August 2002

Maryland

Drug Threat Assessment

National Drug Intelligence Center
U.S. Department of Justice

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National Drug Intelligence Center

Product No. 2002-S0379MD-001
August 2002

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Preface

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

Maryland Drug Threat Assessment

Executive Summary

The distribution and abuse of illegal drugs constitute a significant threat to Maryland. Heroin, most frequently abused in Baltimore, is readily available throughout the state and poses the primary drug threat. Heroin accounted for more deaths, treatment admissions, and emergency department mentions in 1999 than any other illegal drug in Maryland. Heroin also is a major factor in murders and homicides as distributors compete for market share. Cocaine, particularly crack cocaine, is readily available in Maryland and is a serious threat. Almost three-quarters of all drug-related federal sentences in Maryland in 2000 were for powdered or crack cocaine-related offenses. Marijuana is the most widely available and commonly abused drug in Maryland. The availability of other dangerous drugs such as MDMA, ketamine, LSD, GHB, and diverted pharmaceuticals is increasing and constitutes a growing threat. Increased abuse of illicit substances by adolescents and young adults is a serious cause for concern among law enforcement authorities, treatment providers, educators, and others. Methamphetamine currently poses a limited threat to the state.

Heroin is the most serious illicit drug threat to Maryland. Rates of abuse are high, particularly in Baltimore, as evidenced by the significant number of treatment admissions, emergency department mentions, and deaths in which heroin was a factor. Heroin is readily available in urban parts of the state and is becoming increasingly available in suburban and rural areas. The availability of high purity heroin that can effectively be snorted or smoked, primarily from South America, is a particular concern to the state's law enforcement professionals and healthcare providers. While heroin abuse typically is not associated with violent crime, violence related to the distribution of heroin is a serious problem in Baltimore. Maryland-based local independent dealers and Dominican and Colombian criminal groups based in New York City and Philadelphia are the dominant transporters of heroin into Maryland. Dominican and Colombian criminal groups based in New York City, Philadelphia, and Baltimore and Maryland-based local independent dealers dominate the wholesale distribution of heroin in Maryland. Local independent dealers and loosely organized gangs dominate retail heroin distribution throughout the state. In Baltimore, loosely organized neighborhood gangs consisting primarily of African American members conduct most of the retail heroin distribution.

The distribution and abuse of **cocaine**—both powdered and crack—pose a significant threat to Maryland. Cocaine is frequently abused and readily available in the state, particularly in the Baltimore area. Crack cocaine is the drug most commonly associated with violent crime in Maryland. Dominican and Colombian criminal groups based in New York City and Philadelphia and Maryland-based local independent dealers are the primary transporters of powdered cocaine into and through Maryland. These Dominican and, to a lesser extent, Colombian criminal groups supply wholesale and retail distributors throughout the state. Jamaican criminal groups, African American gangs, and local independent dealers distribute cocaine at wholesale and midlevel. At the retail level, loosely organized African American gangs and local independent dealers distribute powdered and crack cocaine.

Marijuana is the most readily available, commonly abused illicit drug in Maryland. Most of the marijuana available in the state is produced in Mexico; however, marijuana produced in Maryland is available to a lesser extent. Local independent dealers, primarily Caucasians, cultivate cannabis indoors and outdoors. Violence typically is not associated with marijuana abuse in Maryland, but violence associated with cannabis cultivation and marijuana distribution is a serious concern. Jamaican criminal groups are the dominant transporters of marijuana into Maryland; Mexican criminal groups transport lesser amounts into the state. Jamaican criminal groups are the dominant wholesale distributors of marijuana produced in Mexico. Local independent dealers, primarily Caucasians, are the dominant retail distributors of marijuana produced in the state as well as in Mexico. Outlaw motorcycle gangs also distribute marijuana at the retail level, but to a lesser extent.

Other dangerous drugs—including the stimulant MDMA, the hallucinogens LSD and ketamine, the depressant GHB, and diverted pharmaceuticals such as OxyContin, Ritalin, and Vicodin—constitute a significant and increasing threat to Maryland. According to law enforcement sources, teenagers and young adults are the principal abusers of most of the drugs in this category, except diverted pharmaceuticals. MDMA, primarily abused at nightclubs and raves, is the most frequently abused and widely available club drug in Maryland. The abuse of LSD is limited, but the drug is readily available in some parts of the state. GHB is readily available throughout central Maryland, and the drug is frequently abused at raves. Independent dealers, primarily Caucasians, are the dominant distributors of stimulants, hallucinogens, and depressants in the state. Diverted pharmaceutical drugs are a serious but often unrecognized threat throughout the state.

