police Department**  
**Foster Police Department**  
**Glocester Police Department**  
Narcotics Unit  
**Jamestown Police Department**  
**Johnston Police Department**  
**Little Compton Police Department**  
**Newport Police Department**

**North Kingstown Police Department**  
**North Smithfield Police Department**  
**Pawtucket Police Department**  
Providence Police Department  
**Rhode Island College**  
Campus Police  
**Rhode Island State Police**  
Narcotics Unit  
**Richmond Police Department**  
**Scituate Police Department**  
**Smithfield Police Department**  
**South Kingstown Police Department**  
**Warren Police Department**  
**Warwick Police Department**  
**West Warwick Police Department**

**South Carolina**

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**Aiken County Sheriff**  
**Anderson Police Department**  
Anderson County Sheriff  
**Beaufort Police Department**  
Beaufort County Sheriff  
Calhoun County Sheriff  
**Charleston County Sheriff**  
**Charleston Police Department**  
Charleston Port Authority Police Department  
Clemson Police Department  
Clemson University Police Department  
Columbia Metropolitan Airport Police Department  
**Darlington County Combined Drug Unit**  
Edgefield Police Department  
**Florence Police Department**  
Georgetown Police Department  
Greenville County Sheriff  
Greenville Police Department

**Greenville/Spartanburg Airport Police**  
Horry County Police Department  
**Lancaster Police Department**  
McCormick County Sheriff  
**Myrtle Beach Police Department**  
North Charleston Police Department  
**Port Royal Police Department**  
Richland County Sheriff  
Spartanburg Public Safety Department  
**South Carolina Highway Patrol**  
South Carolina State Port Authority  
The Citadel  
Department of Public Safety/Law Enforcement  
University of South Carolina  
Police Department  
West Columbia Police Department  
**York County Multi-Jurisdictional Drug Unit**

**South Dakota**

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Davison County Sheriff  
Hanson County Sheriff  
**James Valley Drug Task Force**  
Minnehaha County Sheriff  
Mitchell Police Department  
Northern Black Hills Drug Task Force  
**Northern Plains Safe Trails Task Force**  
Pennington County Sheriff  
**Platte Police Department**  
Rapid City Police Department

Sanborn County  
**Sioux Falls Area Drug Task Force**  
Sioux Falls Police Department  
South Dakota Highway Patrol  
**State of South Dakota**  
**Office of the Attorney General**  
**Division of Criminal Investigation**  
Drug Prosecution Task Force  
Todd County Sheriff  
Unified Narcotics Enforcement Team

**Tennessee**

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1st Judicial District Drug Task Force  
3d Judicial District Drug Task Force  
4th Judicial District Drug Task Force  
5th Judicial District Drug Task Force  
**8th Judicial District Drug Task Force**

9th Judicial District Drug Task Force  
10th Judicial District Drug Task Force  
12th Judicial District Drug Task Force  
17th Judicial District Drug Task Force  
20th Judicial District Drug Task Force

31st Judicial District Drug Task Force  
 Alcoa Police Department  
**Anderson County Sheriff**  
**Bartlett Police Department**  
 Bledsoe County Sheriff  
**Bolivar Police Department**  
**Bradley County Sheriff**  
**Bristol Police Department**  
 Brownsville Police Department  
**Carter County Sheriff**  
**Chattanooga Police Department**  
**Cheatham County Sheriff**  
**Claiborne County Sheriff**  
 Clarksville Police Department  
**Cleveland Police Department**  
 Collierville Police Department  
 Crossville Police Department  
 Dayton Police Department  
**Dickson County Sheriff**  
**Dyersburg Police Department**  
**Germantown Police Department**  
 Grainger County Sheriff  
 Hamblen County Sheriff  
 Hamilton County Sheriff  
**Hardeman County Sheriff**  
 Hawkins County Sheriff  
**Humboldt Police Department**  
 Jackson/Madison County Metro Narcotics  
**Jefferson City Police Department**  
 Johnson City Police Department  
 Johnson County Sheriff  
 Kingsport Police Department  
**Knox County Sheriff**  
**Knoxville Police Department**  
**Lawrence County Sheriff**  
**Lawrenceburg Police Department**  
**Lewisburg Police Department**  
**Lincoln County Sheriff**  
 Loudon County Sheriff  
**Macon County Sheriff**  
**Marshall County Sheriff**  
**Maryville Police Department**  
**McKenzie Police Department**

