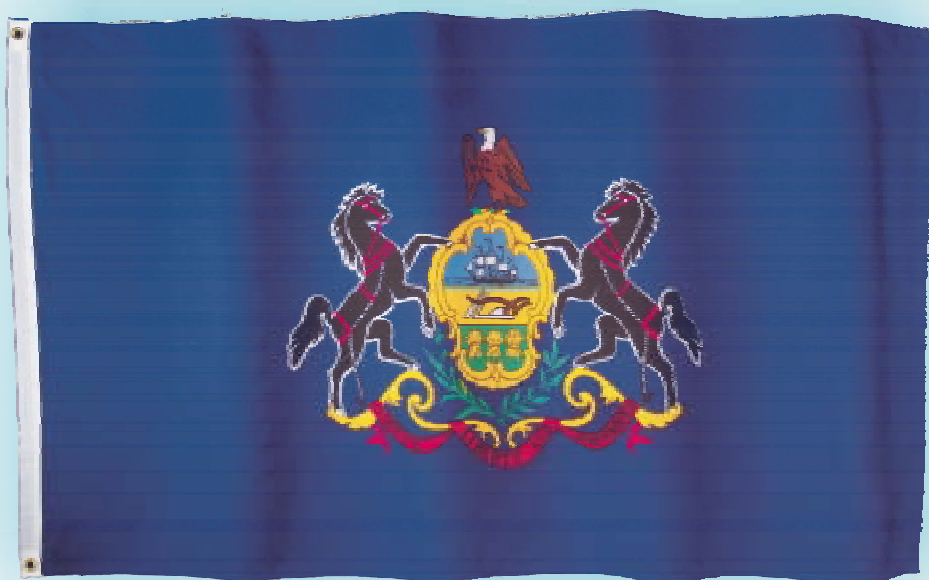




# Pennsylvania

## Drug Threat Assessment



National Drug Intelligence Center  
U.S. Department of Justice



# Pennsylvania Drug Threat Assessment

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## **Preface**

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This report is a strategic assessment that addresses the status and outlook of the drug threat in Pennsylvania. 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 in Pennsylvania.

# Pennsylvania Drug Threat Assessment

## Executive Summary

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Illegal drugs pose a significant threat to the safety and security of Pennsylvania citizens. Philadelphia, the largest city in Pennsylvania and the fifth largest city in the United States, is the epicenter of drug-related activity in the commonwealth. More drugs are sold in Philadelphia than in any other city in Pennsylvania, and most midlevel, and possibly some retail distributors throughout the state obtain their drug supply from traffickers in Philadelphia. Illegal drugs are brought to the state along major highways in commercial trucks, private vehicles, rental vehicles, and commercial buses, and some drugs are transported to Pennsylvania via maritime and air conveyances as well.

**Cocaine** is the primary drug threat in Pennsylvania, and **crack cocaine**, in particular, is a serious threat due to the drug's low cost, wide availability, and strong association with violent crime. Cocaine is transported into the state by Colombian and Dominican drug trafficking organizations, local and statewide independent transporters, some members of street gangs, and to a lesser extent, Mexican and Jamaican criminal groups and outlaw motorcycle gangs. These groups transport cocaine from sources of supply in California, Florida, New York, New Jersey, Texas, Mexico, and Puerto Rico and, to a lesser extent, from Michigan and Ohio. Most cocaine is transported into Pennsylvania in private or rented vehicles along major highways, via public transportation (buses, trains, and commercial air carriers), and by way of express mail. Colombian and Dominican drug trafficking organizations are the primary cocaine wholesale and midlevel suppliers throughout Pennsylvania. Loosely formed retail distribution groups and some members of street gangs dominate the retail drug trade in the state's urban areas, and local independent dealers, who obtain much of their drug supply from urban areas, dominate the retail market in most midsize cities and smaller towns.

**Heroin** poses an increasing threat in Pennsylvania, and it may surpass cocaine as the primary drug threat in Pennsylvania because highly pure, low-cost heroin has led to rising numbers of new users, particularly among the young. An increasing number of heroin users reside in midsize and smaller towns, no longer simply in metropolitan areas. Drug treatment data indicate that as heroin abuse has risen in Pennsylvania, cocaine abuse has gradually declined, and law enforcement in some areas now ranks heroin as a greater threat than cocaine. High-purity heroin is available in many parts of the state,

and heroin in Philadelphia is among the purest and cheapest in the country. Most heroin transported into Pennsylvania is brought first to Philadelphia and then is transported to midsize cities and smaller towns throughout the state. Colombian and Dominican drug trafficking organizations predominate in Philadelphia, and Dominican criminal groups are the primary intrastate transporters. Local independent dealers, who obtain much of their drug supply from urban areas, are the prevalent retailers in most midsize cities and smaller towns. Heroin distributors from New York and Philadelphia are expanding operations to midsize cities, which provide more profitable markets.

**Marijuana** remains the most widely available and commonly abused drug in Pennsylvania, but it is generally regarded as a lower threat than cocaine or heroin. Marijuana users generally do not commit violent crimes while under the influence or to support their habit. Treatment data indicate that abuse has been high for many years, including among the state's youth. Despite large seizures, the drug continues to be readily available throughout the commonwealth. Most marijuana sold and used in Pennsylvania is transported from outside the state, although in-state cultivation operations, both indoor and outdoor, are quite widespread. Jamaican and Mexican criminal groups are the predominant transporters, wholesalers, and midlevel retailers, but a variety of other criminal groups are involved in marijuana transportation and distribution as well.

The **methamphetamine** situation is in a transitional stage in Pennsylvania. Production, distribution, and abuse are limited, although there is some evidence of an increase in production in some areas of the commonwealth. Most of the increase has occurred in rural areas, suggesting that abuse has risen there as well. The Pennsylvania State Police and the U.S. Attorneys in the Middle and Western Districts of Pennsylvania report that methamphetamine production, distribution, and abuse are emerging problems, and law enforcement officials in various locations reported a rise in methamphetamine activity in 2000. The production, availability, and abuse of higher-purity d-methamphetamine have been rising, and that of lower-purity dl-methamphetamine has been dropping in the state. Most methamphetamine is distributed in ounce to multiounce quantities; larger quantities are available primarily in the Philadelphia area. Local independent dealers and outlaw motorcycle gangs are the state's primary methamphetamine distributors.

The abuse of **other dangerous drugs**, including club drugs and illegally diverted pharmaceuticals, poses an increasing threat to the state of Pennsylvania. The abuse of MDMA, GHB, ketamine, and LSD continues to rise, and diverted pharmaceuticals are readily available in the state. Oxycodone abuse has increased sharply during the past year throughout Pennsylvania. Although ODDs pose less of a threat than cocaine, heroin, and methamphetamine, their increasing distribution and abuse are an ongoing cause for concern.

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Pennsylvania.

Note: This map displays features mentioned in the report.



# Pennsylvania Drug Threat Assessment

## Overview

The commonwealth of Pennsylvania is the sixth most populous state in the nation with 12.2 million residents. Nearly one-third live in Philadelphia and the surrounding four counties (Bucks, Chester, Delaware, and Montgomery), which combined have a population of more than 3.8 million. Other major population centers include Pittsburgh (population 334,563), Allentown (106,632), and Erie (103,717). The racial/ethnic composition of Pennsylvania is 85.4 percent white, 10 percent black or African American, 3.2 percent Hispanic or Latino, and 1.8 percent Asian. Philadelphia has the most ethnically diverse population, and much of the remainder of the state is ethnically homogeneous.

Philadelphia, the largest city in Pennsylvania and the fifth largest city in the United States, is the center of drug-related activity in the commonwealth. More drugs are sold in Philadelphia than in any other city in Pennsylvania, and most midlevel and possibly some retail distributors throughout the state obtain their drug supply from traffickers in Philadelphia. The city is a major distribution center and transshipment point for both licit and illicit commodities destined for Pennsylvania and the Mid-Atlantic region, in large part because the city is centrally located among the Mid-Atlantic states and has a vast transportation

Fast Facts	
Pennsylvania	
Population (2000)	12.2 million
U.S. ranking	6th
Median income (1999)	\$37,995
Unemployment rate (1999)	4.1%
Land area	46,058 square miles
Capital	Harrisburg
Other principal cities	Philadelphia, Pittsburgh, Allentown, Erie
Number of counties	67
Principal industries	Steel, travel, health, apparel, machinery, food, and agriculture

infrastructure. Other cities of significant but lesser importance to the state's drug situation are Pittsburgh, Reading, and Erie. Pittsburgh is the second most populated city in the commonwealth and the forty-fifth largest city in the country. Drug distribution and abuse are widespread in Pittsburgh, which is also a regional distribution center for drugs. The Drug Enforcement Administration



(DEA) Pittsburgh District Office and the Pittsburgh Bureau of Police believe that most drugs brought to the city are sold to local users, but that a portion reaches midlevel and retail distributors in southwestern Pennsylvania, eastern Ohio, and northwestern West Virginia. Reading, the sixth largest city in the state (population 81,207), serves as a transshipment point for wholesale quantities of marijuana and smaller amounts of cocaine and heroin sold in eastern Pennsylvania. Erie, the fourth largest city in Pennsylvania, is located on the southern shore of Lake Erie. Transportation groups that smuggle drugs across Lake Erie present a risk to the city and the western part of the state.

Both licit and illicit commodities are transported overland into and through Pennsylvania by commercial trucks, private vehicles, rental vehicles, and commercial buses. The combined interstate and state highway system in Pennsylvania is an efficient and heavily used transportation network. In 2000, approximately 139 million passenger vehicles and more than 21 million commercial vehicles traveled on the Pennsylvania Turnpike (also known as I-76 and I-276 east-west and I-476 north-south), according to the Pennsylvania Turnpike Commission. Interstate 95, which runs from Florida to Maine, passes directly through Philadelphia and is recognized as the East Coast's major drug transportation corridor. Interstates 70, 79, 80, and 81 provide access to many midsize cities and smaller towns in Pennsylvania. In 1997, nearly \$61 billion worth of freight was transported into Pennsylvania. The freight was shipped by surface modes from California, Florida, New Jersey, New York, and Texas, the states where most drugs enter the country.

Ports in Philadelphia, Erie, and Pittsburgh facilitate the transport of commodities into and through Pennsylvania, providing drug traffickers with another method for smuggling drugs into the state. The Port of Philadelphia and Camden consists of more than 40 private and public cargo-handling facilities located on the upper Delaware River in the Philadelphia metropolitan area. After New York City, the Port of Philadelphia and

Camden is the busiest port on the Atlantic Coast in total import cargo volume. Some 80 percent of this volume consists of imports of crude oil, making Philadelphia the leading destination for this commodity on the East Coast. Cocaine and marijuana are the drugs most commonly smuggled into Pennsylvania via the Port of Philadelphia and Camden.

The primary risk on Lake Erie is from smugglers moving drugs using airdrops, cigarette boats, and other pleasure craft. Intelligence indicates that there are at least six separate criminal groups based in western Pennsylvania that transport drugs from Canada to the United States. The principal drug distributors are independent dealers and members of the Outlaws OMG (Outlaw Motorcycle Gang). The primary drug brought from Canada to Pennsylvania via Lake Erie is marijuana.

The Port of Pittsburgh is the busiest inland port in the United States and is served by more than 30 privately owned public river terminals serviced by 18 barge lines. Despite primarily handling river barge traffic, the port was the eleventh busiest in the United States in 1999 and handled more tonnage than Los Angeles, Baltimore, or Philadelphia that year. Approximately 52.9 million tons of cargo were shipped from or received by the port in 1999. Two class-one railroads and four interstates provide connectivity to the nation. The large volume of commercial traffic at the Port of Pittsburgh presents a potential for drug smuggling. However, a lack of drug seizures at the port suggests that drug activity there is minimal.

The large volume of air passengers and cargo passing through Pennsylvania provides drug traffickers with additional opportunities for smuggling. Drugs are frequently seized at Philadelphia International Airport, the nineteenth busiest passenger airport in the United States with more than 10.3 million passengers in 1999. Approximately 25 airline carriers and charter companies fly daily between Philadelphia and more than 100 domestic and international locations, including Puerto Rico (nine direct flights daily). In addition, eight all-cargo airlines transport more than 564,576 tons of freight annually through Philadelphia International. The international hub of the

United Parcel Service (UPS), serviced by 24 aircraft, is also located at the airport. Each day, this UPS hub handles over 460,000 domestic packages and approximately 18,000 outbound and 5,000 to 8,000 inbound packages shipped between Philadelphia and foreign destinations.