The abuse of **methamphetamine** in Maryland is limited, and the drug is infrequently available. Violent crime is not often associated with methamphetamine abuse or distribution in the state, but the potential for violence exists. Most of the methamphetamine available in the state is produced in Mexico, California, and southwestern states, although some is produced in Maryland. Mexican criminal groups are the dominant transporters and wholesale distributors of most of the methamphetamine available in the state. These groups transport methamphetamine primarily via package delivery services. Outlaw motorcycle gangs and local independent dealers are the dominant distributors of the drug at the retail level.

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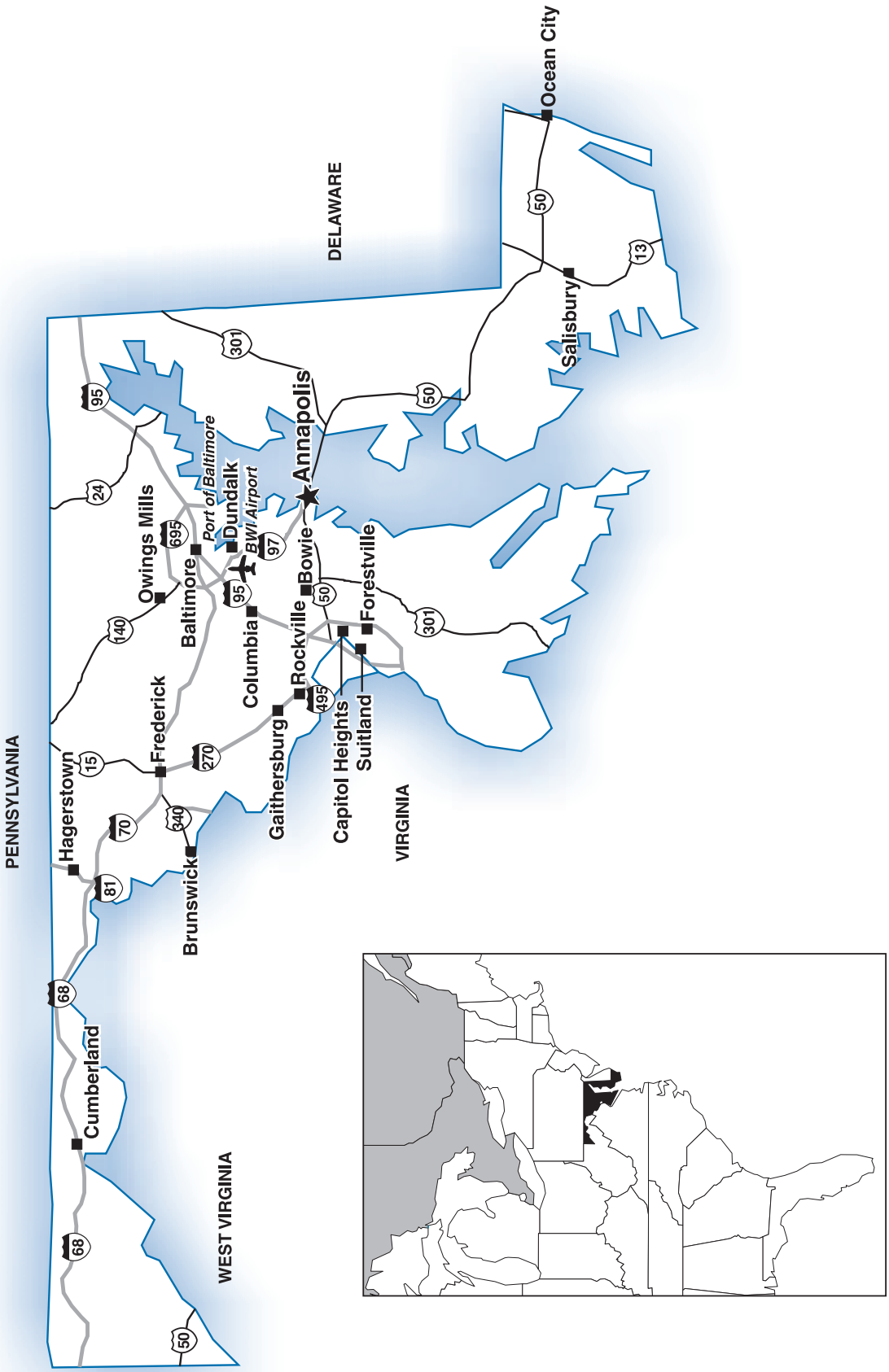

Maryland.

Note: This map displays features mentioned in the report.

Maryland
Drug Threat Assessment

Overview

With nearly 5.3 million residents, Maryland is the nineteenth most populous state, and with approximately 542 persons per square mile, it is the sixth most densely populated state. Seventy-two percent of Maryland's residents live in the Baltimore-Washington metropolitan area, which includes the Maryland cities of Annapolis, Baltimore, Bowie, Gaithersburg, and Rockville.