**McMinnville Police Department**  
 Meigs County Sheriff  
 Memphis Police Department  
 Metropolitan Hartsville/Troutsville County Sheriff  
**Metropolitan Moore County Sheriff**  
**Metropolitan Nashville Police Department**  
 Moore County Sheriff  
**Morgan County Sheriff**  
**Morristown Police Department**  
**Newport Police Department**  
 Oak Ridge Police Department  
**Paris Police Department**  
**Polk County Sheriff**  
**Portland Police Department**  
 Putnam County Sheriff  
**Red Bank Police Department**  
**Rhea County Sheriff**  
**Ripley Police Department**  
 Robertson County Sheriff  
 Rutherford County Sheriff  
**Scott County Sheriff**  
**Sevier County Sheriff**  
**Shelby County Sheriff**  
**Shelbyville Police Department**  
 Sparta Police Department  
 Sullivan County Sheriff  
 Sumner County Sheriff  
 Tennessee Association for Alcohol  
 and Drug Abuse Services, Inc.  
**Tennessee Bureau of Investigation**  
 Tennessee Highway Patrol  
 Tipton County Sheriff  
 Trousdale County Sheriff  
**Union City Police Department**  
**University of Tennessee, Knoxville**  
**Police Department**  
 Washington County Sheriff  
**Wayne County Sheriff**  
**White County Sheriff**  
**Williamson County Sheriff**  
**Wilson County Sheriff**  
**Winchester Police Department**

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## Texas

**33d Judicial Narcotics Team**  
**63d Judicial District Narcotics Task Force**  
**216th Judicial District Narcotics Task Force**  
 Abilene Police Department  
**Agriplex Drug Task Force**  
**Amarillo Police Department**  
 Andrews County Sheriff  
 Andrews Police Department  
 Department of Public Safety  
 Anthony Police Department  
 Big Spring Police Department  
**Brewster County Sheriff**  
**Brownwood Police Department**  
 Burlington Northern and Santa Fe Railroad Police  
**Central East Texas Narcotics Task Force**

**Collin County Sheriff**  
 Combined Governmental Drug Enforcement and Special  
 Crimes Task Force  
 Crane County Sheriff  
 Crockett County Sheriff  
**Cross Timbers Narcotics Task Force**  
 Culberson County Sheriff  
**Deep East Texas Regional Narcotics Trafficking Task Force**  
**Del Rio Police Department**  
 Dimmit County Sheriff  
 Drug Enforcement Task Force  
 Ector County Sheriff  
 Edwards County Sheriff  
**El Paso Community College**  
**Police Department**

El Paso County Sheriff  
**El Paso Independent School District  
Police Department**  
El Paso Metro Task Force  
El Paso Police Department  
    Southwest Border Unit Watch Command  
**Fort Bend County Narcotics Task Force**  
**Fort Stockton Police Department**  
**Fort Worth Police Department**  
**Harris County Sheriff**  
Hidalgo Police Department  
**Horizon City Police Department**  
**Houston Police Department**  
Howard County Sheriff  
Hudspeth County Sheriff  
**Independence Narcotic Task Force**  
Jeff Davis County Sheriff  
**Kenedy County Sheriff**  
**Kent County Sheriff**  
**Killeen Police Department**  
Kimble County Sheriff  
**Kinney County Sheriff**  
**La Grange Police Department**  
Laredo Multi Agency Narcotics Task Force  
**Loving County Sheriff**  
Lubbock County Sheriff  
**Lubbock Police Department**  
**Maverick County Sheriff**  
**Mesquite Police Department**  
Midland County Sheriff  
Midland Police Department  
**New Caney Independent School District  
Police Department**  
**North Central Texas Narcotics Task Force**  
**North Richland Hills Police Department**  
**North Texas Regional Drug Enforcement Task Force**  
**Northeast Area Drug Interdiction Task Force**  
**Odessa Police Department**  
Office of the Texas Attorney General  
**Panhandle Regional Narcotics Task Force**  
**Paris Police Department**  
Pecos County Sheriff  
Pecos Police Department  
**Plainview Police Department**