Drug seizures at Pittsburgh International Airport increased in 2001, according to DEA Pittsburgh. The Bureau of Drug Law Enforcement of the Pennsylvania State Police reports that Pittsburgh International Airport is a major hub. Pittsburgh International Airport served nearly 20 million passengers in 2000 and provided 600 nonstop flights to 118 domestic and international cities daily. The airport is the principal domestic hub for US Airways, and 24 additional commercial airlines service Pittsburgh. More than 121.3 million parcels were shipped from Pittsburgh International to domestic and international locations in 1996, and over 163,000 tons of cargo passed through the airport during 1998. There are four other international airports in Pennsylvania, located in Allentown, Lehigh Valley, Harrisburg, and Wilkes-Barre/Scranton, that drug smugglers might exploit.

Colombian and Dominican DTOs are the predominant cocaine and heroin smugglers and wholesalers in the state. Although Colombian and Dominican DTOs dominate wholesale distribution in Philadelphia, Mexican DTOs, already responsible for a considerable amount of drug trafficking nationwide, increasingly are infiltrating this market. Colombian and Dominican DTOs supply cocaine and heroin distribution groups operating throughout Pennsylvania.

Dominican criminal groups, loosely formed retail distribution groups, and some members of street gangs dominate the retail drug trade in Philadelphia, and they have expanded their networks from Philadelphia and New York City to Allentown, Erie, Harrisburg, Reading, Scranton, York, and other midsize cities in the state, where they perceive law enforcement scrutiny and market competition to be lower. Local independent African American, Caucasian, Hispanic, and other ethnic criminal groups and local unaffiliated

street gangs also are involved in retail sales of cocaine, heroin, and other drugs in midsize cities. They dominate retail drug sales in smaller towns throughout the state. These distributors obtain their drugs from Philadelphia and from suppliers in Michigan, New York, and Ohio. Mexican criminal groups and OMGs also distribute marijuana and methamphetamine at the retail level in various locations in the state.

Survey data indicate that drug abuse is a serious problem in the commonwealth of Pennsylvania. According to the 1999 National Household Survey of Drug Abuse (NHSDA), 36.4 percent of Pennsylvania individuals aged 12 or older reported using an illicit drug in their lifetimes, 10.6 percent reported use in the past year, and 7 percent reported use in the past month. Nationally, 6.7 percent of surveyed individuals reported past month drug use. Statewide treatment admissions for all drugs increased 4 percent from 63,231 in 1999 to 65,791 in 2000, after having decreased from 1996 to 1998 and having remained stable in 1999. The recent increase, however, may be the result of corrections in reporting by state treatment providers, rather than the result of more drug abuse in the state. Clients admitted to state facilities for drug and alcohol treatment in state fiscal year (FY) 2000 had the following characteristics:

- 70 percent were male, and 30 percent were female.
- 70 percent were white, 20 percent were black, and 7 percent were Hispanic.
- Alcohol was the primary drug of abuse for 50 percent, cocaine or crack for 18 percent, heroin for 16 percent, and marijuana for 13 percent.
- 48 percent were unemployed.

According to the Treatment Episode Data Set (TEDS), Pennsylvania reported 484 statewide treatment admissions per 100,000 population in 1998, compared to 631 admissions per 100,000 population recorded nationwide. (TEDS data is compiled by the Substance Abuse and Mental Health Services Administration from facility data

from state administrative systems. TEDS measures a significant proportion of all admissions to substance abuse treatment, but not all admissions. State treatment data and TEDS data may be derived from the same data set.)

According to Drug Abuse Warning Network (DAWN) data, Philadelphia hospital emergency departments reported 45,685 drug mentions in 1999, third among the 21 cities nationwide for which DAWN reported data. Philadelphia also reported 810 drug-related deaths in 1999, a 5.7 percent increase from 1998, and lower than only Los Angeles, New York City, and Chicago. DAWN data on drug-related deaths indicate the following:

- Philadelphia decedents were younger than those in New York or Los Angeles.
- Nearly 2 of 3 Philadelphia decedents were white.
- Nearly 3 of 4 Philadelphia decedents were male.
- The number of black decedents in Philadelphia increased by 22 percent from the previous year, while the number of white decedents remained relatively unchanged.

According to the 1999 Youth Risk Behavior Study, the percentage of high school students in Philadelphia who abused drugs in 1999 was generally lower than the national average.

Drug-related crime is a major concern in Pennsylvania. Arrests for drug abuse violations increased 43.3 percent from 1993 to 1998 and

increased 5.2 percent from 1998 to 1999, reaching an all-time high of 46,632. The 5.2 percent rise corresponded with a 3 percent increase in the number of full-time law enforcement personnel during the same period. Also in 1999, 39.7 percent of federal sentences in Pennsylvania were for primary drug offenses, comparable to the national average of 41 percent. In Philadelphia, of those arrestees tested for drug use, 76 percent of female and 70 percent of male arrestees tested positive for drug use in 1999, according to Arrestee Drug Abuse Monitoring (ADAM) Program data. Sixty-four percent of tested males reported having a full- or part-time job, compared to only 27 percent of females.

The financial burden of drug abuse on the state government is considerable. According to the National Center on Addiction and Substance Abuse, Pennsylvania spent over \$3.5 billion in 1998 on substance abuse and addiction programs including expenses for justice, education, health, child-family assistance, mental health-development disabilities, public safety, and state work force programs. This figure amounted to 14.5 percent of the state budget, the seventh highest percentage of any state budget in the nation. Pennsylvania ranked third in total dollars spent, behind only California and New York. When nongovernmental expenses such as business losses from worker productivity and expenses for private social services are factored in, cost estimates of substance abuse are even higher.

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## Cocaine

Cocaine is the primary drug threat in Pennsylvania based on its high level of abuse, ready availability, widespread distribution, and association with violence. Drug treatment data indicate that cocaine abuse in the state is gradually declining, but abuse of cocaine remains higher than any other illegal drug. Both powdered cocaine and crack cocaine are readily available throughout the state, mostly from Colombian and Dominican

wholesale organizations operating in Philadelphia and New York City. Pittsburgh is a distribution center for various locations in western Pennsylvania, eastern Ohio, and northwestern West Virginia. Retail locations are found throughout Pennsylvania with local independent African American, Caucasian, Hispanic, and other ethnic criminal groups and street gangs involved in distribution.

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## Abuse

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The Pennsylvania Department of Health reports that cocaine is the primary drug of abuse in Pennsylvania. NHSDA data for 1999 indicate that, in Pennsylvania, 9.8 percent of individuals aged 12 or older reported lifetime use of cocaine, and 2 percent reported lifetime use of crack. Past-year use of cocaine was reported by 1.3 percent of individuals surveyed, and 0.6 percent reported past-month use. The percentages for crack cocaine use were less significant: past-year use of crack was reported by 0.4 percent of individuals surveyed, and 0.3 percent reported past-month use. According to the DEA, cocaine is the drug of choice in urban and suburban minority population centers.

Cocaine abuse is also high in Philadelphia, the largest metropolitan area in the state. The National Institute on Drug Abuse-sponsored Community Epidemiology Work Group reported in June 2000 that cocaine and crack remain the major drugs of abuse in Philadelphia. Cocaine was mentioned in 52 percent of DAWN Medical Examiner (ME) drug abuse deaths in Philadelphia in 1999. In state FY2000, the total number of drug treatment clients residing in Bucks, Chester, Delaware, Montgomery, and Philadelphia Counties citing cocaine or crack as their primary drug of abuse was 4,156, accounting for 34.5 percent of total cocaine admissions statewide. More than half (2,319) of those clients resided in Philadelphia County. Smoking cocaine is the most popular means of administration in Philadelphia, followed by intranasal use and, to a much lesser extent, injection.

Drug treatment admissions data indicate that cocaine abuse has declined in Pennsylvania, although abuse levels remain high. State treatment admissions for cocaine abuse accounted for approximately 44 percent of all treatment admissions in 1996, 42 percent in 1997, 40 percent in 1998, 38 percent in 1999, and 35 percent in 2000, excluding alcohol. Admissions for cocaine in 2000 were still higher than for heroin (31%) and marijuana (25%). According to TEDS data, admissions to publicly funded treatment facilities for cocaine

abuse in Pennsylvania decreased from a high of 15,093 in 1994 to 9,834 in 1998.

Cocaine data for Philadelphia do not clearly indicate the same downward trend. Cocaine-related DAWN Emergency Department (ED) mentions in the city fell from an all-time high of 13,049 in 1998 to 12,434 in 1999, a drop of 4.7 percent, after increasing the previous 2 years (from 11,202 in 1997 and 10,384 in 1996). However, the proportion of cocaine-positive mortality cases to total drug-positive mortality cases remained stable in 1999, according to the Philadelphia Medical Examiner Office. Also, the number of cocaine mentions in DAWN ME drug abuse deaths for Philadelphia was up slightly, rising from 401 in 1998 to 427 in 1999. These numbers were both lower than the peak number of 474 in 1997, but still were higher than the 338 mentions in 1996.

Law enforcement officials report substantial levels of cocaine abuse in other parts of the state. The Pittsburgh Bureau of Police reports that crack cocaine is the drug of choice for both teens and adults in Pittsburgh, the state's second largest city. However, in state FY2000, the total number of clients admitted for treatment for cocaine or crack as the primary drug of abuse residing in Allegheny County (including Pittsburgh) was 957, accounting for only 8 percent of total cocaine admissions statewide. Respondents to the National Drug Intelligence Center (NDIC) National Drug Threat Survey indicate that cocaine, particularly crack cocaine, remains the principal drug of abuse in Erie (in northwestern Pennsylvania), Harrisburg (south-central), and Johnstown (southwestern), as well as in Philadelphia. The Bureau of Narcotics of the Pennsylvania Office of the Attorney General in Erie reports that crack cocaine poses the greatest drug threat in the area. Many of those who have become addicted to cocaine have lost their jobs and rely on public assistance. This drop in the number of wage earners, as well as an overall decline in

industry, has contributed to the depression of the local economy and a drop in property values, causing many families to move away.

In state drug treatment programs in 2000, males accounted for 58 percent of all cocaine treatment admissions and females accounted for 42 percent. Of the males being treated for cocaine abuse, 48 percent were black, 43 percent were white, and 7 percent were Hispanic. Of the females being treated for cocaine abuse, 48 percent were black, 45 percent were white, and 4 percent were Hispanic.

ADAM Program data for 1999 indicate that 59.8 percent of female arrestees who were tested for drug use in Philadelphia tested positive for cocaine, more than for any other drug. Of female black arrestees tested for drugs, 65.7 percent

tested positive for cocaine, as did 62.5 percent of female Hispanic arrestees, and 44.9 percent of female white arrestees. By comparison, 47.3 percent of male Hispanic arrestees and 40.9 percent of male white arrestees who were tested for drugs tested positive for cocaine, more than for any other drug.

In 2000, 11 percent of cocaine treatment admissions were under the age of 25, with 21 being the average age of first cocaine use. According to the 1999 Youth Risk Behavior Study, 4.3 percent of Philadelphia high school students reported using cocaine during their lifetimes, and 2.1 percent reported using cocaine on one of the 30 days preceding the survey, lower than the national averages (9.5% and 4% respectively).

**Availability**

Powdered and crack cocaine are readily available throughout Pennsylvania. According to DEA, the availability of cocaine is high in Pittsburgh and western Pennsylvania, and local law enforcement indicates crack is easily obtained in Altoona, Erie, Johnstown, and New Castle. Crack cocaine is also readily available in the south-central cities of Carlisle, Harrisburg, Lancaster, Lebanon, and York, especially within inner-city neighborhoods.

