



Virginia

Drug Threat Assessment



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Virginia Drug Threat Assessment

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Preface

This report is a strategic assessment that addresses the status and outlook of the drug threat to Virginia. Analytical judgment determined the threat posed by each drug type or category, taking into account the most current quantitative and qualitative information on availability, demand, production or cultivation, transportation, and distribution, as well as the effects of a particular drug on abusers and society as a whole. While NDIC sought to incorporate the latest available information, a time lag often exists between collection and publication of data, particularly demand-related data sets. NDIC anticipates that this drug threat assessment will be useful to policymakers, law enforcement personnel, and treatment providers at the federal, state, and local levels because it draws upon a broad range of information sources to describe and analyze the drug threat to Virginia.

Virginia Drug Threat Assessment

Executive Summary

The production, distribution, and abuse of illicit drugs and the diversion and abuse of pharmaceuticals pose a serious threat to Virginia. Crack cocaine is the drug most often associated with violent crime in the state. Marijuana is the most widely available and frequently abused drug in Virginia. However, the nature of the drug threat varies throughout the state. For example, cocaine is readily available and is the principal drug threat to the heavily populated areas of Northern Virginia and urban centers elsewhere in the state. Heroin is increasingly available and is the primary drug threat to the Central Virginia and Tidewater areas and is an emerging threat to Winchester. Other dangerous drugs, particularly MDMA, are an increasing threat primarily to the Northern Virginia and Tidewater areas. The diversion and abuse of OxyContin are the principal threats to southwestern Virginia, and methamphetamine is an emerging threat, particularly to the Shenandoah Valley.

Cocaine, particularly crack, is the primary drug threat to Virginia. Powdered cocaine and crack cocaine are readily available in most population centers in the state. Cocaine abuse is associated with more drug-related admissions to publicly funded treatment facilities than is abuse of any other drug. Nearly two-thirds of all drug-related federal sentences in Virginia in fiscal year (FY) 2000 were cocaine-related. Crack cocaine is the drug most often associated with violent crime in the state. Colombian and Dominican criminal groups based in New York City and Philadelphia and, to a lesser but increasing extent, Mexican criminal groups based in Atlanta and Charlotte (NC) transport wholesale quantities of powdered cocaine into Virginia and distribute the drug at the wholesale level. In addition, Virginia-based African American, Caucasian, and Jamaican criminal groups and local independent dealers travel primarily to New York City and also to Philadelphia, Washington, D.C., and Miami to purchase wholesale quantities of powdered cocaine and return to Virginia to distribute the drug at the retail level. Cocaine typically is transported into Virginia in private or rental vehicles. Retail distributors usually convert powdered cocaine into crack in Virginia on an as-needed basis. Wholesale crack distribution usually is limited to multiounce quantities. African American criminal groups based in Virginia and African American local independent dealers and street gangs distribute crack at the wholesale and retail levels. Retail distributors typically sell crack at open-air markets in Virginia and at public housing projects in the Central Virginia and Tidewater areas.

Marijuana, produced primarily in Mexico, is the most widely available and frequently abused drug in Virginia. However, law enforcement officers generally regard the drug as a lower threat than cocaine because marijuana abusers and distributors usually do not commit violent crimes. The number of admissions for marijuana abuse to publicly funded treatment facilities in Virginia was second only to cocaine each year from 1995 through 1999. Fifty-eight percent of all drug-related arrests by state and local law enforcement in 2000 were marijuana-related. Most of the marijuana available in the state is produced in Mexico, but some is produced in southwestern states, Virginia, and neighboring states. Marijuana typically is transported into the state via commercial and private vehicles and via package delivery and express mail services. Jamaican and Mexican criminal groups based in southwestern states and Virginia and Caucasian criminal groups based in Virginia are the primary transporters and wholesale distributors of marijuana produced in Mexico and southwestern states. Caucasian criminal groups and local independent dealers are the primary transporters and wholesale distributors of marijuana produced in Virginia and neighboring states. Local independent dealers, primarily African American and Caucasian, and street gangs are the principal retail distributors of marijuana produced in Mexico and southwestern states, while Caucasian local independent dealers are the principal retail distributors of marijuana produced in Virginia and neighboring states.

Heroin, produced primarily in South America, is an increasing threat to Virginia. Southeast Asian, Southwest Asian, and Mexican black tar and brown powdered heroin also are available. Most new heroin abusers in Virginia are young adults who snort the drug rather than inject it. The number of admissions for heroin abuse to publicly funded treatment facilities ranked third behind cocaine and marijuana from 1995 through 1999. Heroin was a factor in more drug-related deaths in Virginia in 2000 than any other drug. Heroin is readily available in the Central Virginia and Tidewater areas and is an emerging threat to Winchester. The number of heroin-related federal sentences in Virginia fluctuated between FY1996 and FY2000 but was lower than the number of sentences for every other major drug in FY2000. Dominican criminal groups based in New York City and Philadelphia transport wholesale quantities of South American heroin into Virginia and distribute the drug at the wholesale level. African American criminal groups based in Virginia frequently travel to New York City, Philadelphia, Baltimore, and Washington, D.C., to purchase wholesale quantities of heroin and return to Virginia where they distribute the drug at the wholesale level. Transporters commonly use private and rental vehicles, commercial buses, and passenger rail services to transport heroin from New York City and Philadelphia into Virginia. Local independent African American dealers are the principal retail distributors of heroin in Virginia.

Other dangerous drugs (ODDs) present a significant and increasing threat to Virginia. ODDs include stimulants such as MDMA; hallucinogens such as LSD, PCP, and ketamine; depressants such as GHB; and diverted pharmaceuticals including opioids (narcotic analgesics) such as OxyContin, Dilaudid, Hycodan, Lortab, Percocet, Percodan, Tylox, Vicodin, and methadone, and sedative hypnotics (benzodiazepines) such as Xanax and Valium. Various criminal groups transport ODDs to Virginia via parcel delivery and express mail services. Many ODDs are sold and abused by middle-class, suburban, young adults at raves and nightclubs, and on college campuses. MDMA is increasingly available and abused in Virginia, particularly in the Northern Virginia, Central Virginia, and Tidewater areas. The diversion and abuse of pharmaceuticals, especially OxyContin, represent

the most significant ODD threat to southwestern Virginia. Caucasian criminal groups and local independent dealers are the principal distributors of diverted pharmaceuticals.

Methamphetamine poses a low but increasing threat to Virginia. Levels of availability and abuse have increased in the Shenandoah Valley, and the drug is an emerging threat to southwestern Virginia. Most of the methamphetamine available in Virginia is produced by Mexican drug trafficking organizations and criminal groups using the hydriodic acid/red phosphorus method in high volume laboratories in Mexico and California. However, Virginia-based Caucasian criminal groups, outlaw motorcycle gangs, and local independent Caucasian dealers sometimes produce methamphetamine using the phenyl-2-propanone (P2P) and Birch reduction methods. Mexican criminal groups are the primary transporters of most of the methamphetamine available in Virginia. These groups usually transport the drug from Mexico and southwestern states into Virginia using private automobiles, couriers aboard commercial airlines, and package delivery and express mail services. Mexican criminal groups, some based in Virginia, are the primary wholesale distributors of methamphetamine in the state, particularly in the Shenandoah Valley. Mexican criminal groups and Caucasian local independent dealers are the principal retail distributors of methamphetamine produced in Mexico and southwestern states. Outlaw motorcycle gangs, Caucasian criminal groups, and local independent dealers distribute methamphetamine produced in Virginia and other states at the retail level.

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Virginia.

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Overview

The Commonwealth of Virginia ranks twelfth in population with 7.1 million residents. Approximately one-half of the state’s population is concentrated in three principal areas—Northern Virginia, Central Virginia, and Tidewater. (See Figure 4 on page 17, Figure 1 on page 5, and Figure 2 on page 6.) These areas are ethnically diverse, making it possible for drug distributors to blend easily with the resident population. Southwestern Virginia is predominantly rural, making it ideal for cannabis cultivation.

The state has a well-developed transportation infrastructure, and its location makes Virginia ideal for the movement of licit and illicit goods into and through the state. Private and rental vehicles and commercial trucks are used frequently to transport drugs into and through Virginia. Couriers on airlines, commercial buses, and railcars are used to a lesser extent. Maritime drug smuggling directly into Virginia occurs infrequently.

Drug transporters primarily use Interstates 64, 66, 77, 81, 85, and 95 and U.S. Highway 13 to transport drugs into and through Virginia. Interstate 95, the principal north-south highway on the East Coast, connects Northern Virginia with Richmond. Interstate 81, which extends from upstate New York to eastern Tennessee, connects with Interstates 64 and 66 in Virginia, and passes through the Shenandoah Valley and southwestern

Fast Facts	
Virginia	
Population (2000)	7.1 million
U.S. population ranking	12th
Median household income (2000)	\$40,209
Unemployment rate (2001)	3.6%
Land area	39,598 square miles
Shoreline	3,315 miles
Capital	Richmond
Other principal cities	Alexandria, Chesapeake, Hampton, Lynchburg, Newport News, Norfolk, Portsmouth, Roanoke, Virginia Beach
Number of counties	95
Principal industries	Service, trade, government, manufacturing, tourism, agriculture

Virginia. (See Figure 5 on page 22, and Figure 3 on page 12.) Interstate 77 extends from Columbia, South Carolina, through Charlotte, North Carolina, into southwestern Virginia, where it connects with

I-81. Interstate 64 extends from the Tidewater area to St. Louis, Missouri, and I-66 connects Washington, D.C., with the Shenandoah Valley. Interstate 85 extends from Petersburg through Charlotte and Atlanta to Montgomery, Alabama. US 13 is the principal north-south route along Virginia's Eastern Shore. Law enforcement officials in Virginia commonly seize drugs on interstate highways, often as part of Operation Pipeline initiatives.

Operation Pipeline

Operation Pipeline is a national highway interdiction program supported by the El Paso Intelligence Center (EPIC). It targets the highways and interstates most frequently used to transport illegal drugs and drug proceeds.

There are two large airports in Northern Virginia (Washington Dulles International and Ronald Reagan Washington National) and others in Newport News/Williamsburg, Norfolk, and Richmond. All but Ronald Reagan Washington National offer international service. Millions of passengers use these airports annually. Law enforcement officials report that drugs are not usually transported by airplane directly from foreign source countries into the state. However, Operation Jetway data indicate that drugs are transported into Virginia on airplanes from states such as California, Florida, New Jersey, New York, and Texas.

Operation Jetway

Operation Jetway is an EPIC-supported domestic interdiction program. It operates nationwide at airports, train stations, bus stations, package shipment facilities, U.S. Post Offices, and airport hotels/motels.

Drugs also are transported into and through Virginia on trains. Passenger rail service from New York to Florida via eastern Virginia is offered daily. Recent Operation Jetway seizure data indicate that passenger rail service is used to transport drugs. Also, two major freight railroads based in Richmond and Norfolk have extensive

networks throughout the United States, although no seizures are known to have been made recently.