**Port Arthur Police Department**  
Presidio County Sheriff  
Reeves County Sheriff  
Resource Protection Team  
**Rio Concho Multi-Agency Drug Enforcement Task Force**  
Roanoke Police Department  
San Angelo Police Department  
**San Antonio Police Department**  
Smith County Sheriff  
Socorro Police Department  
**South Plains Regional Narcotics Task Force**  
South Texas Specialized Crime and Narcotics Task Force  
Southwest Texas Narcotics Task Force  
**Stafford Police Department**  
Sterling County Sheriff  
**Sutton County Sheriff**  
**Tarrant County Sheriff**  
Taylor County Sheriff  
**Terrell County Sheriff**  
Terrell Police Department  
**Texarkana Police Department**  
Texas Department of Public Safety  
**Texas Department of Public Safety  
Narcotics Service  
Post Seizure Analysis Team**  
Crime Records  
    Texas Crime Information Center  
Tom Green County Sheriff  
**Trans Pecos Drug Task Force**  
Tri County Task Force  
**Tyler Police Department**  
Union Pacific Railroad Police Department  
**University of Texas, El Paso  
Police Department**  
University of Texas System Police  
Uvalde County Sheriff  
Val Verde County Sheriff  
**Ward County Sheriff**  
West Central Texas Inter-Local Crime Task Force  
West Texas Council on Drug Abuse and Alcoholism  
West Texas Narcotics Enforcement Task Force  
**Wichita Falls Police Department**  
Winkler County Sheriff

**Utah**

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Alpine Police Department  
American Fork Police Department  
Bountiful Police Department  
**Box Elder County Sheriff**  
Brigham Young University Police Department  
Cache County Sheriff  
**Cache/Rich Counties Drug Task Force**  
**Carbon County Metro Drug Task Force**  
Cedar City Police Department  
**Central Utah Narcotics Task Force**  
Clearfield Police Department  
Davis County Sheriff  
**Davis Metro Narcotics Task Force**  
**Emery County Drug Task Force**

Grand County Sheriff  
**Grand/San Juan Counties Narcotic Task Force**  
**Grantsville City Police Department**  
Iron County Sheriff  
**Iron/Garfield Counties Narcotics Task Force**  
Kaysville Police Department  
Layton Police Department  
Lehi Police Department  
Logan Police Department  
**Mapleton City Police**  
Midvale Police Department  
Moab Police Department  
**Morgan County Sheriff**  
Murray City Police Department

North Park Police Department  
**Ogden City Police Department**  
 Ogden/Weber County Gang Unit  
 Orem Police Department  
**Park City Police Department**  
 Payson Police Department  
 Piute County Sheriff  
 Pleasant Grove Police Department  
 Provo Police Department  
 Rich County Sheriff  
 Roy Police Department  
 St. George Police Department  
 Salem Police Department  
**Salt Lake Area Gang Project**  
**Salt Lake City District Attorney**  
     **Wasatch Front Range Task Force**  
**Salt Lake City Police Department**  
 Salt Lake County Sheriff  
**San Juan County Sheriff**  
**Sandy City Police Department**  
 Sanpete County Sheriff  
 Santaquin Police Department  
 Sevier County Sheriff

South Salt Lake Police Department  
 Spanish Fork Police Department  
 Springville Police Department  
 University of Utah  
     Police Department  
 Utah Commission on Criminal and Juvenile Justice  
**Utah County Major Crimes Task Force**  
 Utah County Sheriff  
 Utah Department of Corrections  
 Utah Department of Commerce  
     Occupational and Professional Licensing Department  
**Utah Department of Public Safety**  
     **Criminal Investigations Bureau**  
 Utah National Guard  
 Utah State University Police Department  
**Washington County Drug Task Force**  
 Washington County Sheriff  
 Wayne County Sheriff  
**Weber/Morgan Counties Strike Force**  
 West Jordan Police Department  
**West Valley City Police Department**  
 Woods Cross Police Department

**Vermont**

Bennington Police Department  
**Brattleboro Police Department**  
**Burlington Police Department**  
**Caledonia County Sheriff**  
**Lamoille County Sheriff**  
 Montpelier Police Department  
**Newport City Police Department**  
 Rutland Police Department  
 St. Johnsbury Police Department  
**Stowe Police Department**  
 Swanton Police Department

Vermont Center for Justice Research  
 Vermont Department of Health  
     Office of Alcohol and Drug Abuse Programs  
 Vermont Department of Public Safety  
     Division of Criminal Justice Services  
         Criminal Information Center  
**Vermont State Police**  
     **Drug Task Force**  
     Special Investigations Unit  
     Criminal Intelligence Unit