Despite substantial cocaine seizures, Pennsylvania's cocaine prices have remained low and purity high over the last 5 years, indicating

abundant availability. In 1999, federal, state, and local law enforcement authorities in Pennsylvania seized 2,745 kilograms of cocaine according to Federal-wide Drug Seizure System (FDSS) data. The Pennsylvania State Police alone seized 1,812 kilograms of cocaine, the distribution of which would have yielded an estimated street value of \$45.3 million. A kilogram of cocaine with a purity of 80 to 95 percent costs \$24,000 to \$35,000 in Philadelphia. (See Table 1.) In nearby King of Prussia, an ounce of cocaine retails for \$900 to \$1,000 with a purity of 75 percent. The

**Table 1. Powdered Cocaine Prices, Pennsylvania, 2001**

Reporting Unit	Gram	Ounce	Kilogram	Multikilogram
<b>Philadelphia</b>	<b>\$100–125</b>	<b>\$800–1,200</b>	<b>\$24,000–35,000</b>	<b>\$25,000–30,000</b>
<b>Pittsburgh</b>	<b>\$75–100</b>	<b>\$1,000–1,400</b>	<b>\$20,000–30,000</b>	<b>not reported</b>
<b>Allentown</b>	<b>\$50–150</b>	<b>\$750–2,000</b>	<b>\$25,000–35,000</b>	<b>not reported</b>
<b>Harrisburg</b>	<b>not reported</b>	<b>\$1,000–1,400</b>	<b>not reported</b>	<b>\$55,000 (3kg)</b>

Source: Drug Enforcement Administration, Philadelphia Field Division, *Quarterly Trends in the Traffic*, 1st Quarter, FY2001.

price for a bag of cocaine in the city of Reading (eastern Pennsylvania) has fallen 50 percent in the past year from \$20 to \$10. Crack rocks can be purchased in Reading and Pittsburgh for as low as

\$10 and in Altoona for \$50. In Pittsburgh, a rock of crack is 80 percent pure on average. (See Tables 1 and 2.)

**Table 2. Crack Cocaine Prices, Pennsylvania, 2001**

Reporting Unit	Vial/Rock	Gram	Ounce	Kilogram
<b>Philadelphia</b>	<b>\$5–10</b>	not reported	<b>\$800–1,500</b>	not reported
<b>Pittsburgh</b>	<b>\$5–20</b>	<b>\$80–100</b>	<b>\$800–1,300</b>	<b>\$20,000–30,000</b>
<b>Allentown</b>	<b>\$5–50</b>	not reported	not reported	not reported
<b>Harrisburg</b>	<b>\$20–30</b>	not reported	<b>\$600–1,100</b>	not reported

Source: Drug Enforcement Administration, Philadelphia Field Division, *Quarterly Trends in the Traffic*, 1st Quarter, FY2001.

## Violence

The distribution and use of cocaine, especially crack cocaine, are associated with much violent crime in the commonwealth. Federal, state, and local law enforcement agencies indicate that violent crime associated with the abuse and distribution of cocaine has had a devastating effect on the citizens of Pennsylvania. The number of drug-related shootings in southwestern and western Philadelphia increased drastically in 2000, according to the Philadelphia Police Department. For example, what police are calling the worst mass murder in Philadelphia’s history occurred on December 28, 2000, at a western Philadelphia crack house where rival drug dealers, at odds over drug prices, committed the execution-style murders of six men and a woman. Also in January 2001, a Pittsburgh man was shot and killed over a crack cocaine debt, according to Pittsburgh homicide detectives.

Crack cocaine abuse and distribution often are associated with street violence and other crimes committed by drug abusers in need of money to buy drugs, including thefts, robberies, burglaries, shoplifting, and prostitution. The Pittsburgh Bureau of Police reports that an increase in drug-related burglaries and robberies is a major concern for law enforcement. The Coatesville Police Department reports that crack cocaine is the major cause of violence. Cocaine abuse and distribution also have contributed to changing demographics in some cities. Many middle-class families have fled Philadelphia in recent years, citing crime and drugs as primary causes. In Chester in southeastern Pennsylvania, homes that 7 years ago sold for \$36,000 now sell for \$4,000, in large part because of the rise in the cocaine trade in that area. In Harrisburg and Johnstown, crack cocaine abuse has led to declining conditions in some neighborhoods.

## Production

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No coca cultivation or cocaine production has been reported in Pennsylvania, but many retailers convert powdered cocaine into crack in the state. Under current federal laws, a person convicted of distributing 5 grams of crack cocaine faces a mandatory 5-year prison sentence, equivalent to distributing 500 grams of powdered cocaine. Because crack cocaine penalties are greater than

those for powdered cocaine, retailers often convert powdered cocaine to crack in the distribution areas. In 2000, law enforcement arrested two individuals in Philadelphia who were members of a group that converted powdered cocaine into crack for distribution in Germantown and western sections of Philadelphia. Authorities seized more than 700 glass vials of crack cocaine.

## Transportation

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Most cocaine in Pennsylvania is transported into the state by Colombian and Dominican DTOs. Colombian DTOs smuggle wholesale amounts of cocaine into Philadelphia from foreign sources and sell it to Dominican and other wholesale and midlevel distributors. Dominican DTOs smuggle lesser amounts of cocaine to Philadelphia. Both Colombian and Dominican DTOs also coordinate transportation into the state, primarily from New York City and Miami, and also from other domestic locations in California, New Jersey, Texas, and Puerto Rico. Cocaine is also transported into the state by local and statewide independent transporters, some members of street gangs, and to a lesser extent, Mexican and Jamaican criminal groups and OMGs. These groups obtain cocaine from the same states as Colombian and Dominican DTOs and, to a lesser extent, from Michigan and Ohio.

Most cocaine is transported into Pennsylvania in private or rented vehicles along major highways, via public transportation (buses, trains, and commercial air carriers), and by way of express mail. In March 2001, 440 pounds of cocaine

destined for Philadelphia being transported from the Southwest Border was seized in Kansas. The cocaine was hidden in a utility trailer wrapped in plastic wrap and covered in grease. Authorities believe that the transporters had used similar methods at least 20 times over the past several years to transport cocaine to Philadelphia and other major cities along the East Coast.

Cocaine is smuggled into Pennsylvania by air conveyances as well. For example, during the first quarter 2001, four individuals were arrested at the Queen Beatrix International Airport in Aruba attempting to smuggle approximately 5 kilograms of cocaine, taped to their bodies, from Aruba to New Castle, Pennsylvania, via the Pittsburgh International Airport. Law enforcement reports that similar trips from Aruba to New Castle had previously been made. Also, in March 2001, cocaine paste was smuggled from Jamaica to Pittsburgh via the Pittsburgh International Airport. The paste, worth at least \$60,000, was concealed in a laptop computer in an inch-thick bag.

## Distribution

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Philadelphia and New York City are the primary distribution centers for wholesale quantities of cocaine in Pennsylvania. In eastern Pennsylvania,

Philadelphia-based Colombian DTOs operate at the highest level and are the primary wholesale cocaine distributors. Dominican DTOs operate at the

wholesale and midlevel, and sometimes act as midlevel street sales managers, controlling street corners, stash houses, and employing and supplying the street-level workers who sell directly to the customers. Mexican and Israeli criminal groups operating in eastern and western Pennsylvania, respectively, also supply wholesale quantities of cocaine. Loosely formed retail distribution groups and some members of street gangs dominate the retail drug trade in the state's urban areas. Local independent African American, Caucasian, Hispanic, and other ethnic criminal groups, who obtain much of their drug supply from urban areas, dominate the retail market in most midsize cities and smaller towns.

### Wholesale and Midlevel

Philadelphia and New York City are the primary distribution centers for cocaine distributed at the wholesale level in Pennsylvania. In eastern Pennsylvania, Philadelphia-based Colombian DTOs operate at the highest level and are the primary wholesale cocaine distributors. Dominican DTOs operate at the wholesale and midlevel, and sometimes act as midlevel street sales managers, controlling street corners, stash houses, and employing and supplying the street-level workers who sell directly to the customers. Mexican criminal groups reportedly are attempting to increase their share of the wholesale cocaine market in eastern Pennsylvania and elsewhere on the East Coast, according to the Philadelphia/Camden High Intensity Drug Trafficking Area (HIDTA).

### Retail

Dominican criminal groups, loosely formed retail distribution groups, and some members of street gangs dominate the retail drug trade in most urban areas of Pennsylvania, while local independent dealers who obtain much of their drug supply from urban areas are the prevalent retailers in most midsize cities and smaller towns. Some street gang members are also involved in retail distribution. The Pennsylvania State Police, Bureau of Drug

**Wholesale distribution** is defined in this report as the direct purchase from an international source of supply or importer and the sale of pound, kilogram, or multiunit quantities, normally to midlevel distributors.

**Midlevel distribution** refers to the direct purchase of pound, kilogram, or multiunit quantities from wholesale distributors and sale of smaller quantities to other midlevel or retail distributors.

**Retail distribution** refers to the direct sale to users.

Colombian and Dominican DTOs based in Philadelphia and New York City are the primary suppliers of wholesale cocaine to midlevel distributors in Pittsburgh and western Pennsylvania. On July 24, 2000, federal and state law enforcement agents dismantled a cocaine distribution ring operating out of an auto repair garage in Rankin, a southeastern suburb of Pittsburgh. Two Dominican nationals from New York City supplied the cocaine. New York-based Israeli DTOs also supply wholesale quantities of cocaine to Israeli criminal groups in Pittsburgh, according to DEA Pittsburgh. The Altoona Police Department reports that cocaine is transported from Philadelphia, and the Erie Bureau of Police reports that New York City-based Dominican DTOs supply most cocaine for the local distributors in Erie.

Law Enforcement, reports that 12 national-level street gangs are active in Pennsylvania, spread throughout the state. Additionally, at least 600 local gangs are active with memberships ranging from 3 to more than 50 people.

In Philadelphia, cocaine sales take place in vast open-air drug markets dominated by street-level workers, often composed of friends and



The **Latin Kings**, also known as the Almighty Latin King Nation, is a predominantly Hispanic street gang with three major factions in Chicago, New England, and New York City. These gangs started as social groups in Hispanic communities but later evolved into organized criminal enterprises involved in drug trafficking and violent crime. Latin Kings is a highly structured gang that relies on strict, detailed charters to maintain discipline. The Chicago-based Latin Kings, affiliated with the People Nation, is the foundation upon which all Latin Kings groups are based. The gang operates drug distribution enterprises on the North and Southeast Sides of Chicago and has expanded throughout Illinois and the nation. The Latin Kings have attempted to consolidate the Chicago- and New England-based factions.

The Latin Kings street gang in Pennsylvania was accepted by the People Nation and the rest of the Latin Kings in early 1999. During the “acceptance period,” many leaders of the Latin Kings from Chicago, New Jersey, and New York were present at the ceremonies in Philadelphia. This acceptance by the national leaders was significant because it ensured the Pennsylvania-based Latin Kings will have the support of other People Nation members.

**Bloods** gangs, originally formed in Los Angeles in the 1960s, are composed primarily of African Americans. They are distinct gangs with many loosely organized factions, known as “sets.” Since the mid-1980s, the Bloods have spread across much of the United States. Blood sets in the Northeast generally identify with the United Blood Nation, which began in Riker’s Island Jail in New York City in the early 1990s.

The **Ñeta** originated as a Hispanic prison gang in the Puerto Rican prison system in the 1970s. The Ñeta has many chapters in the U.S. prison system and in Pennsylvania, Connecticut, Florida, Massachusetts, New Jersey, New York, and Rhode Island communities. The Ñeta is an organized gang that uses drug trafficking as its major source of income and is also involved in other criminal activities such as extortion, intimidation, robbery, assault, money laundering, weapons trafficking, and murder.

relatives who may live in the area. They are typically paid a small commission. Street gang members sometimes act as street-level workers.

The Philadelphia Police Department estimates that approximately 18 gangs with 1,325 members are active in the Philadelphia area. The gangs are organized along various ethnic lines. Several have a dress code and wear tattoos. The Latin Kings, Bloods, and Ñeta (see text box) are the most significant street gangs involved in drug distribution in Philadelphia, and other active gangs include the Dog Pound, Five Percenters, South Side Crips, and Tiny Rascal Gang. These gangs routinely use high-tech equipment, including cellular telephones, pagers, walkie-talkies, digital cameras, and computers, and they often wear body armor and carry automatic weapons. Philadelphia-based Dominican criminal groups, loosely formed retail distribution groups, and some members of street gangs are the predominant cocaine retailers in eastern and central

Pennsylvania as well, including the cities of Allentown, Harrisburg, Reading, Scranton, and Williamsport and in Lancaster County.