Virginia's 3,315-mile shoreline, most of it along the Chesapeake Bay, includes a major seaport in Hampton Roads. The Port of Hampton Roads is located at the mouth of the James River near the entrance to the Chesapeake Bay. On the East Coast, it ranks second to the Port of New York/New Jersey in total trade volume and foreign trade tonnage. Container traffic through the port increased over 4 percent from approximately 1.25 million TEUs (20-foot equivalent units) in 1998 to more than 1.3 million TEUs in 1999. The Port of Hampton Roads is unique among major East Coast ports in its preponderance of exports over imports. Since less than 20 percent of the trade volume handled at the Port of Hampton Roads consists of imported goods—arriving primarily from Europe and Asia—the threat of drug smuggling through the port is relatively low. The U.S. Customs Service (USCS) did not report any significant seizures of drugs at the seaport in 2000. However, USCS inspectors at Norfolk International Terminal (within the Port of Hampton Roads) seized 24 kilograms of cocaine concealed in a containerized shipment of processed rice aboard the 777-foot German containership *Heidelberg Express* that arrived from Manzanillo, Panama, in August 1999.

Colombian and Dominican criminal groups based in New York City and Philadelphia and, to a lesser extent, Mexican criminal groups based in Atlanta and Charlotte transport wholesale quantities of cocaine into Virginia. Jamaican and Mexican criminal groups based in southwestern states and Virginia and Caucasian criminal groups based in Virginia transport marijuana produced in Mexico and southwestern states. Caucasian criminal groups and local independent dealers transport wholesale quantities of marijuana produced in Virginia and neighboring states. Dominican criminal groups based in New York City and Philadelphia and African American criminal groups based in Virginia transport wholesale quantities of South American heroin into the state. Various criminal groups transport ODDs to Virginia through parcel delivery and express mail services.

Mexican criminal groups, some based in Virginia, transport wholesale quantities of methamphetamine produced in Mexico and southwestern states into Virginia. Outlaw motorcycle gangs (OMGs) and local independent Caucasian dealers transport lesser amounts of methamphetamine into the state from California, Maryland, New Jersey, North Carolina, and Pennsylvania.

Treatment admissions for drug abuse in Virginia decreased in 1999 after increasing for a number of years. According to the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services, the number of

treatment admissions to publicly funded facilities for abuse of cocaine remained stable from 1995 through 1998. Treatment admissions for marijuana and heroin abuse increased yearly during this period. Treatment admissions for methamphetamine abuse fluctuated during this period.

The reported rate of drug abuse in Virginia is below the national rate. According to the 1999 National Household Survey on Drug Abuse, approximately 4.5 percent of Virginia residents surveyed reported having abused an illicit drug in the past month compared with approximately 6.3 percent nationwide.

Table 1. Primary Drug-Related Treatment Admissions to Publicly Funded Facilities Virginia, 1995–1999

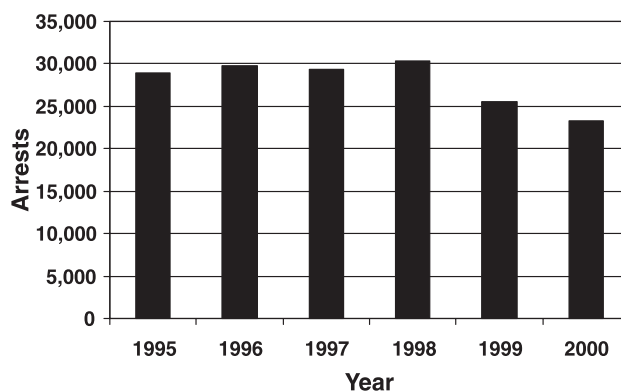
Year	Cocaine	Marijuana	Heroin	Methamphetamine
1995	11,893	5,912	2,737	105
1996	11,777	7,503	3,396	142
1997	11,743	7,947	4,045	102
1998	11,887	9,072	5,013	179
1999	11,363	9,334	4,609	192

Source: Commonwealth of Virginia, Department of Mental Health, Mental Retardation and Substance Abuse Services.

In Virginia the percentage of federal sentences that were drug-related was higher than the national percentage, and the percentage of federal sentences that were crack-related was significantly higher than the national percentage. Drug-related sentences represented over 45 percent of all federal sentences in the state in fiscal year (FY) 2000 compared with 40 percent nationally. Over 51 percent of all drug-related federal sentences in the state were crack-related compared with 21 percent nationally.

Drug-related crimes are common in Virginia. Law enforcement officials in Virginia recorded 28,926 arrests for the sale or possession of illicit drugs in 1995 and 30,348 in 1998. However, drug-related arrests decreased to 25,577 in 1999 and 23,335 in 2000. Approximately one-quarter of all inmates entering incarceration under the Virginia Department of Corrections during 1998 had

Chart 1. Drug-Related Arrests Virginia, 1995–2000



Source: Commonwealth of Virginia, Department of Criminal Justice Services, Criminal Justice Research Center, *Crime in the Commonwealth*; Department of State Police, Virginia Uniform Crime Reporting Program, *Crime in Virginia*.

committed drug-related crimes. Fredericksburg, Hopewell, Petersburg, Richmond, and Emporia had the highest 3-year average drug-related

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arrest rates per 100,000 from 1996 through 1998, possibly because of their proximity to I-95.

Table 2. Areas With the Highest 3-Year Average Drug-Related Arrest Rates Per 100,000, Virginia, 1996–1998

City/County	Arrests
Fredericksburg	1,514
Hopewell	1,331
Petersburg	1,313
Richmond	1,098
Emporia	1,082

Source: Commonwealth of Virginia, Department of Criminal Justice Services, Criminal Justice Research Center, *Crime in the Commonwealth*.

The financial impact on Virginia’s government from substance abuse-related costs is significant. In 1998 Virginia spent nearly \$1.8 billion—approximately \$267 per resident—on substance abuse-related costs, almost 12 percent of the state’s total expenditures and the fourteenth highest percentage in the nation.

Virginia has implemented comprehensive legislation aimed at reducing drug abuse. In July 2000 Virginia’s General Assembly approved the Substance Abuse Reduction Effort, also known as SABRE, an antidrug initiative proposed by the Office of the Governor. The \$25 million legislation strengthens drug enforcement, treatment, and prevention programs in the state. Also, under Virginia Exile, a 1999 anticrime initiative, individuals can be sentenced to an additional 5 years’ imprisonment for drug-related convictions involving possession of a firearm.

Substance Abuse Reduction Effort

Enforcement

Virginia now has tougher criminal penalties for drug dealers and chronic drug abusers, including a mandatory minimum 3-year incarceration for drug dealers transporting into the commonwealth 1 ounce or more of any Schedule I or II drug or 5 or more pounds of marijuana. There is a mandatory minimum 10-year incarceration for a subsequent conviction under this statute.

The state offers cash rewards for information on major drug dealers and those selling drugs to children. For example, the state may grant rewards of up to \$10,000 to individuals providing information that leads to the arrest and conviction of individuals who possess or distribute large quantities of drugs, distribute drugs to children, or operate methamphetamine laboratories.

The state also established a Special Operations Division within the Virginia Department of State Police to provide a permanent force to assist localities in the eradication of illegal drugs and related crime problems.

Treatment

Virginia now requires mandatory treatment for first-time drug offenders. Every first-time abuser must be tested periodically for drug use and treated based on the results of the screening.

The state requires that inmates participate in societal integration and treatment programs prior to release from prison.

Prevention

Virginia established the Office for Substance Abuse Prevention to unify the commonwealth’s substance abuse prevention efforts. The principal role of this office is to review all existing substance abuse prevention program spending by state agencies and make recommendations to the governor regarding the direction and appropriateness of those expenditures.

Source: www.virginiasabre.com, 11 December 2000.

Cocaine

Cocaine, particularly crack, is the primary drug threat to Virginia. Powdered cocaine and crack cocaine are readily available in most large population centers in the state. Cocaine abuse is associated with more drug-related treatment admissions to publicly funded facilities than is abuse of any other drug. Nearly two-thirds of all drug-related federal sentences in Virginia in FY2000 were cocaine-related. Crack cocaine is the drug most often associated with violent crime in the state. Colombian and Dominican criminal groups based in New York City and Philadelphia and, to a lesser but increasing extent, Mexican criminal groups based in Atlanta and Charlotte transport wholesale quantities of powdered cocaine into Virginia and distribute the drug at the wholesale level. Virginia-based African American, Caucasian, and Jamaican criminal groups and

local independent dealers travel primarily to New York City, and also to Philadelphia, Washington, D.C., and Miami to purchase wholesale quantities of powdered cocaine and return to Virginia to distribute the drug at the retail level. Cocaine typically is transported into Virginia in private or rental vehicles. Retail distributors usually convert powdered cocaine into crack in Virginia on an as-needed basis. Wholesale crack distribution usually is limited to multiounce quantities. African American criminal groups based in Virginia and African American local independent dealers and street gangs distribute crack at the wholesale and retail levels. Retail distributors typically sell crack at open-air markets in Virginia and at public housing projects in the Central Virginia and Tidewater areas.

Abuse

The number of treatment admissions for cocaine abuse in Virginia remained stable from 1995 through 1999. (See Table 1 on page 3.) According to state substance abuse data, the number of treatment admissions for cocaine abuse decreased overall from 11,893 in 1995 to 11,363 in 1999. The state had more drug-related treatment admissions to publicly funded facilities for cocaine abuse than for any other drug from 1995 through 1999.

Cocaine abuse is cited frequently in drug-related deaths in Virginia. Cocaine was a factor in 48 deaths in 1998, 74 in 1999, and 56 in 2000, according to the Virginia Medical Examiner (ME) Office. Cocaine ranked second after heroin (165) as the drug most commonly mentioned in drug-related deaths in Virginia in 2000. In addition, cocaine was mentioned in 13 of the 46 drug-abuse deaths in the Norfolk area in 1999, according to Drug Abuse Warning Network (DAWN) ME data. (The Norfolk area also includes ME data from Newport News, Portsmouth, and Virginia Beach.)

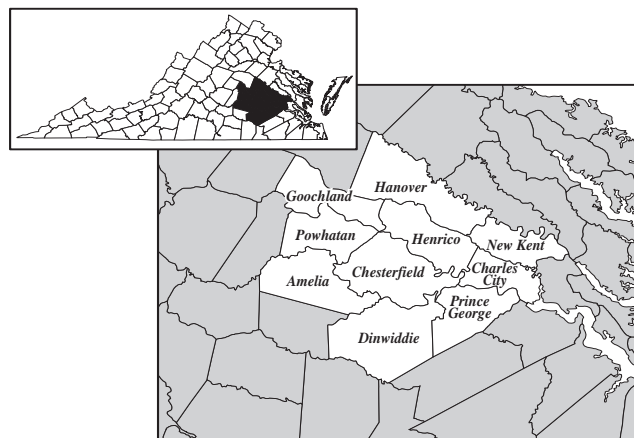


Figure 1. Central Virginia.