Maryland's population is growing and diverse. According to the U.S. Census Bureau, Maryland's population increased 10.8 percent from 1990 to 2000. Baltimore's population, however, declined 11.5 percent from 736,014 in 1990 to 651,154 in 2000. In 2000, 64 percent of the state's residents were Caucasian, 28 percent were African American, 4 percent were Hispanic or Latino, and 4 percent were Asian.

Maryland's well-developed transportation infrastructure, consisting of over 29,000 miles of interstate, primary, and secondary roads, is used to transport drugs into and through the state. Maryland's proximity to New York City and its strategic location on the Interstate 95 corridor between New York City and Miami make it an important node in drug supply routes on the East Coast. Drugs typically are transported into and through Maryland on Interstates 95 and 81, two major north-south highways on the East Coast.

Fast Facts

Maryland

Population (2000)	5,296,486
U.S. population ranking	19th
Median household income (2000)	$51,695
Unemployment rate (2000)	3.9%
Land area	9,775 square miles
Shoreline	3,190 miles
Capital	Annapolis
Other principal cities	Baltimore, Bowie, Frederick, Gaithersburg, Rockville
Number of counties	23
Principal industries	Agriculture, tourism, manufacturing

Interstate 81, which extends through west-central Maryland, connects New York and Tennessee. Information gathered in 2000 by the Washington/Baltimore High Intensity Drug Trafficking Area

(HIDTA) indicates that some couriers use less traveled routes such as U.S. Route 13 to US 50 to I-97 to avoid detection when transporting drugs to Baltimore. U.S. Route 13 in Maryland's southeast corner connects Philadelphia, Pennsylvania, with Fayetteville, North Carolina, passing through Delaware and intersecting US 50 at Salisbury, Maryland. U.S. Route 301 in Maryland also intersects US 50 before continuing to Sarasota, Florida. Interstates 68, 70, 270, and 495 provide east-west transportation routes in Maryland. According to El Paso Intelligence Center (EPIC) data from Operations Pipeline and Convoy, I-695, US 140, and Maryland SR-24 also are used to transport drugs into, through, and within the state.

Operations Pipeline, Convoy, and Jetway

Operation Pipeline is a nationwide highway interdiction program that focuses on private vehicles and operates along the highways and interstates most commonly used to transport illegal drugs and drug proceeds.

Operation Convoy is also a highway interdiction program. It targets drug transportation organizations that use commercial vehicles to transport drugs.

Operation Jetway is a nationwide interdiction program that operates at airports, train stations, bus stations, package shipment facilities, post offices, and airport hotels and motels.

All three programs are supported by the El Paso Intelligence Center.

According to local law enforcement reports, Maryland's extensive public transportation network also is used to transport drugs into and through the state. Bus service links Annapolis, Columbia, Frederick, Hagerstown, and Washington, D.C., and carries over 250,000 passengers a day. Commuter rail lines provide transportation from Baltimore County through the city of Baltimore to Anne Arundel County. Two other commuter train lines run between the cities of Baltimore and Washington, D.C., carrying over 30,000 passengers daily. A fourth commuter line through Brunswick, Maryland, links Martinsburg, West Virginia, and Washington, D.C. The Baltimore Metro and the Washington Metrorail systems also serve the Baltimore-Washington area.

Drugs are transported into and through Maryland via commercial airlines as well. Maryland is serviced by the Baltimore-Washington International Airport and over 300 private and public airports and landing strips. With over 13 international airlines serving 58 domestic and 11 international destinations, Baltimore/Washington International Airport is the state's only international airport. In 1999 Baltimore/Washington International Airport serviced over 17.4 million passengers and 497 million pounds of air cargo (mail and freight) and 702 commercial flights daily. Most flights that require customs clearance at Baltimore/Washington International Airport arrive from the Caribbean region, a major transshipment area for illegal drugs. Drug shipments sent through Baltimore/Washington International Airport via package delivery services are a significant threat. There were 42 seizures of illicit drugs at Baltimore/Washington International Airport's package sorting facilities recorded by Operation Jetway in 2000. In addition, Maryland's many smaller airports and airstrips are well within the range of most twin- and single-engine aircraft traveling from domestic drug distribution centers such as New York City and Miami. Furthermore, the state's central East Coast location provides for easy transshipment of drugs destined for other states.

Drugs also are transported into Maryland through the Port of Baltimore, the third busiest container port in the Mid-Atlantic region. The port serves over 50 maritime shipping companies with approximately 1,800 vessels arriving annually. In 1999 Baltimore's port facilities handled 6.4 million tons of cargo. There are five separate facilities within the Port of Baltimore, making it difficult for law enforcement officers to monitor the entire port. The Port of Baltimore, the most inland major port on the East Coast, is easily accessible from major land-based distribution routes, and port facilities offer direct access to rail service and I-95. Law enforcement reporting and

seizure activities indicate that drug smuggling through the port appears to present a relatively low threat; however, intelligence regarding smuggling activity at the port is limited. Container shipments represent the greatest threat. According to federal law enforcement, cocaine is the drug most often seized at the Port of Baltimore, although marijuana and heroin shipments smuggled by crew members also have been seized.