**Virgin Islands**

**Territory of the Virgin Islands**

**Virginia**

**Albemarle County Police Department**  
**Alexandria Police Department**  
 Alleghany County Sheriff  
 Alleghany Highlands Drug Task Force  
**Arlington County Police Department**  
 Bath County Sheriff  
 Blacksburg Police Department  
 Bluefield County Sheriff  
**Bluefield Police Department**  
 Bridgewater Police Department  
 Charlottesville Police Department  
 Charlottesville Sexual Assault Resource Agency  
**Chesapeake Police Department**  
**Chesterfield County Police Department**  
 Christiansburg Police Department  
 Clarke County Sheriff  
 Clifton Forge Sheriff  
 Clifton Forge Police Department  
 Colonial Narcotics Enforcement Task Force

Covington Police Department  
**Danville Sheriff**  
**Emporia Police Department**  
 Fairfax City Police Department  
 Fairfax County Police Organized Crime and Narcotic Unit  
 Fairfax County Police Department  
 Fairfax County Sheriff  
 Fauquier County Sheriff  
 Frederick County Sheriff  
 Front Royal Police Department  
**George Mason University**  
     **Police Department**  
         Sexual Assault Services Coordinating Council  
 Harrisonburg Police Department  
**Henrico County Police Department**  
 Herndon Police Department  
 Highland County Sheriff  
 James City County Police Department  
 Jefferson Area Drug Enforcement Task Force

King and Queen County Sheriff  
Loudoun County Sheriff  
**Lynchburg Police Department**  
Montgomery County Sheriff  
New River Regional Drug Task Force  
**Newport News Police Department**  
North West Virginia Regional Task Force  
Page County Sheriff  
**Prince William County Police Department**  
Radford Police Department  
Radford Women’s Resource Center  
Richlands Police Department  
**Richmond Police Department**  
Roanoke County Sheriff  
**Roanoke Police Department**  
Rockingham County Sheriff  
Rockingham Unit State Police Harrisonburg Task Force  
**Salem Police Department**  
Shenandoah County Sheriff  
**Southampton County Sheriff**  
Spotsylvania County Sheriff  
Stafford County Sheriff  
**Surry County Sheriff**  
Tazewell County Drug Task Force

Tazewell County Sheriff  
Tazewell Police Department  
University of Virginia  
Police Department  
Virginia Alcoholic Beverage Commission  
Virginia Association of Law Enforcement  
Intelligence Documentation  
**Virginia Beach Police Department Special Investigations**  
**Virginia State Police**  
**Bureau of Criminal Investigation**  
**Drug Enforcement Division**  
**Appomattox Field Office**  
**Fairfax Field Office**  
**Salem Field Office**  
Virginia Tech University Campus Police  
Vienna Police Department  
**Warren County Sheriff**  
**West Point Police Department**  
Westmoreland County Sheriff  
Williamsburg Police Department  
Winchester Police Department  
Wytheville Police Department  
**Wythe County Sheriff**

**Washington**

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**Clark/Skamania Narcotics Task Force**  
**Columbia River Drug Task Force**  
Cowlitz-Wahkiakum Narcotics Task Force  
Eastside Narcotics Task Force  
**Ferry County Sheriff**  
**Grant County Sheriff**  
Grays Harbor County Drug Task Force  
**Interagency Narcotics Enforcement Team**  
**King County Sheriff**  
**Law Enforcement Against Drugs**  
**North Central Washington Narcotics Task Force**  
**Northwest Regional Drug Task Force**  
Olympic Peninsula Narcotics Enforcement Team  
**Pierce County Sheriff**

Quad Cities Drug Task Force  
**Skagit County Interlocal Drug Enforcement Unit**  
Snohomish County Regional Drug Task Force  
**Spokane County Sheriff**  
**Spokane Regional Drug Task Force**  
State-wide Incident Response Team  
**Thurston County Narcotics Task Force**  
**Tri-City Metro Drug Task Force**  
**Unified Narcotics Enforcement Team**  
**Valley Narcotics Enforcement Team**  
**Washington State Patrol**  
West Sound Narcotics Enforcement Team  
**Whatcom County Sheriff**  
**Yakima Police Department**

**West Virginia**

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Barboursville Police Department  
Beckley Police Department  
Berkley County Sheriff  
Bluefield Police Department  
Boone County Sheriff  
Brexton County Sheriff  
Bridgeport Police Department  
Brooke County Sheriff  
Cabell County Sheriff  
**Central West Virginia Drug Task Force**  
Charles Town Police Department  
Charleston Police Department  
Chesapeake Police Department  
Clarksburg City Police Department  
Doddridge County Sheriff  
Dunbar Police Department  
Eastern Panhandle Drug Task Force  
Fairmont Police Department