Law enforcement officials in Virginia also report that cocaine abuse is common. According to responses to the National Drug Intelligence Center (NDIC) National Drug Threat Survey 2001, law enforcement officials in Alexandria, Fairfax, Newport News, Richmond, and Roanoke report that rates of powdered and crack cocaine abuse are high. Law enforcement officials in Emporia and Lynchburg report that rates of crack

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abuse are high and that rates of powdered cocaine abuse are moderate.

Powdered cocaine is commonly abused at nightclubs and bars, while crack is primarily abused in low-income, inner-city housing projects. Many

white-collar professionals reportedly purchase powdered cocaine for personal use at nightclubs, bars, and offices. Crack is commonly purchased by low-income, inner-city abusers at open-air markets and public housing projects.

Availability

Cocaine, particularly crack, is readily available in urban population centers and many medium-sized cities in Virginia. According to responses to the NDIC National Drug Threat Survey 2001, law enforcement officials in Alexandria, Fairfax, Newport News, and Richmond report that powdered cocaine and crack cocaine are readily available. Law enforcement officials in Charlottesville, Lynchburg, and Roanoke report that crack cocaine is readily available, and powdered cocaine is sometimes available.

Seizure data also reflect the ready availability of cocaine in Virginia. According to Federal-wide Drug Seizure System (FDSS) data, federal law enforcement officials in Virginia seized 62.2 kilograms of cocaine in FY1998, 78.7 kilograms in FY1999, and 55.8 kilograms in FY2000. Law enforcement officials seized 10.6 kilograms of cocaine in 1999 and 21.2 kilograms in 2000 under Operation Pipeline and 24.7 kilograms of

cocaine in 1999 and 11.5 kilograms in 2000 under Operation Jetway.

The percentage of federal sentences in Virginia that were cocaine-related was higher than the national percentage. According to U.S. Sentencing Commission data, over 63 percent of drug-related federal sentences in Virginia in FY2000 were cocaine-related compared with approximately 44 percent nationally. Over 51 percent of drug-related federal sentences in Virginia that year were crack-related compared with approximately 21 percent nationally.

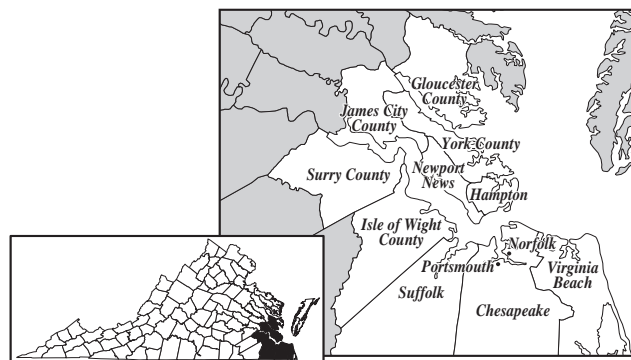


Figure 2. Tidewater.

The number of cocaine-related federal sentences was higher than for any other drug in FY2000. Virginia had 337 cocaine-related federal sentences in FY1996, 572 in FY1997, 545 in FY1998, 410 in FY1999, and 505 in FY2000. Crack cocaine-related federal sentences accounted for over 50 percent of drug-related federal sentences in Virginia each year during the same period. From October 1998 to May 2001, 81 of the 107 Organized Crime Drug Enforcement Task Force (OCDETF) investigations initiated in

Cocaine, Weapons, and Vehicles Seized from Criminal Group in Virginia

In August 2001 federal, state, and local officials arrested four members of a criminal group and seized a total of 37 kilograms of powdered cocaine from two rented storage units in the Tidewater area. Officials also seized three assault rifles, two semiautomatic weapons, a luxury vehicle, and a sport utility vehicle. Federal law enforcement officials reported that the criminal group distributed approximately 500 kilograms of crack cocaine, with an estimated street value of over \$10 million, between 1994 and 2001.

Source: *The Daily Press*, 29 August 2001.

Virginia were powdered or crack cocaine-related, outnumbering all other drug investigations.

Price and purity data for powdered and crack cocaine indicate that both forms are readily available in urban population centers in Virginia. Wholesale and retail prices of powdered and crack cocaine in the state are close to national average prices. According to responses to the NDIC National Drug Threat Survey 2001, wholesale quantities of powdered cocaine ranged from \$20,000 per kilogram in Roanoke to \$30,000 in

Richmond. Powdered cocaine ranged from \$800 to \$1,000 per ounce in Virginia, and crack sold for approximately \$1,000 per ounce in the state. Retail quantities of powdered cocaine ranged from \$80 to \$100 per gram, and crack sold for \$10 to \$50 a rock, depending on the weight. Purity levels for wholesale quantities of powdered cocaine ranged from 55 to 87 percent in 2001, and those for retail quantities ranged from 40 to 50 percent. The purity level of crack distributed at all levels in Virginia ranged from 18 to 90 percent in 2000.

Violence

Crack cocaine is the drug most often associated with violent crime in Virginia, particularly in inner-city neighborhoods and housing projects. Crack abusers often commit violent crimes to support their habits, and crack distributors commonly commit violent crimes to protect their turf. In August 2001 a Roanoke woman was sentenced to 10 years in prison for fatally stabbing her boyfriend with a steak knife. The woman alleged that her boyfriend had abused crack cocaine routinely, had assaulted her, and had stolen money from her to buy more crack. In January 2001 a circuit court judge in Richmond sentenced a South Richmond male to 31 years in prison for shooting and killing an individual who attempted to purchase crack from him in May 2000.

Numerous street gangs distribute cocaine and commit violent crimes such as assaults, drive-by shootings, home invasions, and homicides. According to responses to the NDIC National Gang Survey 2000, the following gangs distribute cocaine and commit violent crimes in the state: Section 8 (Original Gangster), 3000 MOB, 5000 MOB, Park Terrace, Mara Salvatrucha, and Mara Li in Alexandria; South Side Bloods in Bristol; Granville Boyz, Lamberts Point, and West Ocean View Folks in Norfolk; Lincoln Terrace Posse and Villa Heights 1 in Roanoke; Shotgun Crips in Winchester, and 55 Dirtyside and Gangster Disciples in Prince William County, among others.

Law Enforcement Apprehends Members of Violent Crack Distribution Group in Richmond

On November 20, 2001, federal, state, and local law enforcement officials from Richmond and Henrico County arrested 12 members of a criminal group that distributed crack cocaine and committed violent crimes including murders, robberies, and carjackings in the Richmond area.

Source: DEA.

Gangster Disciples

Gangster Disciples is the largest of the Chicago-based street gangs; its members are primarily African American. This gang has been in existence since the early 1960s and is set up with an organizational hierarchy similar to a corporation. The gang distributes illegal drugs—primarily cocaine, heroin, and marijuana—throughout the Chicago area, usually in low-income areas on the south and west sides of the city and in over 40 states including Virginia.

Production

Coca is not cultivated and cocaine is not produced in Virginia. However, retail distributors commonly convert powdered cocaine into crack in the state on an as-needed basis. Federal, state, and local law enforcement officials arrested five members of a Virginia-based African American criminal group in August 2001 for transporting

powdered cocaine from New York City to Hampton and converting the powder into crack. Law enforcement officials report that between 1994 and 2001 the group converted approximately 500 kilograms of powdered cocaine into crack in a rented apartment before distributing the crack in the area.

Transportation

Colombian and Dominican criminal groups based in New York City and Philadelphia and, to a lesser extent, Mexican criminal groups based in Atlanta and Charlotte are the principal transporters of wholesale quantities of powdered cocaine into Virginia. Sometimes Virginia-based criminal groups and local independent dealers travel to Miami, New York City, Newark, Philadelphia, and Washington, D.C., to purchase wholesale quantities of powdered cocaine for distribution in Virginia.

Cocaine typically is transported into Virginia in private or rental vehicles on Interstates 95 and 85 and US 13, although commercial aircraft, buses, trains, and express mail services also are used. In August 2001 federal, state, and local law enforcement officials arrested five members of an African American criminal group that allegedly

transported kilogram quantities of powdered cocaine from New York City to the Tidewater area concealed in compartments in private vehicles and in luggage aboard commercial aircraft. In May 2000 law enforcement officials under Operation Jetway seized 3 kilograms of cocaine and arrested an individual who had traveled from Newark to Richmond on a commercial flight. The cocaine was concealed in false handmade pockets secured with Velcro inside a carry-on garment bag. In February 2000 Henrico County police arrested five members of a Virginia-based African American criminal group that had transported approximately 1 kilogram of powdered cocaine per month for at least 2 years from New York City to the Richmond-Petersburg area, usually by commercial bus.

Distribution

Colombian and Dominican criminal groups based in New York City and Philadelphia and, to a lesser but increasing extent, Mexican criminal groups based in Atlanta and Charlotte are principal wholesale distributors of powdered cocaine in Virginia. All of these groups supply wholesale quantities of powdered cocaine to retail distributors, who are African American, Caucasian, and Jamaican criminal groups and local independent dealers. Street gangs also distribute retail quantities

of powdered cocaine. In August 2000 the Richmond Drug Task Force arrested nine members of a loosely knit Caucasian criminal group for distributing retail quantities of powdered cocaine in Richmond and in nearby Henrico and Hanover Counties.

Wholesale crack distribution usually is limited to multiounce quantities. Virginia-based African American criminal groups, street gangs, and local independent dealers are the principal wholesale

and retail distributors of crack cocaine in the state. Dominican and Jamaican criminal groups also distribute crack at the wholesale level in Virginia. Retail distributors typically distribute crack at open-air markets in Virginia and at public housing projects in the Central Virginia and Tidewater areas.

Crack commonly is distributed in the state. In June 2001 a Newport News resident pleaded guilty to conspiring to distribute more than 50 kilograms of crack cocaine in Newport News and James City County between 1993 and 2001. In March 2000 the Colonial Narcotics Enforcement Task Force arrested eight members of an African American criminal group from the James City County area.

Marijuana

Marijuana, produced primarily in Mexico, is the most widely available and frequently abused drug in Virginia. However, law enforcement officers generally regard the drug as a lower threat than cocaine because marijuana abusers and distributors usually do not commit violent crimes. The number of admissions to publicly funded treatment facilities for marijuana abuse in Virginia was second only to cocaine each year from 1995 through 1999. Fifty-eight percent of all drug-related arrests by state and local law enforcement in 2000 were marijuana-related. Most of the marijuana available in the state is produced in Mexico, but some is produced in southwestern states, Virginia, and neighboring states. Marijuana typically is transported into the state via commercial and private vehicles and via package delivery and

express mail services. Jamaican and Mexican criminal groups based in southwestern states and Virginia and Caucasian criminal groups based in Virginia are the primary transporters and wholesale distributors of marijuana produced in Mexico and southwestern states. Caucasian criminal groups and local independent dealers are the primary transporters and wholesale distributors of marijuana produced in Virginia and neighboring states. Local independent dealers, primarily African American and Caucasian, and street gangs are the principal retail distributors of marijuana produced in Mexico and southwestern states, while Caucasian local independent dealers are the principal retail distributors of marijuana produced in Virginia and neighboring states.