Colombian and Dominican criminal groups are the dominant transporters of drugs into Maryland. These groups primarily recruit couriers to transport drugs via private vehicles, buses, trains, and commercial aircraft. In addition, local independent dealers often travel to New York City or Philadelphia or sometimes to southwestern states to purchase drugs and transport them back to Maryland. Local independent dealers also transport drugs into Maryland using private vehicles, buses, and rail systems and, to a lesser extent, through Baltimore/Washington International Airport.

Baltimore serves as the primary distribution center for illicit drugs in Maryland. Salisbury serves as a secondary distribution city. Local independent dealers, loosely organized gangs and, in some cases, individual abusers conduct most of the retail drug distribution in Maryland.

Bloods and Crips

Bloods and Crips are violent street gangs that formed in Los Angeles in the 1960s. The gangs are primarily African American in composition. Both gangs comprise loosely organized factions or sets that are typically turf- or neighborhood-oriented. Generally, gang sets are established by an entrepreneurial individual who runs the set and recruits members to distribute drugs, primarily cocaine. Bloods and Crips distribute drugs in California and in other states, including Maryland. Although Bloods and Crips sets are located throughout the United States, not all gangs that claim to be Bloods or Crips are affiliated with the Los Angeles-based Bloods or Crips. Bloods and Crips embrace the principles of individualism, loyalty to their own members, and violence against other gangs. Bloods and Crips harbor deep hatred toward each other and each considers the other a rival. The two gangs will, however, cooperate in criminal ventures for profit.

Latin Kings

Latin Kings is a predominately Hispanic street and prison gang with two major factions, one in Chicago and the other in the northeast. This gang started as a social group in Hispanic communities but later evolved into an organized criminal enterprise 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 is the foundation upon which all Latin Kings gangs are based. The gang operates drug distribution enterprises on the North and Southeast Sides of Chicago and has expanded throughout Illinois and the nation. Latin Kings in the Northeast started in the Connecticut prison system in the late 1980s as an offshoot of the Chicago-based Latin Kings. This gang operates drug distribution enterprises in Maryland and surrounding states. The Latin Kings has attempted to consolidate the Chicago- and northeast-based factions.

Mara Salvatrucha

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

Gangs distribute drugs, particularly heroin, cocaine, and marijuana, at the retail level in Maryland. According to the Washington/Baltimore HIDTA, 60 percent of the gangs in Maryland are African American, 20 percent are Caucasian, and the remaining 20 percent are Asian, Hispanic, or Jamaican. The Baltimore Police Department has identified 242 neighborhood gangs, 95 percent of which distribute drugs—predominantly heroin, powdered and crack cocaine, and marijuana. The Mid-Atlantic Gang Investigators Network reports that gangs involved in drug distribution have migrated from Florida and New York and have formed drug distribution networks in western Maryland.

Law enforcement officials in Maryland have identified gangs that are affiliated with nationally recognized gangs such as Bloods and Crips; however, the extent to which these local gangs are influenced by their national counterparts is limited. Law enforcement officers from Montgomery County and from the cities of Hagerstown and Cumberland have identified gangs affiliated with Bloods, and officials from the city of Frederick have identified three gangs affiliated with Crips. Police officials in Montgomery and Prince George's Counties have identified members of Mara Salvatrucha (MS, MS-13) in their counties. In 1997 the local Mara Salvatrucha gang reportedly was loosely knit and lacked an organized central structure. In 2000 the Mid-Atlantic Gang Investigators Network reported that MS-13 and Latin Kings graffiti had appeared in Capitol Heights, Forestville, and Suitland as well as in Frederick and Harford Counties. The number of Asian gangs also is reported to be increasing in Maryland.

Outlaw motorcycle gangs (OMGs) also distribute drugs, especially cocaine and marijuana, in Maryland. Pagan's is the predominant OMG in the state; however, Thunderguards, Iron Horseman, and Blitzkrieg (a branch club of Pagan's) also are active. The Pagan's OMG has an estimated 25 members in Maryland belonging to four chapters located in Anne Arundel County, Baltimore, Frederick, and Ocean City.