In Pittsburgh and western Pennsylvania, local independent African American, Caucasian, Hispanic, and other ethnic criminal groups and local unaffiliated street gangs distribute cocaine in gram, ounce, and multiounce quantities. The Pittsburgh Bureau of Police estimates that 92 gangs with approximately 1,500 members operate in Pittsburgh, including the Aiken Avenue Bloods, Brushton Hilltop Crips, Dark Side, DownBottom Gangstas, Fulton Block Boyz, Greenfield Crips, Original Gangsters, Tre Eight, and Wiggers. Pittsburgh street gangs also sell cocaine to local independent dealers who provide it directly to users in Johnstown. In Erie, local independent drug distributors and street gangs, with links to Dominican DTOs in New York City and African American street gangs in Detroit, sell cocaine directly to users. The Erie Bureau of

Police estimates that 27 gangs with approximately 400 members are active in the city. The gangs include the 7th Street Ward, Dog Pound, Folk Nation, and Latin Pride Crips.

Cocaine distributors from New York City and Philadelphia are moving to midsize cities and smaller towns in Pennsylvania to expand their market area and reap greater profits. The York Police Department reports that an influx of

out-of-town drug dealers engaging in crack cocaine distribution pose a significant threat to the city. According to DEA, a Jamaican criminal group has relocated from New York City to Carlisle to distribute crack cocaine and is now earning \$5,000 per week. This distribution group reportedly became acquainted with local cocaine addicts and then intimidated them into stashing and selling crack from their own residences.

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## Heroin

The abuse and availability of heroin pose a serious threat second only to cocaine, and heroin soon could become the primary drug threat in the state. Drug treatment data indicate that heroin abuse is rising in Pennsylvania as cocaine abuse is gradually declining, and law enforcement in some areas now ranks heroin as a greater threat than cocaine. The market for highly pure heroin, which can be effectively snorted or smoked instead of injected, has expanded from urban areas to midsize cities and smaller towns across the state.

Philadelphia is the state's largest heroin market and the primary distribution center for heroin sold throughout Pennsylvania. Most retail heroin sales in Philadelphia take place in the "Badlands," a 4-square-mile area in northern Philadelphia,

where loosely formed retail distribution groups dominate a large open-air drug market. The volume of heroin sales in this area of Philadelphia is so large that the Pennsylvania State Attorney General's Office has created the Eastern Corridor Heroin Operation (ECHO) enforcement team to disrupt drug operations in the Badlands. Also, in June 1998, Operation Sunrise was founded as a multiagency, multijurisdictional initiative designed to stabilize neighborhoods in the Badlands by reducing drug distribution and violent crime. The program, expanded in late 1999 to include the entire city of Philadelphia, has resulted in the arrest of thousands of street corner dealers and customers.

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## Abuse

Drug treatment admission data reported by the Pennsylvania Bureau of Drug and Alcohol Programs indicate that heroin abuse in Pennsylvania is high and continues to increase. State treatment admissions with heroin as the primary drug of abuse accounted for 31 percent of all non-alcohol drug admissions in 2000, slightly lower than cocaine admissions (35%) but higher than marijuana admissions (25%). The number of heroin treatment admissions rose steadily from 1996 to 2000; there were 7,413 in 1996, 7,817 in 1997, 8,700 in 1998, 9,269 in 1999, and 10,646 in 2000. During the same period, cocaine admissions gradually declined.

In Philadelphia, heroin-related DAWN ED mentions increased 15.8 percent from 1998 (3,586) to 1999 (4,152), after increasing 51.7 percent from 1992 (2,364) to 1998. According to ADAM data for Philadelphia, 14.8 percent of male arrestees and 14.2 percent of female arrestees who were tested for drug use tested positive for opiates in 1999. The Philadelphia Medical Examiner Office reported 210 mortality cases with the presence of heroin, according to 1999 preliminary data. DAWN ME data indicate that heroin/morphine-related deaths in the Philadelphia region have fluctuated from 385 in 1996, to 571 in 1997, to 413 in 1998, to 417 in 1999.

In eastern Pennsylvania, Lancaster and Lewis-town have serious problems with heroin abuse, and the Chester Police Department reports that heroin abuse has risen precipitously. Also, the Warrington Township Police Department, Northampton Township Police Department, and West Pottsgrove Township Police Department report increased numbers of heroin-related overdoses.

Western Pennsylvania is experiencing a resurgence in the popularity of heroin as well. The U.S. Attorney for the Western District of Pennsylvania reports heroin is the second greatest drug threat in the Pittsburgh area after cocaine, and the Pittsburgh Bureau of Police reports a significant increase in heroin abuse. The Blair County Coroner reported the presence of heroin in 16 deaths from 1996 to 2000 and attributed the deaths in 1999 to an increase in heroin purity. The Altoona (in Blair County) Police Department reports an increased number of heroin-related overdoses.

Males accounted for 66 percent of all heroin treatment admissions to state drug treatment programs in 2000, and females accounted for 34 percent. Of the males in heroin treatment programs, 62 percent were white, 13 percent were black, and 7 percent were Hispanic. Of the females in heroin treatment programs, 75 percent were white, 11 percent were black, and 9 percent were Hispanic. Of the 1,220 Philadelphia County residents admitted for treatment in 2000 with heroin as the primary drug of abuse, 63.9 percent were male and 36.1 percent female, and 44.2 percent were white, 38 percent black, and 11.9 percent Hispanic. According to ADAM data, 62.5 percent of Hispanic female arrestees and 30.9 percent of Hispanic male arrestees tested for drugs in Philadelphia tested positive for opiates in 1999, higher than for

any other ethnicity. Police department officials in the northeastern city of Scranton report a growth in heroin abuse among middle- to lower-class Caucasians in their jurisdiction. Of the 713 residents in Allegheny County (including Pittsburgh) admitted for treatment in 2000 with heroin as the primary drug of abuse, 66 percent were male and 34 percent female, and 69 percent were white, 28 percent black, and 1.4 percent Hispanic.

Heroin abuse by youth is a serious concern throughout the state. In Pennsylvania, users over the age of 25 constitute the largest proportion of addicts seeking medical and treatment assistance; younger users (under age 25) are the fastest-growing user group. In 2000, 32 percent of heroin treatment admissions in the state were under age 25, up from 16 percent in 1996. The average age of first heroin use was 20. According to the 1999 Youth Risk Behavior Survey, 2.4 percent of Philadelphia high school students reported using heroin during their lifetimes, matching the national figure. New heroin users are increasingly younger, and some young people take heroin to offset the effects of club drug stimulants such as MDMA. The Shaler Township (near Pittsburgh) Police Department reports that heroin is considered the greatest threat in its jurisdiction, partly because the low cost increasingly attracts users as young as 15.

Newer heroin users usually snort heroin because of its higher purity. As their tolerance levels increase, many users switch to injection to achieve the same effect. Among Philadelphia treatment admissions, injection is the most popular means of administration for heroin, illegal methadone, and other opiates, followed by intranasal use.

## Availability

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Heroin is readily available throughout most of Pennsylvania. Local law enforcement officials in eastern Pennsylvania report high availability of heroin, particularly in Philadelphia and also in Allentown, Bethlehem, Easton, and Reading.

Heroin is readily available in western Pennsylvania as well, particularly in Pittsburgh and also in the cities of Altoona, Clairton, and Washington, and in Greene, Fayette, and Westmoreland Counties.

Prior to 1990, Southeast, and to a lesser extent Southwest Asian heroin, were the predominant types available in the Philadelphia area. Starting in the early 1990s, Colombian cocaine suppliers introduced South American heroin to the Philadelphia market. South American heroin gradually replaced Southeast and Southwest Asian heroin, with heroin markets in Philadelphia increasingly being supplied with the Colombians' high purity product. As heroin availability rose, prices dropped, allowing various ethnic distributors to easily market heroin in Pennsylvania communities large and small.

South American heroin is the most widely available type of heroin in Pennsylvania, followed by Mexican, Southeast Asian, and Southwest Asian heroin. The DEA's Domestic Monitor Program (DMP) found in 1999 that most of the identifiable heroin samples in Philadelphia were of South American origin. In 1999, the average retail-level heroin in Philadelphia was 70.7 percent pure, as estimated by the DMP, far higher than the national average of 38.6 percent. The Pennsylvania

Bureau of Narcotics in Erie reports that wholesale quantities of heroin in Erie averaged only 20 percent and retail amounts 4 to 10 percent in 2000, according to state laboratory findings. The average purity of retail heroin available in King of Prussia, according to the National Medical Services laboratory, is 90 percent.

Heroin prices in Pennsylvania remained stable during 1999, according to law enforcement reporting. The price of heroin in Philadelphia was \$95,000 to \$105,000 per kilogram. (See Table 3).

The amount of heroin seized by federal, state, and local law enforcement agencies indicates that heroin remains widely available. Seizures by the Philadelphia Police Department continued to increase in 1999, with officers seizing a total of 45 kilograms. As for other parts of the state, FDSS data indicate that the amount of heroin seized by federal authorities in Pennsylvania dropped from 17 kilograms in 1998 to 9.3 kilograms in 1999, after it had steadily increased to 8.3 kilograms during the period 1995 to 1998.

## Violence

The same violent gangs that distribute crack cocaine also distribute heroin, but the violence associated with heroin distribution is generally less than that associated with crack. In Philadelphia, heroin-related homicides increased 20 percent from 1995 to 1999, according to DEA

Philadelphia. DEA Administrator Donnie Marshall noted in a May 2000 meeting with Philadelphia community leaders that Philadelphia "is one of the East Coast's biggest markets for high-purity, inexpensive heroin. The abuse and trafficking of this addictive drug and many others

**Table 3. Heroin Prices, Pennsylvania, 2001**

Reporting Unit	Bag	Gram	Ounce	Pound	Kilogram
Philadelphia	\$10–20	\$75–300	\$2,500–3,500	\$45,000–55,000	\$95,000–105,000
Pittsburgh	\$20–30	\$300–600	\$4,000–6,500	not reported	\$80,000–110,000
Allentown	\$10–30	\$100–200	not reported	not reported	not reported
Harrisburg	\$14–20	not reported	\$2,000	not reported	\$100,000

Source: Drug Enforcement Administration, Philadelphia Field Division, *Quarterly Trends in the Traffic*, 1st Quarter, FY2001.

tragically impacts the entire community—from the children who can’t play safely outside, to businesspeople whose livelihoods are threatened, to the elderly who can’t leave their homes for fear of drug-related violence.”

The number of property crimes, including thefts, burglaries, and shoplifting, committed by heroin users continues to increase in the state,

according to the Pennsylvania State Police. The Shaler Township Police Department reports that 90 percent of the burglaries in their community are committed by admitted heroin users. In the summer of 2000, heroin users from Altoona were caught shoplifting at Johnstown’s Galleria Mall to finance their addiction.

## Production

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Opium is not cultivated nor is heroin produced in Pennsylvania. However, heroin is commonly

“milled” (broken down from bulk to user quantities) in places where wholesale activity occurs.

## Transportation

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Philadelphia is the chief distribution center for heroin markets throughout Pennsylvania. Most heroin in Pennsylvania is transported to Philadelphia from New York City, although some is transported from foreign or other domestic locations. Philadelphia is the primary source of heroin for midsize cities and smaller towns throughout the state, although for some cities—including Allentown, Bethlehem, Erie, and York—New York City is the primary source and Philadelphia the secondary source. Also, smaller amounts of heroin are transported from Michigan, New York, and Ohio to distributors in some cities in western Pennsylvania. For example, some heroin in Sharon and Altoona is transported from Buffalo, New York; traffickers in Beaver Falls are partially supplied from Youngstown, Ohio, and Detroit, Michigan; and some heroin available in Erie is obtained from suppliers in Buffalo, New York, and Cleveland, Ohio.

New York City-based Colombian and Dominican DTOs supply many of the major wholesalers and midlevel and retail distributors in Philadelphia. According to the Philadelphia/Camden HIDTA, 60 percent of all heroin supplied to Philadelphia distributors is from Colombian DTOs in New York City. Philadelphia-based Dominican

DTOs, other ethnic criminal groups, and some street gang members transport heroin from New York City to Philadelphia. Much of the heroin in Philadelphia is distributed and used locally, but significant amounts are transported from Philadelphia to midsize cities and small towns throughout the state. Dominican criminal groups are the primary intrastate transporters, and they transport heroin to various locations, including nearby locations in Berks, Dauphin, Lebanon, and Schuylkill Counties. Many independent dealers and users from areas around the state such as Altoona, Pittsburgh, Reading, and Wilkes-Barre travel to Philadelphia to purchase heroin from street-level sellers. Some local independent distributors in the Lehigh Valley and Reading travel to Philadelphia and New York City almost daily, returning with bundles (8 to 10 glassine bags, which are small glazed paper envelopes) of heroin for street-level distribution.