Abuse

Marijuana is the most commonly abused drug in Virginia. According to responses to the 1999 National Household Survey on Drug Abuse, almost twice as many individuals abused marijuana than any other illicit drug in Virginia. Four percent of Virginia residents surveyed reported having abused marijuana, and 2.3 percent reported abusing any illicit drug other than marijuana in the

past month. According to responses to the NDIC National Drug Threat Survey 2001, law enforcement officials in Alexandria, Emporia, Lynchburg, Newport News, Roanoke, and Chesterfield County report that rates of marijuana abuse are high.

The rate of marijuana abuse in Virginia is lower than the national rate; however, the drug is

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commonly abused. According to responses to the 1999 National Household Survey on Drug Abuse, 4.0 percent of Virginia residents surveyed reported having abused marijuana at least once in the past month compared with 4.7 percent nationally.

The number of admissions to publicly funded treatment facilities in Virginia for marijuana abuse

was second only to the number for cocaine abuse each year from 1995 through 1999, according to state substance abuse data. The number of treatment admissions for marijuana abuse increased each year from 5,912 in 1995 to 9,334 in 1999. (See Table 1 on page 3.)

Availability

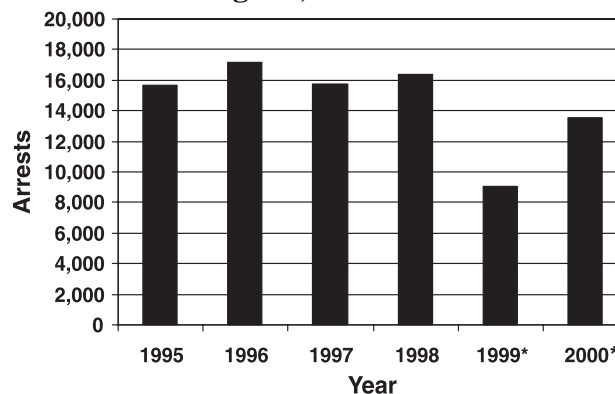
Marijuana, produced primarily in Mexico, is the most widely available drug in Virginia. Marijuana produced in southwestern states, Virginia, and neighboring states also is available. According to the NDIC National Drug Threat Survey 2001, law enforcement officials in Alexandria, Emporia, Lynchburg, Newport News, Roanoke, and Chesterfield County rate the level of marijuana availability as high.

Fifty-eight percent of all drug-related arrests by state and local law enforcement in 2000 were marijuana-related. Marijuana-related arrests increased from 15,706 in 1995 to 17,104 in 1996 and increased approximately 4 percent from 15,753 in 1997 to 16,391 in 1998. (Marijuana-related arrest data for 1999 and 2000 are not comparable with data from previous years because the reporting system was revised.) Fredericksburg, Chesapeake, Bland County (southwestern Virginia), Clifton Forge (west central Virginia), and Hopewell officials reported the highest rate of arrests per 100,000 population for possession of marijuana from 1996 through 1998. Officials in Waynesboro (west central Virginia), Hampton, Rockbridge County, Giles County (southwestern Virginia), and Buena Vista (west central Virginia) reported the highest average rate of arrests per 100,000 for the sale of marijuana during that period.

Seizure and OCDETF data reflect the ready availability of marijuana in Virginia. According to FDSS data, federal law enforcement officials in Virginia seized 100.5 kilograms of marijuana in FY1998, 165.6 kilograms in FY1999, and 80.9 kilograms in FY2000. Law enforcement officials

seized 137 kilograms of marijuana in 1999 and 326 kilograms of marijuana in 2000 under Operation Pipeline and 49.4 kilograms in 1999 and 563 kilograms in 2000 under Operation Jetway. From October 1998 to May 2001, 12 of the 107 OCDETF investigations initiated in Virginia were marijuana-related, outnumbering all other drug-related investigations except cocaine.

Chart 2. Marijuana-Related Arrests Virginia, 1995–2000



*Marijuana-related arrest data for 1999 and 2000 are not comparable with data from previous years because the reporting system was revised.

Source: Commonwealth of Virginia, Department of Criminal Justice Services, Criminal Justice Research Center, *Crime in the Commonwealth*; Department of State Police, Virginia Uniform Crime Reporting Program, *Crime in Virginia 1999 and 2000*.

The percentage of drug-related federal sentences in Virginia that were marijuana-related was less than one-half the national percentage in FY2000. According to U.S. Sentencing Commission data, 15.5 percent of drug-related federal sentences in Virginia in FY2000 were marijuana-related compared with 31.2 percent nationally.

The number of marijuana-related federal sentences in Virginia was second to the number for cocaine each year from FY1996 through FY2000. Virginia had 85 marijuana-related federal sentences in FY1996, 95 in FY1997, 119 in FY1998, 86 in FY1999, and 123 in FY2000.

Marijuana prices varied throughout Virginia in 2001 and indicate that the drug is readily avail-

able. According to responses to the NDIC National Drug Threat Survey 2001, marijuana sold for \$1,000 per pound in Albemarle County; \$1,100 in Roanoke; \$1,200 in Lynchburg, Newport News, and Fairfax County; and \$2,000 in Richmond. Retail quantities of marijuana sold for \$100 to \$180 per ounce depending on the area.

Violence

The production and distribution of marijuana are sometimes associated with violent crime in Virginia. Law enforcement officials report that outdoor cannabis growers sometimes use countersurveillance equipment, trip wires, and explosives to secure their cultivation sites. According to responses to the NDIC National Gang Survey 2000, numerous street gangs that distribute marijuana have committed violent crimes such as assaults, carjackings, drive-by shootings, home invasions, and homicides. These gangs include the Mara Salvatrucha in Arlington County and Alexandria; Mara Salvatrucha, Seven Woods Crew, and Tiny Rascal Gangsters in Fairfax County; Blood and Folk in Newport News; Berkly Boyz, Da Mobb, Folks, Granville Boyz, Lamberts Point, NOON, and West Ocean View Folks in Norfolk; and Lincoln Terrace Posse and Villa Heights 1 in Roanoke.

Mara Salvatrucha

Mara Salvatrucha is a violent street gang with a strong presence in California, Maryland, New York, Texas, and Virginia. Original members were refugees from the civil war in El Salvador during the 1980s; many were former soldiers and guerrillas, well trained in weapons and warfare tactics. Current members include second-generation Salvadorans as well as other Hispanics. Mara Salvatrucha members have distributed drugs, primarily marijuana, and have committed aggravated assaults, assaults on law enforcement officials, homicides, home invasions, auto thefts, and black market weapons violations. Gang members sometimes trade marijuana for weapons, particularly handguns. Some of the weapons are retained for personal use and some are smuggled to El Salvador.

Production

Most of the marijuana available in Virginia is produced in Mexico. However, marijuana produced in southwestern states, Virginia, and neighboring states such as Kentucky, North Carolina, Tennessee, and West Virginia also is available.

Outdoor cannabis cultivation reportedly yields more cannabis than indoor cultivation in Virginia. Caucasian criminal groups and local independent dealers cultivate significant quantities of cannabis outdoors in the state, primarily in the mountainous areas of southwestern Virginia.

Various local independent dealers and criminal groups cultivate smaller quantities of cannabis indoors throughout the state. According to responses to the NDIC National Drug Threat Survey 2001, cannabis is cultivated both indoors and outdoors in Bluefield, Charlottesville, Roanoke, and Virginia Beach. The Southwest Virginia Drug Task Force reported that marijuana producers from Kentucky may be cultivating cannabis in southwestern Virginia because of increased law enforcement pressure in their state. The federal

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government designated 65 counties in Kentucky, Tennessee, and West Virginia as the Appalachia High Intensity Drug Trafficking Area (HIDTA)

in 1998. This HIDTA receives approximately \$6 million a year in federal funds for marijuana eradication efforts.

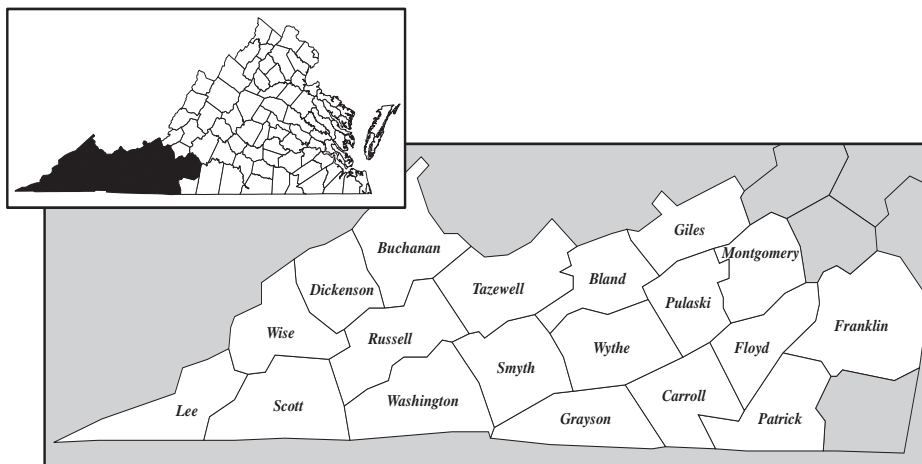


Figure 3. Southwestern Virginia.

By the early 1990s most outdoor grow operations in the state yielded 2,000 to 6,000 cannabis plants and were easily detected from the air. However, according to the director of the Virginia Marijuana Eradication Program, in the mid-1990s many outdoor growers reduced the size of their plots to an average of fewer than 100 plants to avoid detection. In 2001, however, law enforcement officials reported that the number of large-scale cannabis cultivation sites had increased. In

August 2000 law enforcement officials in Russell County seized 5,404 cannabis plants from one field, the largest seizure in the county since 1985. In July 2000 law enforcement officials in rural Wise County near the Kentucky-Virginia border seized approximately 4,500 cannabis plants from a single grow with an estimated street value of \$8 million. Law enforcement officials transported the seized plants by helicopter because of the remoteness of the location.

Transportation

Jamaican and Mexican criminal groups based in southwestern states and Virginia and Caucasian criminal groups based in Virginia are the primary transporters of wholesale quantities of marijuana, primarily Mexico-produced, from southwestern states into Virginia. African American criminal groups and local independent dealers based in Virginia also transport significant quantities of marijuana from southwestern states into Virginia. Caucasian criminal groups and local independent dealers are the primary transporters of marijuana produced in Virginia and neighboring states. These criminal groups and dealers usually transport smaller quantities of the drug.