Pagan's Motorcycle Club

Pagan's is a regional OMG that was founded in Prince George's County in 1959. Pagan's expanded throughout the 1960s, generating new chapters and absorbing smaller OMGs, and is now the predominant OMG in the Mid-Atlantic Region. Pagan's is governed by a "mother chapter" that acts as the central leadership and policymaking authority for the gang. Individual chapters have a leadership structure with positions similar to the mother chapter. The Pagan's OMG has produced and distributed methamphetamine since its inception and later began to distribute cocaine. Pagan's members also have committed homicides, vehicle thefts, black-market firearm violations, and extortion.

Survey data indicate that the rate of drug abuse in Maryland is slightly lower than the national average. According to the 1999 National Household Survey on Drug Abuse (NHSDA), 5.2 percent of individuals surveyed in Maryland report having abused an illicit drug in the previous month compared with 6.3 percent nationwide. The percentage of individuals in Maryland in the 18 to 25 age group reporting past month illicit drug abuse (15.2%) was higher than in any other age group.

Drug treatment data indicate that drugs and alcohol frequently are abused in Maryland. According to the Treatment Episode Data Set (TEDS), the number of admissions to publicly funded treatment facilities increased from 56,885 in 1994 to a 6-year high of 59,091 in 1995 then decreased to 56,161 in 1999. (See Table 1 on page 5.) Despite this decrease, treatment admissions for drug and alcohol abuse in Maryland remain high; in 1999 the number of treatment admissions per 100,000 population (1,308) ranked eighth in the nation.

According to the Drug Abuse Warning Network (DAWN), in Baltimore the number of drug-related emergency department (ED) episodes fluctuated from 15,863 in 1994 to 14,171 in 1999, then decreased to 11,505 in 2000. ED mentions followed a similar trend, fluctuating from 26,892

Table 1. Drug-Related Treatment Admissions to Publicly Funded Facilities Maryland, 1994–1999

Year	Total*	Heroin	Cocaine	Marijuana	Methamphetamine
1994	**56,885**	**11,741**	**10,433**	**4,644**	**58**
1995	**59,091**	**13,457**	**10,007**	**6,533**	**77**
1996	**57,681**	**13,049**	**9,325**	**7,196**	**50**
1997	**58,058**	**14,077**	**8,389**	**7,090**	**121**
1998	**57,358**	**15,032**	**8,142**	**7,011**	**1**
1999	**56,161**	**15,823**	**7,571**	**6,862**	**0**

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

*Total includes all drug- and alcohol-related treatment admissions.

in 1994 to 24,772 in 1999 then decreasing to 19,874 in 2000. Emergency department mentions for heroin, cocaine, methamphetamine, and marijuana decreased in 2000.

According to mortality data from DAWN, in the Baltimore metropolitan area the number of deaths in which drugs were a factor increased from 436 in 1996 to 557 in 1999 then decreased to 532 in 2000. In 2000, 445 deaths were drug-induced (overdoses) and the remaining 87 were drug-related (drugs were a contributing factor but not the sole cause of death). Most of the deaths occurred in the city of Baltimore; 360 drug-induced deaths and 54 drug-related deaths were reported in 2000.

Drug Abuse Warning Network Reporting

The Maryland jurisdictions reporting to DAWN include the city of Baltimore and the counties of Anne Arundel, Baltimore, Carroll, Harford, Howard, and Queen Anne's. Almost one-half—48.2 percent—of Maryland's population lives in these counties.

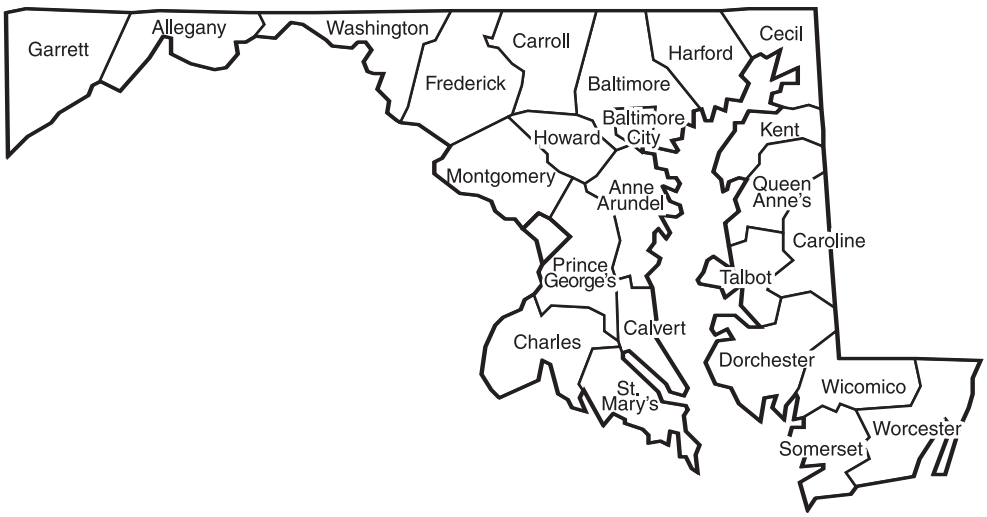

Figure 1. Maryland Counties.