Most heroin is transported to and within Pennsylvania by way of private vehicles, commercial trucks, and commercial bus services traveling on interstates and other highways. Transporters typically use vehicles with hidden compartments to move quarter-kilogram, half-kilogram, and kilogram quantities of heroin.

Pennsylvania's combined interstate and state highway system provides drug transporters easy access to markets in Philadelphia, Pittsburgh, and cities and towns throughout the state. The Pittsburgh Bureau of Police reports that most heroin in Pittsburgh is transported to Pittsburgh from Philadelphia via the Pennsylvania turnpike.

Some heroin is transported to Pennsylvania by couriers traveling aboard commercial airlines.

## Distribution

Dominican DTOs are the primary heroin wholesalers and midlevel street managers in Philadelphia, maintaining strong connections to Colombian sources of supply. To a lesser extent, Italian organized crime and Asian, Pakistani, and Mexican criminal groups distribute wholesale quantities of heroin, according to the Philadelphia Police Department. Dominican DTOs are the primary wholesale and midlevel suppliers to distributors in other parts of Pennsylvania, including Pittsburgh and western Pennsylvania.

DEA Philadelphia reports that Dominican criminal groups and loosely formed retail distribution groups are the primary heroin retailers in Philadelphia and the surrounding area. Dominican DTOs operate at the wholesale and midlevel, and sometimes act as midlevel street sales managers, controlling street corners, stash houses, and employing and supplying street-level workers. These workers are often composed of friends and relatives who may live in the area. They are typically paid a small commission. Street gang members sometimes act as street-level workers. Alternatively, Dominican DTOs may supply heroin to independents who "own" the street corner or block and employ their own street-level workers.

In Philadelphia, heroin sales typically occur in open-air drug markets on street corners, in vacant lots, and in abandoned buildings. Retail distributors in Philadelphia typically sell heroin in one-tenth-gram quantities for \$10 to \$20. Retailers

Heroin couriers typically strap heroin to their bodies, swallow it, or hide it elsewhere on their persons or in luggage. In June 1999, law enforcement at Philadelphia International Airport seized 1,542 grams of heroin hidden in the piping of suitcases that arrived on a flight from Ecuador via Panama and Jamaica. Some heroin is transported to Pennsylvania in express mail packages as well.

In May 2000, the Cambria County Drug Task Force seized 125 packages of heroin, valued at \$5,000. A local independent group—described as users and small-time dealers—traveled from Johnstown to Philadelphia to purchase heroin for \$10 a package. The heroin packages were to be resold in Johnstown for \$40 each.

use cellular telephones and pagers to communicate with other drug distributors and customers.

Currently, local independent dealers, who obtain much of their drug supply from urban areas, are the prevalent retailers in most midsize cities and smaller towns. Heroin distributors from New York City and Philadelphia are expanding operations to midsize cities and smaller towns in Pennsylvania, which provide more profitable markets. These groups now dominate the retail drug trade in Allentown, Bethlehem, Erie, Harrisburg, Lancaster, Reading, and York.

Retailers in Pennsylvania sell heroin in glassine bags stamped with brand names, allowing dealers to promote and market their products. Several hundred brand names are used, and they change regularly. According to DEA, the following were a few of the brand names appearing on heroin in Philadelphia in 2000: DMX, Homicide, King, Old Navy, Rabbit, Super K, Super Nautica, U2, and 187.

## Marijuana

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Marijuana is the most widely available and commonly abused drug in Pennsylvania. Treatment data indicate that abuse has been high for many years, including among the state's youth. Despite large seizures, the drug continues to be readily available throughout the commonwealth. Most marijuana sold and used in Pennsylvania is transported from outside the state, although

in-state cultivation operations, both indoor and outdoor, are quite widespread. Jamaican and Mexican criminal groups are the predominant transporters, wholesalers, and midlevel retailers, but a variety of other criminal groups are involved in marijuana transportation and distribution as well.

## Abuse

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Abuse of marijuana is common in Pennsylvania. NHSDA data for 1999 indicate that 32.3 percent of individuals in Pennsylvania aged 12 or older have used marijuana in their lifetimes. Past-year use was reported by 7.6 percent of individuals surveyed, and 4.7 percent reported past-month use. In 2000, state treatment admissions with marijuana as the primary drug of abuse accounted for one quarter of all nonalcohol drug admissions; this figure has remained stable since 1996. While admissions for cocaine (35%) and heroin (31%) were higher than for marijuana (25%), many clients in treatment for other drugs reported that they also abuse marijuana. According to TEDS data, admissions to publicly funded treatment centers for marijuana abuse in Pennsylvania increased from 1993 through 1996, then gradually declined in 1997 and 1998. However, there has been a steady increase in marijuana and hashish DAWN ED mentions in Philadelphia since 1993; there were 1,955 mentions in 1993, 3,436 in 1996, and 5,465 in 1999.

Males accounted for 78 percent of marijuana admissions to state drug treatment programs in 2000, and females accounted for 22 percent. Of the males being treated for marijuana abuse, 69 percent were white, 21 percent were black, and 8 percent were Hispanic. By comparison, of the females being treated for marijuana abuse, 69 percent were white, 20 percent were black, and

8 percent were Hispanic. The 1999 ADAM data for Philadelphia indicate that 41.2 percent of male arrestees tested for drug use tested positive for marijuana, more than for any other drug. Also, 43.1 percent of African American male arrestees, 41.8 percent of Hispanic male arrestees, and 38.4 percent of Caucasian male arrestees tested for drug use tested positive for marijuana.

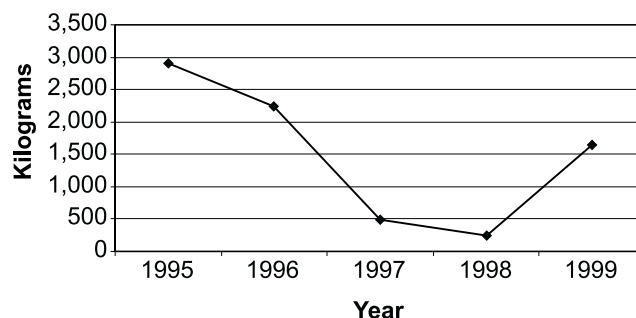
Marijuana use by high school students is a concern. In 2000, 70 percent of marijuana and hashish treatment admissions in the state were under the age of 25. According to the 1999 Youth Risk Behavior Study, 39.8 percent of Philadelphia high school students reported using marijuana during their lifetimes, and 21.4 percent reported using marijuana within 30 days of the survey. These numbers, although high, were lower than national figures (47.2 percent reporting use in their lifetimes, and 26.7 percent reporting use in the past 30 days). Marijuana use is also a major problem in high schools in other parts of the state. According to law enforcement sources and other health professionals, marijuana use by young people frequently serves as a gateway to the use of more dangerous substances, such as cocaine and heroin. Columbia University's Center on Addiction and Substance Abuse found that 12- to 17-year-olds who smoke marijuana are 85 times more prone to eventual cocaine use.

## Availability

Marijuana is readily available throughout Pennsylvania. Federal, state, and local law enforcement agencies across the state indicate that marijuana is the most available drug in Pennsylvania, and law enforcement officials and treatment providers throughout the commonwealth consistently report that marijuana users can obtain the drug at any time.

The Pennsylvania State Police seized 3,867 kilograms of processed marijuana and eradicated 9,387 plants in 1999. The estimated revenue that would have been generated from the distribution of the seized marijuana was \$22,289,455. In 1999, DEA eradicated 378 outdoor plots, 6,843 cultivated plants, and 55 indoor grows in the state. Law enforcement estimates that roughly 10 percent or less of available cannabis is eradicated. FDSS data indicate that 1,639 kilograms of

**Chart 1. Marijuana Seizures, Pennsylvania, 1995–1999**



Source: Federal-wide Drug Seizure System.

marijuana were seized in Pennsylvania in 1999. (See Chart 1.) The Philadelphia Police Department reports seizing 1,466 kilograms of marijuana in 1999. Despite the large number of seizures made by law enforcement, the per-pound price of marijuana remains low. (See Table 4.)

## Violence

Limited violence is associated with cannabis cultivation, marijuana abuse, or marijuana distribution in Pennsylvania. Occasionally cannabis growers set dangerous traps in order to prevent the

discovery of their cannabis crops, but marijuana-related violence is rare. Unlike some heroin and cocaine abusers, marijuana users generally are not driven to steal money to finance their addiction.

**Table 4. Marijuana Prices, Pennsylvania, 2001**

Reporting Unit	Ounce	Pound	Pound (Sinsemilla)	Kilogram
Philadelphia	\$150–200	\$800–1,200	not reported	not reported
Pittsburgh	\$90–150	\$750–1,600	not reported	\$3,000–4,000
Allentown	\$100–200	\$800–2,300	\$800–1,600	not reported
Harrisburg	\$100–170	\$1,500–2,000	not reported	not reported

Source: Drug Enforcement Administration, Philadelphia Field Division, *Quarterly Trends in the Traffic*, 1st Quarter, FY2001.



## Production

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Cannabis cultivation is prevalent in Pennsylvania; however, cultivation has not reached the levels found in many southern and western states. Most cannabis growers are local independent dealers, who are not linked to any specific organized drug group.

Most cannabis is grown outdoors in the state, although the number of indoor grows has increased in the past year. Cannabis is grown outdoors in the northwestern counties of Crawford, Erie, Mercer, Venango, and Warren. Smaller amounts of cannabis are grown in Bucks, Delaware, Montgomery, and Somerset Counties. The number of indoor cannabis grows are increasing, according to law enforcement sources. For example, on April 25, 2000, 270 marijuana plants were seized from an indoor grow in Centre County. Police found plans to install an indoor hydroponic system and notes explaining how to expand the indoor operation to outdoors. The growers cloned

their plants, using only female plants that provide the buds with the highest THC levels.

Growers are increasingly cultivating cannabis at remote sites in the state to conceal their activities from law enforcement. Some growers are using private farmlands without the owners' permission or knowledge, rather than growing marijuana on their own land, which would expose their property to asset forfeiture. In August 1999, more than 1,000 marijuana plants growing in two Westmoreland County cornfields were destroyed by state police officers, but authorities were unable to identify any of those responsible and made no arrests. Also to avoid asset forfeiture, some individuals grow cannabis public lands in western Pennsylvania, such as in the Allegheny National Forest. The Warren County Sheriff's Office reported that the cannabis grown in the Allegheny National Forest is typically of high quality.

## Transportation

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Most marijuana used in the commonwealth is transported to the state from outside sources. Marijuana is transported to Pennsylvania from source countries, including Jamaica, Mexico, and Canada, and from domestic locations including Arizona, Florida, New York, and Texas, among other states. Jamaican and Mexican criminal groups are the predominant transporters of marijuana into the state. Local and statewide independent dealers, OMGs, and some members of street gangs also are involved. The Pagans, Breed, Seekers, and Warlocks are the most active OMGs in Pennsylvania. The Pagans, one of the four major OMGs operating in the United States, reportedly has strong ties to Italian organized crime in Philadelphia.

Bulk quantities of marijuana are typically transported to the state using private vehicles and commercial trucks on interstates. On May 8, 2000,

authorities seized nearly 1,000 pounds of marijuana that was being transported by tractor-trailer from Mexico to Reading. The estimated revenue that would have been generated from the distribution of the seized marijuana was \$1.2 million. In March 2001, 23 individuals from western Pennsylvania, New Mexico, and Texas were indicted for transporting 2,200 pounds of marijuana to Pittsburgh and distributing it between 1995 and 2000. The individuals purchased the marijuana from Mexican drug distributors in Mexico, smuggled it across the Southwest Border, and transported it to Pittsburgh in pickup trucks and rented cars.