Marijuana typically is transported into Virginia in commercial and private vehicles and via package delivery and express mail services. The Virginia State Police report that much of the Mexico-produced marijuana available in the state is smuggled in tractor-trailers from Mexico to southwestern states; from there it is shipped in 10- to 15-pound packages by express mail services into Virginia. In June 2000 federal law enforcement officials arrested an individual for transporting thousands of pounds of marijuana from Mexico into Virginia. This individual had used a Virginia-based trucking company to transport 3,000- to 5,000-pound shipments of marijuana on at least 20 separate occasions

in 1999. In February 2000 a Henrico County resident was convicted of transporting over 4,900 pounds of marijuana between 1995 and 1999 using express mail services and commercial freight trucks from San Diego to Virginia. The shipments typically weighed 10 to 20 pounds and were delivered to various addresses in the Richmond area. Transporters frequently use dryer sheets, yellow mustard, coffee grounds, jalapeño

peppers, hot pepper flakes, cleaning products, and other materials to mask the odor of the marijuana. In February 2001 law enforcement officials in Virginia Beach under Operation Jetway seized 6.6 kilograms of marijuana from an express parcel shipped from San Diego. The parcel, labeled as law books, had a distinctive perfume odor. The marijuana was covered with liquid foam and concealed inside a 5-gallon plastic bucket.

Distribution

Jamaican and Mexican criminal groups based in southwestern states and Virginia and Caucasian criminal groups based in Virginia are the primary wholesale distributors of Mexico-produced marijuana. All of these criminal groups also distribute, to a lesser extent, wholesale quantities of marijuana produced in southwestern states. African American criminal groups and local independent dealers also distribute wholesale quantities of Mexico-produced marijuana. Caucasian criminal groups and local independent dealers are the primary wholesale distributors of marijuana produced in Virginia and neighboring states.

Local independent dealers, primarily African American and Caucasian, and street gangs are the principal retail distributors in Virginia of Mexico-produced marijuana and marijuana produced in

southwestern states. According to responses to the NDIC National Drug Threat Survey 2001, numerous gangs distribute marijuana including the Mara Salvatrucha in Alexandria; the South Side Bloods in Bristol; the Blood and the Folk in Newport News; the Berkly Boyz, Da Mobb, the Folks, the Granville Boyz, Lamberts Point, NOON, and the West Ocean View Folks in Norfolk; the Lincoln Terrace Posse and Villa Heights 1 in Roanoke; the Shotgun Crips in Winchester; the Mara Salvatrucha in Arlington County; the Mara Salvatrucha, the Seven Woods Crew, and the Tiny Rascal Gangsters in Fairfax County; and 55 Dirtyside in Prince William County. Caucasian local independent dealers are the principal retail distributors of marijuana produced in Virginia and neighboring states.

Heroin

Heroin, produced primarily in South America, is an increasing threat to Virginia. Southeast Asian, Southwest Asian, and Mexican black tar and brown powdered heroin also are available. Most new heroin abusers in Virginia are young adults who snort the drug rather than inject it. The number of admissions to publicly funded treatment facilities for heroin abuse ranked third behind cocaine and marijuana from 1995 through 1999. Heroin was a factor in more drug-related deaths in Virginia in 2000 than any other drug. Heroin is readily available in the Central Virginia and Tidewater areas and is an emerging threat to Winchester. The number of heroin-related federal

sentences in Virginia fluctuated between FY1996 and FY2000 but was lower than sentences for every other major drug in FY2000. Dominican criminal groups based in New York City and Philadelphia transport wholesale quantities of South American heroin into Virginia and distribute the drug at the wholesale level. African American criminal groups based in Virginia frequently travel to New York City, Philadelphia, Baltimore, and Washington, D.C., to purchase wholesale quantities of heroin and return to Virginia where they distribute the drug at the wholesale level. Transporters commonly use private and rental vehicles, commercial buses, and passenger rail

services to transport heroin from New York City and Philadelphia into Virginia. Local independent

African American dealers are the principal retail distributors of heroin in Virginia.

Abuse

The abuse of high purity South American heroin represents a growing threat to Virginia. The number of heroin abusers who snort the drug has increased and the number of heroin abusers who inject the drug, the traditional method, has decreased. New abusers include a younger population averse to using needles. Law enforcement officials in Richmond and Virginia Beach report that the increased purity of heroin at the retail level has contributed to an increased number of heroin-related deaths in the state.

Treatment data indicate that heroin abuse rates in Virginia increased each year from 1995 through 1998, then decreased in 1999. (See Table 1 on page 3.) According to state substance abuse data, the annual number of treatment admissions for heroin abuse in Virginia increased from 2,737 in 1995 to 5,013 in 1998 and decreased to 4,609 in 1999. The number of treatment admissions for heroin abuse ranked third behind cocaine and marijuana from 1995 through 1999.

Heroin was a factor in more drug-related deaths in Virginia in 2000 than any other drug.

Heroin was reported in 110 deaths in 1998, 137 in 1999, and 165 in 2000, according to Virginia ME data. The number of deaths in which heroin was a factor in Richmond increased 33 percent from 33 in 1999 to 44 in 2000. In addition, heroin was mentioned in 23 of the 46 drug-related deaths in the Norfolk area in 1999, according to DAWN ME data.

Rates of heroin abuse vary throughout the state. According to responses to the NDIC National Drug Threat Survey 2001, law enforcement officials in Chesapeake, Newport News, Richmond, Virginia Beach, and Henrico and Warren Counties report that heroin is commonly abused in their jurisdictions. Law enforcement officials in Alexandria, Charlottesville, Roanoke, and Fairfax County report that heroin is sometimes abused in their jurisdictions. Law enforcement officials in Emporia and Salem report that heroin is rarely abused in their jurisdictions. The DEA Washington Division reported a significant increase in the demand for heroin and in the level of abuse in Winchester during the first quarter of 2001.

Availability

Heroin, produced primarily in South America, is readily available in the Central Virginia and Tidewater areas and is an emerging threat to Winchester. Southeast Asian, Southwest Asian, and Mexican black tar and brown powdered heroin also are available. According to responses to the NDIC National Drug Threat Survey 2001, law enforcement officials in Newport News, Richmond, and Virginia Beach report that South American heroin is widely available.

The amount of heroin seized in Virginia has fluctuated over the past several years. Federal law enforcement officials seized 3.9 kilograms of

heroin in Virginia in FY1998, 2.9 kilograms in FY1999, and 3.2 kilograms in FY2000, according to FDSS data. Law enforcement officials reportedly seized 0.9 kilograms of heroin in Virginia in 1999 and none in 2000 under Operation Pipeline. However, law enforcement officials in the state seized 2.2 kilograms of heroin in 1999 and 8.9 kilograms in 2000 under Operation Jetway.

The number of heroin-related federal sentences in Virginia fluctuated between FY1996 and FY2000 but was lower than every other major drug in FY2000. According to U.S. Sentencing Commission data, the state had 29 heroin-related

federal sentences in FY1996, 28 in FY1997, 71 in FY1998, 61 in FY1999, and 64 in FY2000. Additionally, 8.1 percent of all drug-related federal sentences in Virginia were heroin-related in FY2000 compared with 7.7 percent nationally.

Heroin prices in Virginia vary depending on the area. Although heroin is rarely sold in kilogram quantities in the state, responses to the NDIC

National Drug Threat Survey 2001 indicate that heroin sold for \$90,000 to \$120,000 per kilogram in 2001 and ranged from \$3,000 to \$7,500 per ounce. Retail quantities of heroin sold for \$100 to \$200 per gram. Wholesale quantities of heroin generally ranged from 77 to 95 percent pure, and retail quantities ranged from 30 to 84 percent in 2001.

Violence

Heroin abusers sometimes commit crimes to support their habits, and heroin distributors frequently commit violent crimes including assaults and murders to protect their turf. In June 2001 a member of the 17th Street Boys gang was convicted on federal charges of heroin trafficking and murder. During the 1990s this gang

member distributed drugs and committed violent crimes in South Richmond, including the August 1998 murder of a police informant. In response to the NDIC National Gang Survey 2000, the Norfolk Police Department reported that the Shotgun Gangster Crips, a local gang that distributes heroin, has committed assaults.

Production

Opium is not cultivated and heroin is not produced in Virginia. Heroin is produced primarily in four source regions: South America,

Southeast Asia, Southwest Asia, and Mexico. Most of the heroin available in Virginia is produced in South America.

Transportation

Dominican criminal groups based in New York City and Philadelphia and African American criminal groups based in Virginia are the principal transporters of South American heroin into Virginia. African American criminal groups based in Virginia frequently travel to New York City, Philadelphia, Baltimore, and Washington, D.C., to purchase wholesale quantities of heroin and return to Virginia. Transporters commonly use private and rental vehicles and commercial buses on I-95 and US 13, as well as passenger rail service to transport heroin from New York City and Philadelphia into Virginia. Eight of the 12 heroin seizures recorded on highways in Virginia from FY1995 to FY1999 occurred on I-95 or US 13, and 6 of the 12 shipments were destined for Virginia, according to Operation Pipeline data. Five of the six

shipments that were destined for Virginia originated in New York City, and one originated in Washington, D.C.

Other types of heroin are transported into Virginia but to a far less extent. Mexican and Jamaican criminal groups transport Mexican black tar and brown powdered heroin, while West African criminal groups transport Southwest Asian and Southeast Asian heroin into Virginia. Mexican and Jamaican criminal groups generally transport heroin from southwestern states using private or rental vehicles. West African criminal groups transport heroin into Virginia using couriers on commercial aircraft; a significant portion of that heroin is destined for other states. All of these groups also transport heroin through air parcel delivery services.

Distribution

Dominican criminal groups based in New York City and Philadelphia and African American criminal groups based in Virginia are the principal wholesale distributors of South American heroin. Dominican criminal groups frequently rent an apartment or motel room and distribute wholesale (multiounce) quantities of the drug, often to African American criminal groups. However, federal investigations indicate that some members of Dominican criminal groups have also established full- or part-time residency in Virginia, particularly in Richmond, to distribute wholesale quantities of heroin. According to responses to the NDIC National Drug Threat Survey 2001, law enforcement officials in Richmond reported that African American and Dominican criminal groups

are the most dominant wholesale distributors of heroin in that area.

Local independent African American dealers are the principal retail distributors of heroin in Virginia, although various criminal groups and other local independent dealers also distribute retail quantities of the drug. In Richmond and Newport News heroin usually is packaged in small baggies stamped with a symbol or logo, while in the Norfolk and Portsmouth areas heroin is distributed in clear gelcaps. Heroin is commonly distributed at open-air markets and public housing projects, particularly in the Central Virginia and Tidewater areas.