Drug abuse has resulted in an increase in the number of new HIV (human immunodeficiency virus) infections and AIDS (acquired immunodeficiency syndrome) cases in Maryland. The Community Epidemiology Work Group reported in June 2000 that the number of individuals diagnosed with AIDS in Baltimore increased from 11,394 in 1997 to 13,541 in 1999 and that intravenous drug abuse is cited as the primary cause of infection among HIV and AIDS patients in Maryland. Over one-half of Maryland's drug-related AIDS deaths have occurred in Baltimore.

The number of drug-related arrests in Maryland fluctuated between 1997 and 2001. According to the Uniform Crime Report (UCR), drug abuse arrests in Maryland decreased 57.2 percent from 40,026 in 1997 to 17,142 in 1999, and increased to 36,150 in 2000. Juvenile drug-related arrests decreased 63.7 percent from 9,191 in 1997 to 3,314 in 1999, then increased to 6,600 in 2000. The increase in arrests in 2000 is largely attributed to an increase in the number of agencies reporting UCR data (from 137 to 144) and the population increase during that year.

The percentage of federal drug-related sentences in Maryland was lower than the national percentage in fiscal year (FY) 2000. According to the U.S. Sentencing Commission (USSC), drug-related sentences represented 34.1 percent of federal sentences in the state in FY2000 compared with 39.8 percent nationwide. Drug-related federal sentences in Maryland increased from 113 in FY1995 to 173 in FY2000. Cocaine-related violations accounted for nearly 73 percent of the drug-related federal sentences in Maryland in FY2000.

The link between drug abuse and crime is well established in Maryland. The U.S. Attorney for the District of Maryland reported in 1998 that an estimated 75,000 hardcore drug offenders who abused heroin, cocaine, or marijuana were responsible for a substantial number of crimes in Maryland, especially violent crimes. According to the 1998 Maryland Crime Control and Prevention Strategy, the violence associated with drug markets accounts for a large portion of the most violent crimes in the state. Drug abusers commit robbery, burglary, and breaking and entering, as well as shoplifting and theft from automobiles to support their drug habits. The Baltimore Police Department estimates that 40 percent to 60 percent of the homicides in Baltimore are drug-related. Nonetheless, the level of violent crime in Maryland decreased 6 percent from 1998 through 1999, with homicides decreasing 9 percent and aggravated assaults decreasing 2 percent. The number of reported homicides in Baltimore decreased from 308 in 1999 to 261 in 2000. Although final statistics are not available, news reporting indicates that there were 259 homicides in 2001. Additionally, in 2000 nonfatal shootings were down 29 percent in Baltimore, and assaults were down 16 percent.

Break the Cycle Initiative

In 1998 Maryland implemented the Break the Cycle initiative, a program designed to reduce drug-related crime, reduce the number of drug violators, manage correctional populations, and reduce court caseloads by using testing, treatment, and sanctions to retain drug-involved offenders in treatment services. Break the Cycle provides the Department of Public Safety and Correctional Services with effective treatment and supervisory tools to manage approximately 25,000 substance abuse offenders on probation, parole, or mandatory release. The highly successful program was implemented in seven jurisdictions with $2.9 million in funding. Achievements in the first 9 months of the program included a 53 percent reduction in the number of positive drug tests and, in Baltimore, a 23 percent reduction in the number of drug-involved offenders rearrested during the first 90 days of supervision.

Source: Bureau of Governmental Research, University of Maryland, "Process Evaluation of Maryland's Break the Cycle: First Year Activity," 5 January 2000.

The financial impact on the Maryland government from substance abuse-related costs and services is significant. In 1998 Maryland officials spent nearly $1.3 billion on substance abuse-related programs in the areas of justice, education, health, child-family assistance, mental

health-developmental disabilities, public safety, and substance abuse prevention, treatment, and research. This figure amounted to 10.2 percent of total state expenditures. When factoring in the cost of lost productivity and nongovernmental expenses by private social services, estimates for total substance abuse-related costs are even higher.

Heroin

Heroin poses the most serious drug threat to Maryland. Rates of abuse are high, particularly in Baltimore, as evidenced by the significant number of treatment admissions, ED mentions, and deaths in which heroin was a factor. Heroin is readily available in urban parts of the state and is becoming increasingly available in suburban and rural areas. The availability of high purity heroin that can effectively be snorted or smoked, primarily from South America, is a particular concern to the state's law enforcement professionals and healthcare providers. While heroin abuse typically is not associated with violent crime, violence related to the distribution of heroin is a serious problem in Baltimore. Maryland-based local independent dealers and Dominican and Colombian criminal groups based in New York City and Philadelphia are the dominant transporters of heroin into Maryland. Dominican and Colombian criminal groups based in New York City, Philadelphia, and Baltimore and Maryland-based local independent dealers dominate wholesale distribution of heroin in Maryland. Local independent dealers and loosely organized gangs dominate retail heroin distribution throughout the state. In Baltimore loosely organized neighborhood gangs consisting primarily of African American members conduct most of the retail heroin distribution.