Fayette County Sheriff  
Gilbert Police Department  
Gilmer County Sheriff  
Hancock County Prosecutor’s Office  
Hancock County Sheriff  
Hancock/Brooke/Weirton Task Force  
Harpers Ferry Police Department  
Harrison County Sheriff  
Harrison-Lewis County Drug and Violent Crime Task Force  
Huntington Police Department  
Huntington Violent Crime-Drug Task Force  
Jefferson County Sheriff  
Kanawha County District Attorney’s Office  
Kanawha County Sheriff  
Lewis County Sheriff  
Lincoln County Sheriff  
**Logan County Drug Task Force**  
Logan County Sheriff

Madison Police Department  
 Marion City Police Department  
 Marion County Sheriff  
 Marshal County Sheriff  
 Marshal University Prevention Resource Center  
 Martinsburg City Police Department  
 Mason County Sheriff  
 McDowell County Sheriff  
 Mercer County Sheriff  
 Metropolitan Drug Enforcement Task Force  
 Mon Valley Drug Task Force  
 Monongalia County Sheriff  
 Monroe County Sheriff  
 Morgantown Police Department  
 Nicholas County Sheriff  
 Nitro Police Department  
 Ohio County Sheriff  
 Ohio Valley Task Force  
**Parkersburg Multi-Jurisdictional Task Force**  
 Parkersburg Police Department  
 Pleasants County Sheriff  
 Pocahontas Police Department

Point Pleasant Police Department  
 Preston County Sheriff  
 Princeton Police Department  
 Raleigh County Sheriff  
 Ranson Police Department  
 Ridgewood Police Department  
 St. Albans Police Department  
**Southern Regional Drug and Violent Crime Task Force**  
 Summersville Police Department  
 Trident Drug Task Force  
 Vienna Police Department  
 Webster County Sheriff  
 Webster Springs Police Department  
 Weirton Police Department  
 West Virginia National Guard  
**West Virginia Prosecuting Attorney's Institute**  
 West Virginia Public Service Commission  
**West Virginia State Police**  
 Weston Police Department  
 Wheeling Police Department  
 Wood County Sheriff

**Wisconsin**

**Ashland Police Department**  
**Bayfield County Sheriff**  
**Brown County Sheriff Drug Task Force**  
 Central Wisconsin Drug Task Force  
**Cudahy Police Department**  
 Douglas County Drug Task Force  
 Douglas County Sheriff  
**Eau Claire County Sheriff**  
**Fitchburg Police Department**  
**Florence County Sheriff**  
**Fond du Lac Police Department**  
**Iron County Sheriff**  
**Janesville Police Department**  
**Kewaunee County Sheriff**  
 La Crosse Metropolitan Enforcement Group  
 La Crosse Police Department  
**Manitowoc County Sheriff**

Marathon County Drug Task Force  
 Marathon County Sheriff  
**Milwaukee County Sheriff**  
 North Central Drug Enforcement Task Force  
 Northwest Wisconsin Area Crime Unit  
**Oneida County Sheriff**  
**Ozaukee County Sheriff**  
**Platteville Police Department**  
 Portage County Sheriff  
**Rock County Sheriff**  
**Stevens Point Police Department**  
**Superior Police Department**  
**Village of Fox Point Police Department**  
**West Central Drug Task Force**  
 Wisconsin Division of Criminal Investigation  
**Wisconsin Division of Narcotics Enforcement**

**Wyoming**

Albany County Sheriff  
**Buffalo Police Department**  
**Casper Police Department**  
**Cheyenne Police Department**  
**Cody Police Department**  
 Diamondville Police Department  
**Evanston Police Department**  
**Green River Police Department**  
 Johnson County Sheriff  
**Kemmerer Police Department**  
**Laramie County Sheriff**  
**Laramie Police Department**  
**Lincoln County Sheriff**  
 Lyman Police Department  
**Natrona County Sheriff**  
 Platte County Sheriff  
**Rawlins Police Department**

**Rock Springs Police Department**  
 Sheridan County Sheriff  
 Sheridan Police Department  
**Sublette County Sheriff**  
**Thermopolis Police Department**  
 Uinta County Sheriff  
**University of Wyoming**  
**Chemical Abuse Research and Education**  
**Police Department**  
**Wheatland Police Department**  
 Wyoming Department of Education  
 Wyoming Department of Family Services  
**Wyoming Division of Criminal Investigation**  
**Statewide Drug Task Forces**  
**Wyoming Health Department**  
**Substance Abuse Division**  
**Wyoming Highway Patrol**

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