Smaller quantities of marijuana are transported to Pennsylvania using private vehicles, commercial buses, and express mail services. In March 2000, 20 pounds of marijuana were seized in Breezewood, (south central Pennsylvania) from a Jamaican citizen who was traveling from

New York by bus. In November 2000, 21.2 pounds of marijuana, mailed from California, were seized

from the campus mailbox of two Wilkes University (Wilkes-Barre, Pennsylvania) students.

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## Distribution

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Jamaican and Mexican criminal groups are the most active marijuana distributors in Pennsylvania. These groups predominate in Philadelphia and Pittsburgh, and they are the primary suppliers of local independent groups that operate in mid-size and smaller towns. Local and statewide independent dealers, Russian criminal groups, OMGs,

Italian organized crime groups, and some members of street gangs are both wholesale suppliers and midlevel distributors in some parts of Pennsylvania. These and other groups are involved in retail sales. In many places, wholesale, midlevel, and retail groups are not distinct from one another.

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## Wholesale

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Jamaican criminal groups are active wholesalers of marijuana in many parts of the state. In Philadelphia, Jamaican criminal groups are responsible for most of the city's marijuana trade, according to the Philadelphia/Camden HIDTA, and in Pittsburgh, Jamaican criminal groups dominate the market. In midsize and smaller towns throughout the state, other groups purchase multipound quantities of marijuana from Jamaican wholesalers. For example, the Sharon Police Department in western Pennsylvania reports wholesale marijuana sales by Jamaican criminal groups.

state as well. In Philadelphia, Mexican groups are very active, possibly on a par with Jamaican criminal groups. In Reading, Mexican nationals who transport large shipments of marijuana from Mexico also act as wholesale distributors. Officials in Lancaster and Berks Counties assert that Mexican criminal groups distribute marijuana.

Other criminal groups distributing wholesale quantities of marijuana in Philadelphia include OMGs with ties to Italian organized crime and Russian criminal groups, according to the Philadelphia Police Department.

Mexican criminal groups distribute multipound quantities of marijuana throughout the

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## Retail

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Jamaican criminal groups are the dominant marijuana retailers in Philadelphia and Pittsburgh. These groups also sell marijuana at the retail level in Bethlehem, Chester, and Sharon, according to responses to the NDIC National Drug Threat Survey.

Local independent dealers, some members of street gangs, other ethnic criminal groups, and OMGs are also selling retail quantities of marijuana in Philadelphia, according to the Philadelphia Police Department. Local independent dealers are the predominant retail marijuana sellers in most midsize cities and small towns,

including Altoona, Beaver Falls, Devon, Erie, East Stroudsburg, Galeton, Glenshaw, Harrisburg, Johnstown, New Castle, York, and Wilkes-Barre, according to respondents to the NDIC National Drug Threat Survey. In June 2000, a Doylestown (Bucks County) businessman was accused of operating a marijuana wholesale business after authorities seized \$250,000 worth of marijuana in bags and bales from his home, enough marijuana to roll 90,000 joints.

## Methamphetamine

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Methamphetamine production, distribution, and abuse in Pennsylvania are limited, although there is some evidence of an increase in some areas of the commonwealth. Most of the increase in production has occurred in rural areas, suggesting that abuse there has risen as well. The Pennsylvania State Police and the U.S. Attorneys in the Middle and Western Districts of Pennsylvania report that methamphetamine production, distribution, and

abuse are emerging problems. The production, availability, and abuse of higher-purity d-methamphetamine have been rising, and those of lower-purity dl-methamphetamine have been dropping in the state. Most methamphetamine is distributed in ounce to multiounce quantities; larger quantities are available primarily in the Philadelphia area. Local independent dealers and OMGs are the state's primary methamphetamine distributors.

## Abuse

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Methamphetamine abuse is low in Pennsylvania. Admissions to state treatment facilities with methamphetamine as the primary drug of abuse accounted for less than 1 percent of all nonalcohol drug treatment admissions in 2000, although they did increase slightly from 136 in 1999 to 155 in 2000. NHSDA data for 1999 indicate that 3 percent of individuals in Pennsylvania aged 12 or older have used methamphetamine in their lifetimes. Past-year use was reported by only 0.1 percent of

individuals surveyed. Methamphetamine-related ED mentions in Philadelphia reached a 7-year low in 1999, dropping from 110 mentions in 1993 to 47 mentions in 1999. The Philadelphia Police Department reported in 2000 that methamphetamine popularity in the city was declining. However, law enforcement in Jefferson County, Titusville, and Pottsville report that methamphetamine abuse increased in those areas in 2000.

## Availability

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Methamphetamine throughout the state is available in small quantities, and larger quantities are available primarily in the Philadelphia area. DEA Philadelphia reports that methamphetamine remains readily available in southeastern Pennsylvania, particularly in Bucks, Delaware, and Montgomery Counties. An increase in the availability of suspected d-methamphetamine in Allentown, Bethlehem, and Easton (all located in eastern Pennsylvania) was reported. Methamphetamine is readily available in ounce to pound quantities in parts of Schuylkill County, corresponding with high abuse in that area. In central Pennsylvania, wholesale quantities of methamphetamine are limited, but ounce quantities are usually available.

Methamphetamine-related investigations, arrests, and seizures increased in 2000 in

Pennsylvania, according to law enforcement reporting. Approximately 6.6 percent of convicted federal criminal defendants in the state were sentenced for a methamphetamine-related primary offense in 1999, compared with 12.8 percent nationally. Methamphetamine-related sentences were highest in the U.S. Attorney Eastern District at 9.1 percent and lowest in the Western District at 1.6 percent. In the Middle District, 4.3 percent of sentences were methamphetamine-related.

The price of methamphetamine remained stable in 2000. Generally, methamphetamine costs from \$8,000 to \$23,000 per pound and has a purity of 25 to 60 percent. According to the Middle Atlantic–Great Lakes Organized Crime Law Enforcement Network (MAGLOCLN), the price of a gram of methamphetamine averages \$80.

## Violence

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Because methamphetamine abuse and distribution are low in Pennsylvania, methamphetamine-related violence is limited. However, violence might increase if methamphetamine activity rises. Methamphetamine users sometimes resort to

violent means to obtain the drug, and methamphetamine abusers often experience feelings of paranoia, fright, delusion, and confusion, which can cause them to act violently without provocation.

## Production

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Historically, most methamphetamine production in Pennsylvania has occurred in Philadelphia using the P2P method, a process that yields low-purity dl-methamphetamine (see text box). Production now occurs in other parts of the state in both urban and rural areas, and some laboratory operators are using the red phosphorus, Nazi, or cold cook methods to produce higher purity d-methamphetamine. The introduction of high purity d-methamphetamine to the market is attracting college students, young professionals, minorities, and women in addition to Caucasian, blue-collar workers, who have been the traditional methamphetamine users.

Methamphetamine laboratory activity is limited in Pennsylvania as a whole, although law enforcement reports recent increases in some

areas. EPIC data indicate one methamphetamine laboratory seizure by federal authorities in Pennsylvania in 1998, eight in 1999, and one in the first quarter of 2001. Of the eight laboratories seized in 2000, five used the P2P method, two used the Nazi method, and one used the ephedrine reduction method to produce methamphetamine. The Pennsylvania State Police reported seizing five d-methamphetamine laboratories during the first 5 months of 2001. DEA Pittsburgh reports an increase in the number of methamphetamine laboratories in their jurisdiction, having seized six in western Pennsylvania from August 2000 to May 2001. The Pennsylvania Bureau of Narcotics in Erie reports a large increase in the number of seizures of methamphetamine laboratories, most of them using the red phosphorus method.

### Common Methamphetamine Production Methods

*Cold Cook Method:* Ephedrine, iodine, and red phosphorus are mixed in a plastic container, and methamphetamine oil precipitates into another plastic container through a connecting tube. The oil is heated, typically by sunlight or by burying the containers in hot sand, to produce small quantities of highly pure d-methamphetamine.

*Nazi Method:* Primary chemicals are sodium or lithium metal and ephedrine. This method usually yields up to ounce quantities of highly pure d-methamphetamine and is frequently used by independent Caucasian methamphetamine cooks.

*Red phosphorus Method:* Also known as the "Mexican" or "ephedrine reduction" method. Primary chemicals are ephedrine or pseudoephedrine, hydriodic acid, and red phosphorus. Frequently used by Mexican organizations, or cooks trained by Mexicans, this method produces large amounts of d-methamphetamine.

*P2P Method:* Primary chemicals are phenyl-2-propanone and aluminum. Synthesis process is complicated and is normally used by outlaw motorcycle gangs to produce low-purity dl-methamphetamine.

In Philadelphia, traditional organized crime elements, OMGs, and other independent groups are the chief manufacturers of methamphetamine. These groups produce ounce to multipound quantities. DEA Philadelphia reports that the P2P method of manufacturing is the preferred method in Philadelphia, despite the increased popularity of the Nazi and red phosphorus methods. Philadelphia remains a major source for dl-methamphetamine produced in the state. The majority of methamphetamine manufactured in Philadelphia is sold in Pennsylvania, Delaware, and New Jersey.

The Philadelphia Division of the Federal Bureau of Investigation reports that the distribution of methamphetamine's precursor chemicals is a lucrative business for organized crime groups. The Philadelphia Police Department reports that Mexican and Russian criminal groups and Italian organized crime groups are involved in chemical procurement in the city. Independent dealers are involved as well. For instance, on April 4, 2000, a Delaware County man pled guilty to selling \$72 million worth of P2P on the black market, enough to produce 10 to 13 pounds of methamphetamine. The individual sold the P2P for \$10,000 to \$35,000 per gallon. This arrest, which made P2P more difficult to obtain, may have contributed to the decline of P2P methamphetamine production in Philadelphia, thereby opening the market to other forms of methamphetamine.

Local independent dealers, primarily Caucasians, are responsible for most of the methamphetamine production in western Pennsylvania. Their laboratories typically produce small quantities of high-purity d-methamphetamine for personal use and limited distribution to friends and associates. These low-production laboratories are frequently referred to as "tweaker," "Mom and Pop," or "Beavis and Butthead" laboratories. The following are some examples of methamphetamine activity in western Pennsylvania:

- In 2000, DEA Philadelphia reported the seizure of a methamphetamine laboratory operating in a mobile trailer in western Pennsylvania that was capable of producing 10 to 12 ounces of methamphetamine per week. The laboratory

operator had combined pseudoephedrine extracted from diet capsules with red phosphorus and iodine to produce methamphetamine. He had purchased the diet capsules by the case in Ohio and had ordered the red phosphorus from Louisville, Kentucky.

- On September 15, 2000 an individual arrested in Seattle told authorities he had a methamphetamine laboratory in his apartment in Hampton, a suburb of Pittsburgh. The individual reportedly had purchased precursor chemicals in Oregon and was attempting to transport them back to Pittsburgh by way of Seattle when a bottle of hydrobromic acid broke in his duffel bag and started to smolder and emit fumes.
- In February 2001, a Centerville, Crawford County man was charged with manufacturing methamphetamine in a shed near his home. Intelligence indicates that the individual was possibly using the cold cook production method.
- In March 2001, authorities seized an active methamphetamine laboratory in Crawford County that was operated by residents of the county. The laboratory used the red phosphorus method of production and had the capacity to produce at least 2 pounds of methamphetamine at a time. The laboratory operators had purchased precursor chemicals from an Erie chemical company.

Methamphetamine production is a serious safety and environmental concern. The production process creates toxic waste that endangers law enforcement personnel, emergency response teams, and the environment. Methamphetamine laboratories typically produce 5 to 6 pounds of toxic waste for every pound of methamphetamine. Illegal manufacturers typically dump waste in the local area, contaminating ground water and killing vegetation. Cleanup and remediation of laboratory sites, mandated by federal law, can be very expensive. A single laboratory site cleanup can cost \$5,000 to \$60,000.

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## Transportation

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In addition to being locally manufactured, methamphetamine available in Pennsylvania is transported from sources in California, Florida, and Mexico. Local independent dealers and OMGs are the primary transporters of methamphetamine to Pennsylvania. They transport the drug along major highways in private or rented vehicles, or they send methamphetamine to the state via express mail. On June 5, 2000, law enforcement dismantled a criminal group that transported methamphetamine from California to Bloomsburg

(Columbia County) on Interstate 80, which runs from California to Pennsylvania. A member of the group claimed that he was transporting more than 42 pounds of methamphetamine concealed in a truckload of walnuts and pistachios. The methamphetamine was purchased in California for \$10,000 per pound and was to be sold in Pennsylvania for \$25,000 per pound. Also, in February 2000, the Blair County Drug Task Force seized methamphetamine in an express mail package arriving from Bakersfield, California.