Other Dangerous Drugs

Other dangerous drugs (ODDs) present a significant and increasing threat to Virginia. ODDs include stimulants such as MDMA; hallucinogens such as LSD, PCP, and ketamine; depressants such as GHB; and diverted pharmaceuticals including opioids (narcotic analgesics) such as OxyContin, Dilaudid, Hycodan, Lortab, Percocet, Percodan, Tylox, Vicodin, and methadone, and sedative hypnotics (benzo-diazepines) such as Xanax and Valium. Various criminal groups transport ODDs to Virginia via parcel delivery and express mail services. Many ODDs are sold and abused by middle-class, suburban, young adults at raves and nightclubs, and on college campuses. MDMA is increasingly available and abused in Virginia, particularly in the Northern Virginia, Central Virginia, and Tidewater areas. The diversion and abuse of pharmaceuticals, especially OxyContin, represent the most significant ODD threat to southwestern Virginia. Caucasian criminal groups and local independent dealers are the principal distributors of diverted pharmaceuticals.

Rave Clubs

Throughout the 1990s, high energy, all-night dances known as raves, which feature hard pounding techno-music and flashing laser lights, increased in popularity among teenagers and young adults. Raves occur in most metropolitan areas of the country. They can be held at either permanent dance clubs or temporary "weekend event" sites set up in abandoned warehouses, open fields, empty buildings, or civic centers. Club drugs are a group of synthetic drugs often sold at raves and dance clubs. MDMA is one of the most popular club drugs. Rave managers often sell water, pacifiers, and glow sticks at rave parties. "Ravers" drink water to offset dehydration caused by MDMA; use pacifiers to prevent the grinding of teeth, which is a common side effect of abusing MDMA; and wave glow sticks in front of their eyes because MDMA stimulates light perception.

Stimulants

The increasing availability and abuse of MDMA, particularly among teenagers and young adults, poses a growing threat to Virginia. MDMA, also known as Adam, ecstasy, XTC, E, and X, is a stimulant and low-level hallucinogen. MDMA was patented in 1914 in Germany where it was sometimes given to psychiatric patients to assist in psychotherapy, a practice never approved by the American Psychological Association or the Food and Drug Administration. Sometimes called the hug drug, MDMA makes users feel good; they claim that the drug helps them be more “in touch” with others and that it “opens channels of communication.” However, abuse of the drug can cause psychological problems similar to those associated with methamphetamine and cocaine abuse including confusion, depression, sleeplessness, anxiety, and paranoia. The physical effects can include muscle tension, involuntary teeth clenching, blurred vision, and increased heart rate and blood pressure. MDMA abuse can also cause a marked increase in body temperature leading to muscle breakdown, kidney failure, cardiovascular system failure, stroke, or seizure as reported in some fatal cases. Researchers suggest that MDMA abuse may result in long-term and sometimes permanent damage to parts of the brain that are critical to thought and memory.

MDMA is increasingly available and abused in Virginia, particularly in the Northern Virginia, Central Virginia, and Tidewater areas. According to responses to the NDIC National Drug Threat Survey 2001, law enforcement officials in Alexandria, Fairfax, Newport News, Richmond, Virginia Beach, Henrico County, and Prince William County report increased rates of availability and abuse of MDMA. The Fairfax County Police Department seized approximately 200 dosage units of MDMA in 1998 and 30,000 dosage units in 1999. Specialized field tests indicated that at least two of the MDMA tablets seized contained heroin. From October 1998 to May 2001, 3 of the 107 OCDETF investigations initiated in Virginia were MDMA-related.

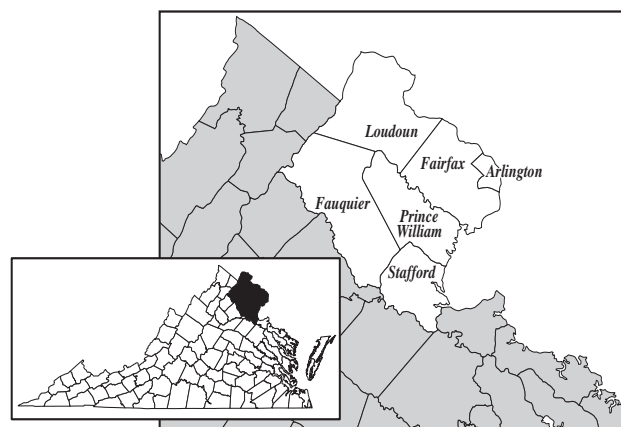


Figure 4. Northern Virginia.

Violence associated with the distribution and abuse of MDMA has become a threat to Virginia. In March 2001 a 21-year-old male was shot to death in the driveway of his town house in Prince William County. In the largest MDMA seizure ever in the county, police seized thousands of MDMA tablets and over \$300,000 worth of high-grade marijuana. Law enforcement officials believe a group that distributed MDMA in Northern Virginia, Washington, D.C., and Maryland may be responsible for the murder.

Most MDMA available in Virginia is produced outside the United States, typically in laboratories in the Netherlands and Belgium and transported through express mail services and by couriers on commercial airlines through distribution centers such as Miami, New York City, Philadelphia, and Washington, D.C. MDMA is transported from these and other areas to Virginia primarily in packages sent through express mail services or by couriers traveling in private vehicles. In March 2000 German customs officials seized a package sent through an express mail service that contained 15,000 MDMA tablets. The tablets were produced in the Netherlands and were destined for a residence in Roanoke. In December 2000 Prince William County Police in Northern Virginia arrested an individual and seized a nonoperational powdered MDMA laboratory. During the first quarter of 2001, law enforcement officials under Operation Jetway seized over 1,000

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MDMA tablets in Virginia Beach from an express mail service shipment that was mailed from Florida. The MDMA tablets were vacuum-sealed in an envelope. Local independent dealers sometimes travel to Baltimore, New York City, Philadelphia, and Washington, D.C., to purchase MDMA and transport it back to Virginia.

Local independent Caucasian dealers are the principal wholesale distributors of MDMA in the state. They usually purchase their supplies from Israeli or Russian criminal groups based in Miami, New York City, Philadelphia, and Washington, D.C. Retail-level MDMA distributors are usually high school or college age students, primarily Caucasian, from the middle and upper-middle classes. They typically distribute the drug at raves, nightclubs, and near shopping malls. Law enforcement officials report that these distributors have little understanding of the threat posed by the distribution and abuse of the drug. These individuals usually do not distribute MDMA as part of an organized group bound by loyalty or long-

standing affiliations, as is often the case with gangs that distribute cocaine, heroin, marijuana, and other drugs. In April 2001 law enforcement officials in Loudoun County arrested several local independent dealers, including two teenagers, who had allegedly sold as many as 200,000 MDMA tablets from October 1999 to April 2001. In response to the NDIC National Drug Threat Survey 2001, the Fairfax County Police Department reported that Asian and Middle Eastern independent dealers also distribute retail quantities of MDMA in Virginia. MDMA, typically stamped with a logo such as a clover, usually sells for \$25 to \$40 per tablet in Virginia.

The DEA Washington Division reports that some military personnel assigned to bases in Virginia distribute MDMA at the retail level. In February 2001 Newport News Police arrested several members of the military for distributing MDMA at a local nightclub. In December 2000 an airman was sentenced to 9 months in prison for distributing MDMA at Langley Air Force Base.

Hallucinogens

The distribution and abuse of LSD pose a low threat to Virginia. LSD, also known as acid, boomer, and yellow sunshines, is a hallucinogen that induces abnormalities in sensory perceptions. The effects of LSD are unpredictable depending upon the amount taken, the environment in which it is abused, and the abuser's personality, mood, and expectations. Abusers may feel the effects for up to 12 hours. The physical effects include dilated pupils, higher body temperature, increased heart rate and blood pressure, sweating, loss of appetite, nausea, numbness, weakness, insomnia, dry mouth, and tremors. Two long-term disorders associated with LSD are persistent psychosis and hallucinogen persisting perception disorder (flashbacks). LSD typically is taken orally.

LSD is available in powder and liquid forms, in tablets or capsules, on pieces of blotter paper that absorb the drug, and on small candies. It is available primarily at raves, bars, and nightclubs

in large cities and college towns in Virginia. Most abusers are high school and college age individuals. Some abusers hide liquid LSD in breath mint vials or eyedrop bottles. Approximately 10 percent of high school seniors surveyed in the Norfolk area reported having abused LSD at least once in their lifetime, according to a 1999 survey by *The Virginian-Pilot*.

Most LSD available in the state is produced in California and transported to Virginia primarily through express mail services. College and high school students, primarily Caucasian, are the principal retail distributors of the drug. In September 2000 law enforcement officials in Roanoke arrested students from two high schools for distributing LSD. It sells for \$150 to \$400 per sheet (100 dosage units) in Virginia, and a single dosage unit or "hit" typically sells for between \$3 and \$7.

The distribution and abuse of PCP in Virginia pose a low but increasing threat. PCP was originally developed as an intravenous anesthetic. Use of PCP in humans was discontinued in 1965 because patients who used the drug became agitated, delusional, and irrational. PCP, also known as angel dust, ozone, wack, and rocket fuel, is illegally produced in laboratories in the United States. PCP is a white crystalline powder that is soluble in water and has a bitter taste. The drug can be mixed with dyes and is available as a tablet, capsule, liquid, or colored powder. PCP may be snorted, smoked, injected, or swallowed. For smoking purposes, PCP may be applied to mint, parsley, oregano, or marijuana. When combined with marijuana, the mixture is called a killer joint or crystal supergrass.

PCP is addictive; its abuse often leads to psychological dependence, craving, and compulsive PCP-seeking behavior. PCP abuse by adolescents may interfere with hormones related to normal growth and development and the learning process. Abusers cite feelings of strength, power, invulnerability, and a numbing effect on the mind. At low to moderate doses, physiological effects include a slight increase in respiration and a pronounced rise in blood pressure and pulse rate. Respiration becomes shallow, flushing and profuse sweating occur, and generalized numbness of the extremities and lack of muscle coordination may occur. Psychological effects include distinct changes in body awareness, similar to the effects of alcohol intoxication. At high doses, blood pressure, pulse rate, and respiration drop. High doses can also cause seizures, coma, and sometimes death. Abusers who consume significant quantities of PCP over a long period of time may suffer memory loss, difficulties with speech and thinking, depression, and weight loss. PCP has sedative effects and, when mixed with alcohol or other central nervous system depressants, may result in an overdose or coma.

The number of PCP abusers in Virginia is low but increasing. The number of admissions to publicly funded treatment facilities for PCP abuse

increased from 6 in 1998 to 20 in 1999 according to TEDS data.

African American criminal groups and local independent dealers based in Washington, D.C., usually purchase wholesale quantities of PCP from distributors based in Southern California. Criminal groups based in Cleveland, Newark, New York City, and Philadelphia also supply Washington, D.C.-based criminal groups with wholesale quantities of PCP, but to a lesser extent. Local independent Caucasian dealers, the principal retail distributors of PCP in Virginia, usually purchase the drug from D.C.-based criminal groups and then distribute it in the state.