Abuse

Maryland, particularly Baltimore, has one of the most serious heroin abuse problems in the nation. Rates of heroin abuse continue to increase throughout the state, and rates of abuse in Baltimore have reached very high levels. According to the Maryland Drug Early Warning System Drug Scan, a statewide, county-level project designed to obtain perceptions of local drug trends from substance abuse professionals, heroin is a primary drug of abuse in Baltimore where there are an estimated 45,000 heroin addicts.

Maryland Drug Early Warning System

A coalition of nearly two dozen state and local agencies launched the Maryland Drug Early Warning System (DEWS) to better detect and monitor substance abuse trends. Funded by the Maryland Governor's Office for Crime Control and Prevention, DEWS helps communities identify, understand, prevent, and respond to drug use in Maryland.

DEWS links data collection, analysis, and dissemination to substance abuse prevention and policy development through a variety of ongoing studies such as Drug Scan and the Juvenile Offender Population Urine Screening program. This multifaceted approach to collecting and disseminating information allows for the comparison and combination of data sources to achieve more detailed and accurate measures of substance abuse in Maryland. This unique system enables Maryland officials to identify new drug trends, such as the use of club drugs by youth, almost immediately.

Source: DEWSonline.org

Heroin-related admissions to publicly funded treatment facilities have increased in Maryland since 1994. TEDS data indicate that the number of heroin-related treatment admissions increased from 11,741 in 1994 to 15,823 in 1999. (See Table 1 on page 5.) The number of heroin-related treatment admissions per 100,000 population (368) ranked Maryland fifth in the nation in 1999. According to the Community Epidemiology Work Group, 48 percent of all treatment admissions in Baltimore were heroin-related in 1999. In Baltimore, males accounted for over 57 percent of heroin-related admissions, individuals aged 35 or younger accounted for 53.6 percent, and African Americans accounted for 62.1 percent. City health officials attribute increases in heroin-related treatment admissions in Baltimore to the increased availability of treatment facilities. Statewide funding for treatment facilities increased from $18 million in 1996 to $46 million in 2000.

The magnitude of the heroin abuse problem in Maryland is evidenced by the number of ED mentions, which remains high despite a decrease in 2000. According to DAWN, the number of ED mentions in Baltimore declined from 6,999 in 1999 to 5,405 in 2000. In 2000 the highest rates of heroin-related ED mentions in the nation were reported in Newark, Baltimore, and Chicago.

According to mortality data from DAWN, in the Baltimore metropolitan area the number of deaths in which heroin/morphine was a factor increased from 302 in 1996 to 451 in 1999, then decreased to 397 in 2000. In 2000, 27 deaths were heroin/morphine-induced (overdoses), and the remaining deaths were heroin/morphine-related (heroin/morphine was a contributing factor but not the sole cause of death). Most of the deaths (292) in which heroin/morphine was a factor occurred in the city of Baltimore.

The availability of high purity heroin at the retail level is at least partly responsible for the number of fatal heroin overdoses in Maryland. Inexperienced new abusers who have not developed a tolerance often overdose because of the high purity. Even experienced abusers may misjudge their dosage and overdose because of the higher purity of the heroin.

According to the Drug Enforcement Administration (DEA), the high purity heroin affects newly released prison inmates who were heroin abusers before their incarceration. They often revert to their old habits, not realizing that the heroin they purchase is now much more potent than before.

Overdose Deaths Exceed Slayings

In 1999 for the first time, more residents of Baltimore died as a result of drug overdose than as a result of homicide, part of a disturbing trend in which overdose deaths in Maryland nearly tripled in a decade.

Source: ***The Baltimore Sun***, 16 September 2000.

Heroin abuse among young people in Maryland decreased slightly from 1998 through 2001. The 2001 Maryland Adolescent Survey, modeled after the Monitoring the Future study, reports a slight decline from 1998 through 2001 in the percentage of sixth, eighth, tenth, and twelfth grade students who reported having abused heroin in the past 30 days. This decline followed an increase from 1996 through 1998 for sixth, eighth, and tenth grade students. Heroin abuse among twelfth grade students declined steadily from 1996 through 2001.

Heroin abuse is prevalent throughout most areas in Maryland. Heroin was a primary drug of abuse, an emerging drug of abuse, or a drug of concern in 18 of 23 counties and Baltimore in 2000, according to the Maryland Drug Early Warning System Drug Scan.