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## Distribution

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Most methamphetamine is distributed in ounce to multiounce quantities; larger quantities are available primarily in the Philadelphia area. Local independent dealers and OMGs are the state's primary methamphetamine distributors. In

April 2000, two residents of Nanty Glo in western Pennsylvania were arrested for distributing methamphetamine. Authorities seized 1 pound of the drug. The estimated revenue from the distribution of the seized methamphetamine was \$50,000.

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## Other Dangerous Drugs

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The abuse of other dangerous drugs (ODDs), including club drugs and illegally diverted pharmaceuticals, poses an increasing threat to the state of Pennsylvania. Club drugs available in Pennsylvania include a variety of stimulants, depressants, and hallucinogens. Diverted pharmaceuticals are readily available in the state, and oxycodone abuse has increased sharply during the past year. Although ODDs pose less of a threat than cocaine, heroin, or methamphetamine, their increasing abuse and distribution are a cause for concern.

The abuse of club drugs—particularly MDMA, GHB, ketamine, and LSD—continues to rise. The term club drugs refers to any of a number of synthetic drugs that are often sold to young adults and teenagers at all-night dance parties called raves (see text box). The drugs of choice at raves in Pennsylvania are MDMA (3,4-methylenedioxymethamphetamine), GHB

(gamma-hydroxybutyrate), ketamine, and LSD (lysergic acid diethylamide). Law enforcement authorities are increasingly encountering these drugs at raves in the state, and the Pennsylvania State Police reports that rave attendees are also trying to obtain 2C-B (also known as “Nexus”), a hallucinogen not scheduled in Pennsylvania. In May 2000, state and local law enforcement officials arrested 23 suspects accused of selling ketamine, LSD, and MDMA at raves in Lancaster County and York. On New Year's Eve 2000, Pennsylvania State Police arrested 13 people, including six juveniles, after confiscating suspected MDMA, cocaine, methamphetamine, and marijuana during traffic stops near a rave in Washington County.

Club drugs are increasingly being distributed and abused in social venues other than raves. The Northampton Township Police Department (Richboro, Pennsylvania) reports that club drugs

**Raves**

Raves are all-night dance parties that typically feature heavy-rhythm techno-music and flashing laser lights. Raves are found in most metropolitan areas of the country, and they are appearing more recently in many rural areas as well. Party organizers hold raves at established facilities such as dance clubs, or in empty warehouses or fields rented for the occasion. The Shaler Township Police Department near Pittsburgh reports that some skating rinks are now hosting raves, and DEA Pittsburgh indicates that at least one MDMA trafficking organization tried to build its own rave club in Pittsburgh in 1999. Raves often are promoted through fliers and advertisements that are distributed at other raves or posted in record shops, in clothing stores, on college campuses, or on Internet sites.

Raves cater to young partygoers, many of whom travel from outside the area to attend. Alcohol is rarely sold at raves because most attendees are too young to purchase it; however, the sale and use of club drugs are common. Rave promoters typically sell items that arguably promote MDMA use, including bottled water and sports drinks to manage hyperthermia and dehydration; pacifiers to protect users from involuntary teeth clenching caused by MDMA use; and menthol nasal inhalers, chemical lights, neon glow sticks, necklaces, and bracelets that help users maximize their sensory pleasure after taking MDMA. Although raves clearly cater to club drug users, there is no direct evidence that rave managers participate in or profit from the drug sales that occur there. Nevertheless, many of them possess long criminal histories that include drug charges.

are being sold at schools, bars, and on the street. The Easttown Township Police Department (Devon, Pennsylvania) indicates that club drugs are sold at established nightclubs and concerts,

and they, along with the West Pottsgrove Township Police (Stowe, Pennsylvania), report that club drugs are available at many private house parties as well.

**MDMA**

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MDMA, also known as ecstasy, X, and E, is a synthetic stimulant with mild hallucinogenic properties, similar in chemical composition to methamphetamine. MDMA is taken orally in pill or capsule form. Users begin to feel the effects of the drug within 1 hour of ingestion, and the effects may last up to 6 hours depending on the dose, the purity, and the environment in which it is taken. Some users take as many as 10 pills in a single night in order to continue their high. MDMA greatly increases a person's blood pressure and heart rate. Body temperatures can rise to 109 degrees if the user is engaged in some physically exerting activity, such as dancing. Other physical effects that may occur include muscle tension, involuntary teeth clenching, nausea, blurred vision, rapid eye movement, faintness, chills or sweating, extreme relaxation, and

tremors. Ultimately, MDMA use can result in a heat stroke or heart failure.

The availability and abuse of MDMA are growing in Pennsylvania, and law enforcement reports MDMA is one of the most popular club drugs. Once primarily obtained in Pittsburgh and Philadelphia, MDMA is now readily available in most areas of the state. The Pennsylvania Bureau of Drug Law Enforcement reports a sharp increase in use and availability throughout the commonwealth. DEA Pittsburgh reports that MDMA use is prevalent in Pittsburgh. The Pennsylvania Bureau of Narcotics indicates that MDMA is increasingly abused in Erie by users who drive to Ontario, Canada, to obtain the drug. The West Pottsgrove Township Police Department reports that MDMA abuse is rampant among teens, and West Whiteland Township Police Department

(Exton, Pennsylvania) authorities report increased distribution and abuse of MDMA in their jurisdiction. The Upper Merion Township Police Department (near Philadelphia) indicates that unlimited quantities of MDMA are available, and the Easttown Township Police Department, located in a suburb west of Philadelphia, reports that MDMA and GHB now pose the greatest drug threat in that area. Indiana Borough Police officials report that MDMA is readily available at Indiana University of Pennsylvania in southwestern Pennsylvania. As evidence, officials point to a December 2000 seizure of 15.4 pounds of MDMA, which was shipped from Germany and intercepted en route to two Indiana University of Pennsylvania students. The estimated revenue that would have been generated from the distribution of the seized MDMA was \$1.4 million. In January 2001, the U.S. Customs Service seized 210,000 MDMA pills worth an estimated \$5.25 million that were hidden in the luggage of two German travelers at Pittsburgh International Airport.

Most MDMA available in Pennsylvania is produced in the Netherlands and Belgium, and is shipped through New York City to Pennsylvania for distribution. Highly organized Israeli crime syndicates are the chief source of MDMA for U.S. distribution groups. Law enforcement indicates that Russian organized crime groups are also involved in MDMA distribution in southeastern

Pennsylvania. The Northhampton Township Police Department reports that Russian criminal groups are distributing wholesale quantities of MDMA and that Caucasian and Russian criminal groups are selling the drug at the retail level. MDMA pills, often 10,000 or more, are smuggled into the United States by couriers traveling aboard commercial airlines or are sent in express mail packages or airfreight shipments from European cities to major points of entry in the United States, primarily New York, Miami, and Los Angeles. Although MDMA can be manufactured inexpensively, the drug commands high retail prices, generally selling for \$15 to \$35 a pill. The Pennsylvania State Police reports that in the Pittsburgh area, a single dose of MDMA sells for \$20 to \$30, a “jar” of 100 pills sells for \$1,200 to \$1,500, and a “jug” of 1,000 pills sells for \$7,500 to \$10,000. Club drug distributors in Pennsylvania often use e-mail instead of telephone calls and face-to-face meetings to arrange drug shipments and sales.

The U.S. Sentencing Commission recently increased the guideline penalties for importing or selling MDMA. As of May 1, 2001, the new sentencing guidelines increase the likely prison term for selling 200 grams (about 800 pills) of MDMA from 15 months to 5 years. The penalty for selling 8,000 pills has risen from 41 months to 10 years.

## GHB

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GHB—also known as Grievous Bodily Harm, Lay, Liquid X, Liquid E, and Fantasy—is a central nervous system depressant that initially was used by body builders to stimulate muscle growth. In recent years, young adults at raves have begun to use the drug. GHB is usually ingested orally, either in pill or liquid form, and a dose generally costs from \$5 to \$20. The drug is sometimes called a “date rape drug” because some women have been raped by men who secretly administered GHB to physically debilitate their victims and block their memory. GHB is

odorless, colorless, and practically undetectable in a drink. Medical and law enforcement experts report that users can lose consciousness within 20 minutes of ingesting GHB, and the drug’s traces usually disappear from the body within 24 hours.

GHB is gaining popularity in Pennsylvania. Increases in abuse and availability, combined with a lack of public information regarding the drug, have contributed to a rise in the number of overdoses and rapes. The number of GHB overdose cases continues to grow and frequently makes headline news in locations throughout the



state. For example, two people were found unconscious in a downtown State College (central Pennsylvania) hotel room after an apparent GHB overdose in January 2000. In March 2000, six people were found unconscious at a State College home after intentionally drinking what investigators believe was GBL (gamma-butyrolactone), a GHB analog and chemical precursor. At least three of the individuals were Pennsylvania State University students. There have been 8 overdoses in 2 years on the campus and in the surrounding towns.

GHB is a factor in numerous pending rape cases in the state as well. The Pennsylvania

Attorney General reported that in 1999 there were 10 known and 50 suspected rape cases involving GHB in the state. Since 1998, the Pennsylvania State Police have investigated four reported rape cases near East Stroudsburg University in the eastern part of the state in which they suspect GHB was used. According to the Pennsylvania State Police, GHB has replaced Rohypnol, another “date rape drug,” as the drug of choice for sexual predators.

GHB is a Schedule I drug in Pennsylvania, and possession for personal use or distribution is a felony punishable by up to 15 years in prison or a fine up to \$250,000, or both.

## **Ketamine**

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Ketamine hydrochloride, also known as special K and K, is a general anesthetic used primarily in veterinary medicine. The drug can produce the effects of a depressant, a stimulant, or a hallucinogen, depending on the user and the dosage. Ketamine, like PCP, is abused for its disassociative or hallucinatory properties, which vary from user to user. Disassociative effects often cause users to feel paralyzed from the neck down for the first 5 to 30 minutes after administration, a state referred to as “the K-hole.” Hallucinations sometimes occur when the drug’s anesthetic effects wear off after 4 to 6 hours. The drug looks similar to pharmaceutical-grade cocaine, and users snort it, drink it mixed in alcoholic beverages, or smoke it with marijuana.

Ketamine has become very popular in Pennsylvania, particularly among high school and

college students. In May 2000, 22 bags of ketamine were seized from a party in New Holland in southeastern Pennsylvania, and on September 30, 2000, law enforcement officials found numerous bags of ketamine at a rave east of Harrisburg in the town of Lebanon. Most supplies are diverted, primarily from veterinary clinics. Ketamine costs approximately \$10 to \$20 per vial, according to DEA Philadelphia. In the Pittsburgh area, a vial of ketamine (1 to 1½ grams) sells for \$80 to \$90 and yields 18 to 20 doses. A single dose sells for \$20 in Pittsburgh.

Ketamine was federally scheduled in August 1999 as a Schedule III controlled substance. Pennsylvania Senate Bill 618, currently pending, would add ketamine to the Pennsylvania Controlled Substance, Drug, Device and Cosmetic Act as a Schedule I drug.

## **LSD**

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LSD, commonly called acid, is a potent hallucinogen found naturally in ergot, a fungus that grows on rye and other grains. Experienced chemists can also synthesize the drug. The effects of LSD vary according to the amount taken and

the method of administration. Almost all effects are gone after 8 to 12 hours, although the effects can last up to 24 hours, and users may have flashback episodes for months. Physical effects may include dilated pupils, lowered body temperature,

nausea, “goose bumps,” profuse perspiration, increased blood sugar, and increased heart rate. During the first hour after taking LSD, the user may experience extreme mood changes and impaired depth and time perception as well as distortions in sounds, colors, movements, and the size and shape of objects. Higher doses can produce anxiety or depression.