PCP Sold as MDMA

PCP tablets have been marketed as MDMA tablets in Northern Virginia. The Fairfax County Police Department first seized the PCP tablets during an undercover drug investigation in December 2000 and has since seized approximately 500 such tablets from three Washington, D.C.-based distributors. The tablets, slightly smaller in diameter than a common aspirin tablet, are stamped with a Pokémon cartoon character known as Pikachu and sold for \$15 each. They are orange in color with orange specks, are flat with beveled edges, and are not protected with a glaze or coating. DEA reports that PCP is rarely distributed in tablet form in the United States.

Source: Fairfax County Police Department.

Ketamine presents a low but increasing threat to Virginia. Ketamine, also known as K, special K, vitamin K, and cat valium, is an injectable anesthetic that is approved for both human and animal use. Ketamine is sold commercially and is produced in liquid, powder, and tablet forms. The liquid form is injected intramuscularly. Liquid ketamine can be boiled into powdered ketamine that can be put into capsules. In its powder form, ketamine can be mistaken for cocaine or methamphetamine and is often snorted or smoked with marijuana or tobacco products.

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Low-dose intoxication from ketamine may result in impaired attention, learning ability, and memory; dissociation, which includes out-of-body and near-death experiences; and hallucinations. High doses of ketamine can cause delirium, amnesia, impaired motor function, high blood pressure, depression, and potentially fatal respiratory problems. Ketamine gained popularity among abusers in the 1980s when it was discovered that large doses caused reactions similar to those experienced with PCP abuse (see PCP section). Ketamine abusers in the United States and the United Kingdom have reported incidents similar to bad LSD trips. Some abusers try to jump from moving vehicles or fly.

Wholesale distributors based in Florida, New Jersey, and New York City supply most of the ketamine available for distribution in Virginia. However, break-ins at veterinary clinics in the state also are sources for the drug. Ketamine was stolen in at least five veterinary office break-ins from January through June 2000 in Henrico County.

Young adults, primarily Caucasian, typically abuse ketamine at social venues such as bars, nightclubs, and raves. Local independent dealers, primarily Caucasian, are the principal retail distributors of the drug in Virginia. Ketamine is sold illegally in Virginia for \$20 per 50 milligrams.

Depressants

The threat to Virginia from GHB is low. GHB, also known as liquid MDMA, scoop, grievous bodily harm, and Georgia homeboy, is a depressant that occurs naturally in the body and is necessary for full functioning of the brain and central nervous system. Using GHB and methamphetamine simultaneously increases the risk of seizures. GHB overdoses can occur quickly; some signs include drowsiness, nausea, vomiting, loss of consciousness, impaired breathing, and, ultimately, death. Abusers also can experience insomnia, anxiety, tremors, and sweating. GHB is eliminated from the body quickly which makes it difficult for treatment providers to detect. The

drug increasingly is involved in poisonings, overdoses, sexual assaults, and fatalities nationwide.

GHB is available in Virginia primarily at social venues such as bars, nightclubs, and raves. Young adults, usually Caucasian, are the principal distributors and abusers of the drug. Recipes and do-it-yourself kits for GHB production are available on several Internet sites. GHB was federally scheduled on February 18, 2000, and a state law enacted in July 2000 made producing, selling, distributing, or possessing GHB a felony. In Virginia liquid GHB, which is packaged in small vials, sells for between \$20 and \$50 per vial depending on the size.

Diverted Pharmaceuticals

Diverted pharmaceuticals pose a significant and increasing threat to Virginia. The most commonly diverted pharmaceuticals in Virginia are opioids (narcotic analgesics) such as OxyContin, Dilaudid, Hycodan, Lortab, Percocet, Percodan, Tylox, Vicodin, and methadone, and sedative hypnotics (benzodiazepines) such as Xanax and Valium. Narcotic analgesics are prescribed to relieve moderate to severe pain. Most sedative

hypnotics are prescribed to relieve anxiety; however, some are used as anticonvulsants to treat muscle spasms. Pharmaceuticals are diverted in a variety of ways in Virginia.

The diversion and abuse of OxyContin, also known as Oxys or OCs, and its associated violence represent the most significant ODD threat to southwestern Virginia. According to the Mid-Atlantic Region OCDETF, Western District of

Pharmaceutical Diversion Methods

Methods of diverting pharmaceuticals include pharmacy diversion, "doctor shopping," and improper prescribing practices by physicians. Pharmacy diversion occurs when pharmacy employees steal products directly from the shelves or through prescription forgeries. Along with prescription forgery, one of the most widely used diversion techniques is doctor shopping—individuals who may or may not have a legitimate ailment visit numerous physicians to obtain drugs in excess of what should be legitimately prescribed. This problem is common in southwestern Virginia.

Virginia, OxyContin is the most commonly abused drug in the Western District of the state. In addition, diverted OxyContin is becoming increasingly available in parts of central, northern, and eastern Virginia. Law enforcement officials report that OxyContin, once predominantly abused by lower-income individuals, increasingly is being abused by middle-class individuals. Since 1997 at least 38 individuals in western Virginia have died from overdoses of OxyContin, according to the Assistant Chief Medical Examiner in Roanoke.

OxyContin abuse has led to an increased number of pharmacy robberies, burglaries, shoplifting incidents, and healthcare fraud incidents, especially in southwestern Virginia. In May 2001 a doctor from Grundy, Buchanan County, in southwestern Virginia was convicted of over 400 counts of illegally prescribing prescription drugs, including controlled substances such as the oxycodone products OxyContin and Tylox. In February 2001 a Bland County physician was charged with over 300 counts of illegally prescribing prescription drugs including OxyContin. In October 2000 the Pulaski County Police Department reported that approximately 90 percent of all thefts, burglaries, and shoplifting incidents in the area were OxyContin-related. Some pharmacies in Tazewell County discontinued selling OxyContin because of the high rate of robberies. Individuals stole OxyContin from at least 12 pharmacies in Bucha-

nan, Russell, and Tazewell Counties between October 1999 and October 2000. In September 2000 prosecutors in Tazewell County reported that over 150 individuals had been charged with OxyContin-related felonies during the prior 12 months. Typically, in Virginia a 40-milligram tablet of OxyContin sells illegally for approximately \$40.

OxyContin-Related Murder

In July 2001 a Virginia resident pleaded guilty to murder and drug distribution in an OxyContin-related investigation. The perpetrator used a syringe to inject a lethal dose of OxyContin into the victim's arm.

Source: *Associated Press*, 24 July 2001.

Proactive measures have been taken in the state to prevent an increase in the level of OxyContin abuse. In March 2001 law enforcement officials from the federal government and five states met with Connecticut-based Purdue Pharma L.P., the manufacturer of OxyContin, to address the increasing rate of abuse of the drug. As a result, the Attorney General of Virginia and Purdue Pharma agreed on a seven-point plan to reduce the risks associated with the diversion and abuse of the drug. In May 2001 Purdue Pharma, concerned about the possible illicit use of the high-strength tablets, suspended distribution of the 160-milligram OxyContin tablets. The 160-milligram dosage, the highest available, was usually prescribed for less than 1 percent of OxyContin users.

Methadone commonly is used as a treatment for opiate addiction, particularly heroin. Methadone was mentioned in 5 of the 46 drug-abuse deaths in the Norfolk area in 1999, according to DAWN ME data. State medical officials reported that some of the 33 methadone-related overdose deaths from 1997 to 2000 in southwestern Virginia may be attributed to individuals using methadone to end their OxyContin addictions. Methadone is sold illegally in Virginia, usually for \$40 per 40 milligrams.

Seven-Point Plan

Purdue Pharma now educates healthcare providers about prescription drug abuse and when it is most appropriate to prescribe OxyContin.

Purdue Pharma plans to educate teachers, students, and parents about prescription drug abuse.

Purdue Pharma now produces and distributes tamper-resistant prescription pads to areas in southwestern Virginia where abuse is high.

Purdue Pharma will contribute \$100,000 toward a study of prescription monitoring programs in Virginia.

The Attorney General's office in Virginia agreed to establish a task force composed of law enforcement officials and members of the medical community to study prescription drug abuse.

The Attorney General's office will instruct the computer crimes strike force in Virginia to investigate the illegal sale and distribution of drugs over the Internet.

The Attorney General's Office will participate in the National Association of Attorneys General group on nationwide drug abuse.

Source: *Associated Press*, 1 March 2001.

Methamphetamine

Methamphetamine poses a low but increasing threat to Virginia. Levels of availability and abuse have increased in the Shenandoah Valley, and the drug is an emerging threat to southwestern Virginia. Most of the methamphetamine available in Virginia is produced by Mexican drug trafficking organizations (DTOs) and criminal groups using the hydriodic acid/red phosphorus method in high volume laboratories in Mexico and California. However, Virginia-based Caucasian criminal groups, OMGs, and local independent Caucasian dealers sometimes produce methamphetamine using the phenyl-2-propanone (P2P) and Birch reduction methods. Mexican criminal groups are the primary transporters of most of the methamphetamine available in Virginia. These groups usually transport the drug from Mexico and southwestern states into Virginia using private automobiles, couriers aboard commercial airlines, and package delivery and express mail services. Mexican criminal groups, some based in Virginia, are the primary wholesale distributors of methamphetamine in the state, particularly in the Shenandoah Valley. Mexican criminal groups and Caucasian local independent dealers are the

principal retail distributors of methamphetamine produced in Mexico and southwestern states. OMGs, Caucasian criminal groups, and local independent dealers distribute methamphetamine produced in Virginia and other states at the retail level.

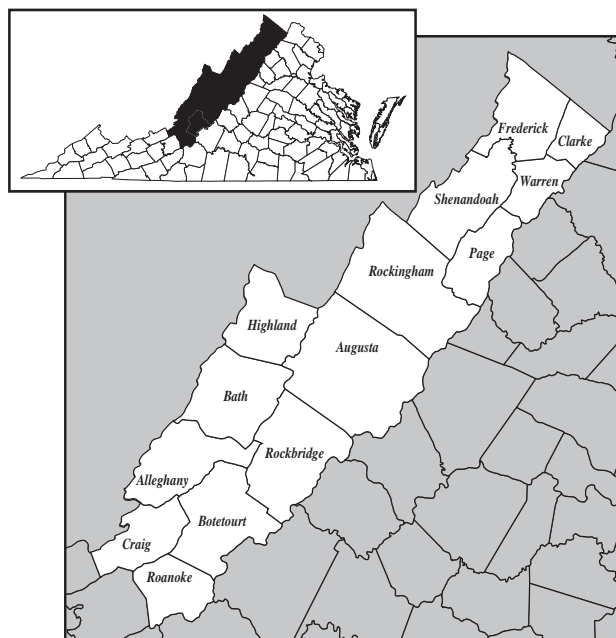


Figure 5. Shenandoah Valley.

Abuse

The level of methamphetamine abuse is low in Virginia. The number of treatment admissions to publicly funded facilities for methamphetamine abuse in Virginia fluctuated from 1995 to 2000. According to state substance abuse data, treatment admissions for methamphetamine abuse increased overall from 105 in 1995 to 192 in 1999. (See Table 1 on page 3.)