LSD is available throughout the commonwealth, and law enforcement sources report an increase in the drug’s abuse. The Pennsylvania Bureau of Narcotics reports increased LSD abuse in Erie, and says the number of Caucasian males 18 to 24 years of age using hallucinogens has risen. Galeton Police Department officials report a “big comeback” in LSD use in their jurisdiction, and the Northampton Township Police Department indicates LSD in gel-tab form has become more readily available. In March 2001, the Cambria County Drug Task Force seized 800 hits of LSD, valued at \$4,000, and charged two Indiana, Pennsylvania, men, aged 21 and 20, with LSD possession, unlawful delivery, and conspiracy to

possess with intent to deliver. LSD users in Pennsylvania are chiefly high school and college students who can easily afford the drug. LSD is usually sold in gel capsule or blotter paper form and costs \$3 to \$5 per dosage unit (approximately 30 to 75 micrograms) or \$250 to \$400 per sheet (containing 100 dosages).

According to NHSDA data for 1999, 6.8 percent of individuals aged 12 or older in Pennsylvania reported using LSD in their lifetimes. Past-year use was reported by only 0.9 percent of the individuals surveyed, and only 0.2 percent reported past-month use of LSD.

LSD is a Schedule I drug in the Pennsylvania Controlled Substance, Drug, Device and Cosmetic Act. Delivery, manufacture, or possession with intent to deliver or manufacture is a felony punishable by up to 5 years in prison or a fine of up to \$15,000, or both. Possession is a misdemeanor and is punishable by up to a 1-year imprisonment or a fine of up to \$5,000, or both.

## Diverted Pharmaceuticals

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The diversion and abuse of pharmaceuticals are serious and growing problems in the state, particularly in western Pennsylvania. Members of all socioeconomic classes, racial groups, and age groups abuse pharmaceuticals. Synthetic opiate oxycodone products such as Percodan, Tylox, and OxyContin are the most frequently diverted and abused pharmaceuticals, according to DEA Philadelphia. The Pennsylvania Attorney General’s Office reports that OxyContin abuse steadily increased in 2000. The Pennsylvania Department of Health, Bureau of Drug and Alcohol Programs reports that treatment admissions for synthetic opiates—including some, but not all, pharmaceuticals—almost doubled from 1996 (639) to 2000 (1,201). Opiate hydrocodone products such as Lortab, Lorcet, and Vicodin are also popular in Pennsylvania. Other diverted and abused pharmaceuticals include Ritalin, hydrocodone-based

cough syrups, Xanax, Valium, Dilaudid, Soma, and Klonopin.

OxyContin (see text box) is the pharmaceutical drug of choice in western Pennsylvania. The Cambria County Task Force reports that 30 percent of its undercover drug buys from early 2000 to September 2000 involved OxyContin, up from 2 percent in 1997. Numerous burglaries and pharmacy robberies in Cambria County in 2000 and 2001 were linked to OxyContin abuse. For example, the Johnstown Police Department reports that the high abuse of OxyContin has led to increased property crime and theft, including a January 2001 incident in which a man stole over \$1,000 worth of OxyContin from a Johnstown pharmacy. Heroin abusers in Altoona are buying large amounts of OxyContin, and the Altoona Police Department reports an increase in the abuse of OxyContin, which can be used as a heroin substitute. The Blair

County Drug Task Force reports that heroin users in the county are increasingly abusing OxyContin because they believe it is safer than heroin and produces a better high. DEA Pittsburgh reports widespread OxyContin abuse in New Castle, and the Pittsburgh Bureau of Police reports increased OxyContin abuse as well. The medical director of one of Pittsburgh's largest treatment centers reports that OxyContin is one the fastest growing drugs of abuse in the Pittsburgh area, indicating that 10 to 12 new people a week are being admitted to his facility for abuse of the drug. Law enforcement authorities in Westmoreland County indicate that OxyContin abuse is increasing there as well, including in Arnold and New Kensington, where abuse has doubled, and in Greensburg. The Fayette County Drug and Alcohol Commission reports that OxyContin's popularity skyrocketed

in the past year and that an estimated \$500,000 to \$600,000 will be spent to treat Fayette County OxyContin addicts in 2001. The Pennsylvania Bureau of Narcotics also reports increased OxyContin abuse in Erie.

OxyContin abuse is increasing in eastern Pennsylvania as well. The Philadelphia/Camden HIDTA reports OxyContin is a growing problem in Philadelphia, where abuse has led to an increased number of pharmacy robberies. There also has been a rise in OxyContin abuse by Philadelphia teenagers, who are reluctant to inject heroin but want to experience similar effects. The Upper Merion Township Police Department, also reports a dramatic increase in the abuse of both OxyContin and Ritalin in their jurisdiction.

**OxyContin**

OxyContin is a brand name for the narcotic oxycodone hydrochloride, an opiate agonist. Opiate agonists are central nervous system depressants that provide pain relief by acting on opioid receptors in the spinal cord, the brain, and possibly the tissues directly. Opioids, natural or synthetic classes of drugs that act as morphine, are the most effective pain relievers available. Oxycodone is manufactured by modifying thebaine, an alkaloid found in opium. Oxycodone has a high abuse potential and is prescribed for moderate to high pain relief associated with injuries, bursitis, dislocation, fractures, neuralgia, arthritis, and lower back and cancer pain. The drug is also used postoperatively and for pain relief after childbirth. Percocet, Percodan, and Tylox are other brand names for oxycodone.

Oxycodone is abused for its euphoric effects or to allay symptoms associated with oxycodone or heroin withdrawal. Long-term oxycodone users can develop a tolerance or resistance to the drug's effects. For instance, cancer patients who take oxycodone on a regular basis are able to take doses that would kill a person who does not take oxycodone or another opioid regularly.

OxyContin is an oral, controlled-release oxycodone that acts for 12 hours, making it the longest lasting oxycodone product on the market. Patients taking shorter acting oxycodone products, such as Percocet, may need to take the drug every 4 to 6 hours. Although drug doses vary by individual, the typical OxyContin dose prescribed by physicians ranges from two to four pills per day. The strength, duration, and known dosage of OxyContin are the primary reasons the drug is attractive to both legitimate users and abusers; by comparison, Percocet and Tylox contain 5 milligrams (mg) of oxycodone, and Percodan-Demi contains only 2.25 mg.

OxyContin was developed and patented in 1996 by Purdue Pharma L.P. and is available in 10-, 20-, 40-, 80-, and 160-mg tablets. In May 2001, Purdue Pharma temporarily suspended shipments of the 160-mg tablets until the company further studies the diversion potential and abuse of the tablet. The company also stopped distributing and shipping 40-mg OxyContin tablets to Mexico after reports that the drug was being diverted and rerouted back into the United States. Purdue Pharma will continue to ship 10- and 20-mg doses to Mexico, but is changing the pill markings from "OC" to "MX" to make them easily identifiable.

Pharmaceutical diversion occurs in a variety of ways, including “doctor shopping” by abusers, improper prescribing practices by physicians, and diversion from pharmacies. In addition, law enforcement agencies surveyed by the NDIC National Drug Threat Survey reported an increase in prescription fraud. DEA Philadelphia reports that improper prescribing practices by physicians are the most commonly reported diversion method. In March 2001, a Philadelphia physician who allegedly prescribed OxyContin and Xanax for patients without ever examining them was charged with forgery, delivery of a controlled

substance, and practice of osteopathic medicine and surgery without a license.

The presence of multiple drugs has been detected in many deaths in Pennsylvania. The Blair County Coroner, Cambria County Coroner, and City of Philadelphia Health Department all report the presence of multiple drugs in many of their cases. In Philadelphia, for example, an average number of 3.2 drugs were present in decedents examined in the first half of 2000. Propoxyphene, a narcotic sold under the brand name Darvon, was identified in several Blair and Cambria County coroner cases.

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## Inhalants

Several inhalant-related student deaths occurred in Pennsylvania in early 1999, and inhalant abuse remains a problem in the state. NHSDA data for 1999 indicate that 7 percent of Pennsylvania individuals aged 12 or older have used inhalants in their lifetimes. Past-year use was reported by 1.3 percent of individuals surveyed, and past month use was reported by 0.5 percent. The Easttown Township Police Department reports that teens using inhalants in vehicles pose a threat in its area.

The Pennsylvania Department of Health, Bureau of Drug and Alcohol Programs suggests that the inhalant abuse problem is minor relative to other drugs. From 1996 to 2000, there were 441 admissions to drug and alcohol programs with inhalants as the primary drug of abuse, and the number of admissions has shown a downward trend, dropping from 105 in 1996 to 58 in 2000. By comparison, there were more than 31,000 admissions to state treatment programs with alcohol as the primary drug of abuse from 1999 to 2000 alone.

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## Outlook

In 2001, **cocaine**, particularly **crack**, will remain the primary drug threat in Pennsylvania because of its low cost, high availability, and highly addictive nature. The state’s cocaine market appears to be saturated, indicating the presence of a substantial number of chronic users. The demand for cocaine should remain strong.

**Heroin** abuse should continue to rise in Pennsylvania in 2001, and heroin could surpass cocaine as the state’s primary drug threat given its extremely low price and high purity. Heroin markets are likely to continue expanding into suburbs and rural areas, and the number of new, young heroin users should continue to grow. Heroin

distribution networks will continue to flourish as they expand to midsize cities, and potentially to smaller towns, where markets are less competitive and heroin can be sold for a higher price.

**Marijuana** will continue to be the drug of choice and the most widely available drug in the state in 2001. Marijuana cultivation, availability, and abuse are extensive in the state, and the market for this drug should remain strong given its widespread appeal and the high profits generated by its sale. However, the marijuana threat is likely to remain lower than that posed by heroin and cocaine because marijuana’s detrimental effects on users and society are less pronounced. Indoor

marijuana grows will likely increase in the state because they yield the more potent marijuana that most consumers want and are difficult for law enforcement to detect.

Abuse of **methamphetamine**, particularly high quality d-methamphetamine, is expected to increase in 2001. Laboratory operators will increasingly use the red phosphorus, Nazi, and cold cook methods to produce high-purity d-methamphetamine. As that trend continues, addiction rates could rise further. Methamphetamine-related violence, although currently limited, may increase as methamphetamine activity increases. Methamphetamine will increasingly be used at raves.

The abuse and availability of **other dangerous drugs** (ODDs), especially MDMA and GHB, will continue to pose new challenges to Pennsylvania law enforcement in 2001 as rave parties become more prevalent and new users are introduced to these drugs. As ODD abuse rises, the number of overdoses will continue to grow. The diversion and abuse of pharmaceuticals will remain serious problems in the state as well. The sale of diverted pharmaceuticals yields high profits, and the risk of getting caught is relatively low. The prevailing attitude that prescription drug abuse poses minimal risks will continue to make pharmaceutical diversion and abuse attractive to chronic and new users.

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Altoona Police Department

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Ben Salem Police Department

Bethlehem Police Department

Blair County Coroner

Blair County Drug Task Force

Cambria County Coroner

Cambria County Drug Task Force

*Centre Daily Times*

Chester Police Department

Coatesville City Police Department

Commonwealth of Pennsylvania

    Commission on Crime and Delinquency

    Department of Health

        Bureau of Drug and Alcohol Programs

        Physician General

    Office of the Attorney General

        Bureau of Narcotics Investigations

    State Police

        Bureau of Drug Law Enforcement

Derry Borough Police Department

East Stroudsburg Police Department

Easttown Township Police Department

Erie Bureau of Police

Galeton Borough Police Department

Harrisburg Bureau of Police

Indiana Borough Police

Indiana Township Police Department

Jefferson County Sheriff's Office

Johnstown City Police Department

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Shaler Township Police Department

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Titusville Police Department

Upper Merion Township Police Department

Warren County Sheriff's Office

Warrington Township Police Department

West Pottsgrove Township Police Department

West Whiteland Township Police Department

Wilkes-Barre City Police Department

York City Police Department

## **National and International**

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Office of National Drug Control Policy

Organized Crime Drug Enforcement Task Force (Mid-Atlantic Region)

U.S. Coast Guard

U.S. Department of Commerce

U.S. Census Bureau

U.S. Department of Health and Human Services

Centers for Disease Control

National Institutes of Health

National Institute on Drug Abuse

Community Epidemiology Work Group

Substance Abuse and Mental Health Services Administration

Office of Applied Studies

U.S. Department of Justice

Drug Enforcement Administration

El Paso Intelligence Center

Philadelphia Field Division

Pittsburgh District Office

Federal Bureau of Investigation

Philadelphia Field Office



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