Methamphetamine is abused at different rates throughout the state. According to responses to the NDIC National Drug Threat Survey 2001, law enforcement officials in Culpeper, near the Shenandoah Valley, report that methamphetamine is commonly abused in their jurisdiction. Law enforcement officials in Arlington, Bluefield, Lynchburg, Salem, Virginia Beach, Wytheville, and Warren and Chesterfield Counties

report that methamphetamine is sometimes abused in those areas.

A more diverse population in Virginia now abuses methamphetamine. Historically, OMGs and blue-collar workers such as truck drivers were the predominant methamphetamine abusers. A new abuser population emerged in 2000 that includes white-collar professionals, business owners, and some members of the lower class. Teenagers and young adults, primarily in Northern Virginia, also are abusing methamphetamine, particularly crystal methamphetamine—a colorless, odorless form of smokable d-methamphetamine resembling glass fragments or ice shavings—in combination with other drugs at raves or nightclubs.

Availability

Methamphetamine is increasingly available in Virginia, particularly in the Shenandoah Valley. Most of the methamphetamine available in Virginia is produced by Mexican DTOs and criminal groups using the hydriodic acid/red phosphorus method in high volume laboratories in Mexico and California. The DEA Washington Division reports multipound quantities of Mexican methamphetamine are available in southwestern Virginia. According to FDSS data, federal law enforcement officials seized 3.9 kilograms of methamphetamine in Virginia in FY1998, 12.3 kilograms in FY1999, and 7.4 kilograms in FY2000. From October 1998 to May 2001, 6 of the 107 OCDETF investigations initiated in Virginia were methamphetamine-related.

Most methamphetamine seizures occur in the Shenandoah Valley. Ninety-six percent of all methamphetamine seized by state and local law enforcement officials in Virginia in 1999 was confiscated in the Shenandoah Valley. In June

2001 federal, state, and local law enforcement officials in Woodstock arrested an individual and seized over 2 kilograms of methamphetamine, and, in a related incident, arrested an individual in Toms Brook and seized 1 kilogram of the drug. In September 2000 federal agents arrested two individuals in New Market (northwestern Virginia) in the Shenandoah Valley and seized over 4 kilograms of methamphetamine, the largest such seizure in the state's history. The Rockingham/Shenandoah/Harrisonburg regional drug task force seized approximately 10 kilograms of methamphetamine in 1999.

The percentage of methamphetamine-related federal sentences in Virginia is lower than the national percentage. According to U.S. Sentencing Commission data, less than 10 percent of drug-related federal sentences in Virginia in FY2000 were methamphetamine-related compared with 14.5 percent nationwide. The number of methamphetamine-related federal sentences

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in Virginia was 5 in FY1996, 24 in FY1997, 57 in FY1998, 47 in FY1999, and 78 in FY2000.

Wholesale prices of methamphetamine vary throughout Virginia, while prices at the retail level are fairly uniform. According to responses to the NDIC National Drug Threat Survey 2001, methamphetamine sold for \$8,000 per pound in Culpeper and Lynchburg, \$11,000 per pound in

Roanoke, \$15,000 per pound in Virginia Beach, \$16,000 per pound in Wytheville, and \$19,000 per pound in Salem. Retail quantities of methamphetamine sold for approximately \$100 per gram in 2001. The purity of methamphetamine at both the wholesale and retail levels ranged from 60 to 90 percent.

Violence

The potential for violence associated with methamphetamine distribution and abuse is significant. Individuals addicted to methamphetamine are unpredictable, experience feelings of fright and confusion, and will commit violent crimes to obtain the drug. Methamphetamine abusers are often paranoid and delusional and frequently arm themselves against perceived

threats. Methamphetamine distributors sometimes commit violent crimes to protect their turf. In response to the NDIC National Gang Survey 2000, the Bristol Police Department reported that the South Side Bloods, a local street gang, distributes methamphetamine and has committed violent crimes such as assaults and home invasions in their area.

Production

Most of the methamphetamine available in Virginia is produced by Mexican DTOs and criminal groups using the hydriodic acid/red phosphorus reduction method in high volume laboratories in Mexico and California. However, Virginia-based Caucasian criminal groups, OMGs, and local independent Caucasian dealers sometimes produce methamphetamine using the phenyl-2-propanone (P2P) and Birch reduction methods. According to responses to the NDIC National Drug Threat Survey 2001, law enforcement officials in Chesapeake, Richmond, Roanoke, and Salem reported that Caucasian criminal groups and local independent dealers produce 1 to 2 ounces of methamphetamine per cook locally using the P2P and Birch reduction methods. During the first quarter of 2000, Roanoke and Floyd County (southwestern Virginia) law enforcement officers seized a small amount of methamphetamine and an operational methamphetamine laboratory and arrested the laboratory operator. In January 1999 the Richmond Police

arrested an individual and seized what was described as a portable methamphetamine laboratory in his car.

Methamphetamine production poses serious safety and environmental concerns. The production process creates toxic and hazardous waste that endangers law enforcement personnel, emergency response teams, children (particularly those in the homes of methamphetamine producers), and the environment. Methamphetamine laboratories may contain a variety of highly flammable chemicals and produce 5 to 6 pounds of toxic waste for every pound of methamphetamine. Most of the toxic residue from methamphetamine production is dumped in the local area, contaminating groundwater and killing vegetation.

Methamphetamine Production Methods

Ephedrine/Pseudoephedrine Reduction:

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

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

Phenyl-2-propanone:

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

Transportation

Mexican criminal groups are the primary transporters of most of the methamphetamine available in Virginia. These groups transport the drug from Mexico and California into Virginia using private automobiles, couriers aboard commercial airlines, and package delivery and express mail services. During the first quarter of 2001, law enforcement officials in Virginia Beach under Operation Jetway arrested two individuals and seized 1 kilogram of methamphetamine in a parcel shipped from Redlands, California, to Virginia Beach. The methamphetamine was wrapped in plastic and concealed inside a plastic container. OMGs and local independent Caucasian dealers

transport smaller amounts of methamphetamine into the state from California, Maryland, New Jersey, North Carolina, and Pennsylvania.

Precursor chemicals sometimes are transported to the state as well. During the second quarter of 2000, USCS officials at Washington Dulles International Airport in Northern Virginia seized small shipments of methamphetamine precursor chemicals, including ephedrine and pseudoephedrine tablets that were sent through air mail parcels. Some shipments originated in Canada and England and were addressed to Virginia residents.

Distribution

Mexican criminal groups, some based in Virginia, are the primary wholesale distributors of methamphetamine (pound quantities) in the state, particularly in the Shenandoah Valley. This region has a large Mexican population employed as transient agricultural workers enabling Mexican distributors to blend easily among the region's numerous poultry, cattle farm, and orchard workers. Mexican criminal groups and Caucasian local independent dealers are the principal retail distributors of methamphetamine produced in

Mexico and California. OMGs, Caucasian criminal groups, and local independent dealers distribute methamphetamine produced in Virginia at the retail level. For example, 28 members of the Renegades Motorcycle Club were convicted of distributing methamphetamine in the Tidewater area in November 1999. The members allegedly distributed over 100 kilograms of methamphetamine over several years and sent approximately \$4 million in proceeds to California.

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OMGs are less organized and distribute methamphetamine less frequently than they used to in Virginia, primarily because law enforcement officials have dismantled most of the established Pagans OMG chapters in northern, central, and southeastern Virginia. The DEA Washington

Division reports that former Pagans OMG affiliates in the Shenandoah Valley maintain ties with Pagans OMG members in Maryland, Pennsylvania, and New Jersey from whom they purchase retail quantities of methamphetamine to distribute in Virginia.

Pagans Outlaw Motorcycle Gang

Pagans is a regional outlaw motorcycle gang that was founded in Prince George’s County, Maryland, in 1959. Pagans expanded throughout the 1960s by generating new chapters and absorbing smaller OMGs and is now the predominant OMG in the Mid-Atlantic region. Pagans is governed by a “mother club,” the central leadership and policymaking authority for the gang. Since its inception, Pagans has produced and distributed methamphetamine; it now distributes cocaine as well. Pagans members have also committed murders, vehicle thefts, black market firearms violations, and extortion.

Outlook

Powdered and crack cocaine will continue to represent the most significant drug threat to Virginia. Cocaine likely will remain the predominant drug problem in many of the state’s population centers and will represent a greater threat than any other illegal drug to those areas. Crack cocaine will continue to be the greatest threat to inner-city neighborhoods, and violent crime associated with the distribution and abuse of crack will continue to be a serious problem in Virginia. Colombian and Dominican criminals groups, firmly entrenched as wholesale distributors of powdered cocaine in Virginia, are likely to remain the primary distributors of cocaine. However, Mexican criminal groups, which have increased wholesale distribution of cocaine in Virginia and elsewhere in the eastern United States, could increase their distribution activities in the state.

Marijuana is likely to continue as the primary drug of abuse in Virginia. Marijuana will continue to be readily available throughout the state. Availability could be spurred by more in-state cultivation, particularly if growers continue to migrate to rural southwestern Virginia from nearby states. Mexican and Jamaican criminal groups with access to well-developed supply and distribution networks likely will remain the principal wholesale distributors of Mexican marijuana in Virginia. Local independent dealers and

Caucasian criminal groups, who control most in-state cannabis cultivation, are likely to remain the principal distributors of marijuana produced in the state.

Heroin likely will continue to be a significant threat to the Central Virginia and Tidewater areas. Retail quantities of high purity South American heroin will continue to be available and likely will continue to contribute to heroin-related deaths in the state. Heroin is attracting a new abuser population, especially among young adults who snort the high purity drug rather than inject it. Law enforcement reporting indicates that new heroin abusers are likely to abuse the drug in social venues where its presence had been previously uncommon, such as raves.

ODDs, particularly MDMA, will continue to gain in popularity in Virginia. Law enforcement officials indicate that MDMA is an increasing threat to the Northern Virginia and Tidewater areas. MDMA seizures have increased substantially in those areas and there are no indications that this trend will change. The availability and abuse of MDMA at raves and in other social contexts is likely to increase. Diverted pharmaceuticals, especially OxyContin, will continue to pose a significant threat to rural southwestern Virginia. Crimes related to the diversion and abuse of

OxyContin may remain a serious problem in this region, depending somewhat on the effectiveness of the plan by the Attorney General of Virginia and the manufacturer of the pharmaceutical. In addition, diverted OxyContin is becoming increasingly available in parts of central, northern, and eastern Virginia. Law enforcement officials report that middle-class individuals increasingly are abusing OxyContin, once predominantly abused by lower-income individuals.

Methamphetamine likely will present a low but increasing threat to most of Virginia and remain a more substantial threat to the Shenandoah Valley, where distribution and abuse are likely to increase. Mexican criminal groups likely will continue to establish distribution networks in western Virginia. However, the methamphetamine threat to Virginia is likely to remain lower than that posed by other drugs.

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