Availability

Heroin is readily available in urban areas in Maryland, especially in Baltimore, and is increasingly available throughout suburban and rural parts of the state. In response to the National Drug Intelligence Center (NDIC) National Drug Threat Survey 2001, the Maryland State Police reported that the availability of heroin is increasing in Maryland and is spreading from cities to suburban areas. South American heroin is the type most commonly available in Maryland; however, Southeast Asian and Southwest Asian heroin occasionally are available. The availability of Mexican heroin is limited.

According to DEA, from the first quarter of FY2001 through the first quarter of FY2002, there was little change in heroin prices in the Baltimore area. During that time, heroin sold for $10 to $20 per bag. The average price of a gram decreased slightly from $105 to $102 while the price of an ounce remained $2,800. Wholesale prices decreased slightly from $92,500 per kilogram in the first quarter of FY2001 to $90,000 in the first quarter of FY2002.

Heroin purity levels vary throughout Maryland. According to DEA's Domestic Monitor Program (DMP)—a heroin purchase program designed to identify purity, price, and source of heroin at the retail level—in the first quarter of FY2001 (October through December 2000) heroin purity levels ranged from less than 10 percent to 96 percent in the Baltimore area. According to the Middle Atlantic–Great Lakes Organized Crime Law Enforcement Network (MAGLOCLEN), heroin purity levels ranged from a low of 16 percent to a high of 94 percent statewide in 2001. Highly pure (80% to 98%) heroin is sold as rock-like chunks in glass vials. High purity heroin is purchased predominantly by younger abusers who snort the drug; long-term abusers who inject the drug continue to purchase low purity heroin. The Maryland State Police reported in 2000 that low purity heroin was being injected and high purity heroin was being snorted.

The number of heroin-related investigations has increased in Maryland. Maryland state and local law enforcement respondents to the NDIC National Drug Threat Survey 2001 reported that the number of heroin-related investigations increased over the previous year (1999). From October 1998 through June 2001, 50 of 173 Organized Crime Drug Enforcement Task Force (OCDETF) investigations involved heroin. OCDETF investigations often involve more than one drug type.

The amount of heroin seized by federal law enforcement agencies remained relatively stable from 1998 to 2000; however, the number of highway seizures decreased from 1999 to 2000. According to Federal-wide Drug Seizure System (FDSS) data, federal law enforcement agencies in Maryland seized 10 kilograms of heroin in FY1998, 9.7 kilograms in FY1999, and 10.1 kilograms in FY2000. EPIC Operation Pipeline data indicate a decrease in the number of highway seizures in Maryland from 15 in FY1999 to 7 in FY2000.

Maryland law enforcement agencies report an increase in heroin-related arrests since 1998. The Maryland State Police reported a 51 percent increase in heroin-related arrests from 1998 to 1999. Maryland law enforcement respondents to the NDIC National Drug Threat Survey 2001 reported that the number of arrests for heroin-related violations increased over the previous year (1999).

The percentage of heroin-related federal drug sentences in Maryland was higher than the national percentage in FY2000. According to the USSC, 17.3 percent of drug-related federal sentences in Maryland in FY2000 were heroin-related compared with 7.7 percent nationwide.

In Maryland heroin is packaged using a variety of methods. In 2001 the Washington/Baltimore HIDTA reported that most of the heroin available in Baltimore was sold in gelatin capsules, which are often referred to by the color of the capsule. In 2000 the Maryland State Police

reported that glassine bags stamped with various brand names were available. In Salisbury heroin traditionally has been packaged in blue, waxed paper bags, as is heroin sold in Philadelphia, a distribution center for heroin sold in Maryland. Heroin packaged in glass vials also was seized in Salisbury in 2000. The Maryland State Police reported that glass vials of heroin are common in Baltimore, and the emergence of glass vial packaging in Salisbury may indicate a change in the source of Salisbury's heroin supply.

Violence

While the distribution and abuse of heroin are not frequently associated with violent crime in most parts of Maryland, a substantial amount of violence has occurred in the Baltimore area. In February 2002, 12 individuals who operated a heroin and cocaine distribution network were indicted for five homicides; one of the victims was a young girl who was killed when gunmen opened fire on a crowd of 200 people. Heroin distributors at all levels in Baltimore commit violent crimes to protect their turf and to expand their drug distribution operations. Dominican criminal groups in the region commit violent crimes to assert and maintain dominance over drug distribution territories and to control retail distributors. Heroin abusers frequently commit property crimes—including random theft, credit card fraud, and burglary—to support their addictions.

Production

Opium is not cultivated nor is heroin produced in Maryland. Heroin is produced primarily in four source regions: South America, Mexico, Southeast Asia, and Southwest Asia. Most of the heroin available in Maryland is produced in South America, although limited amounts from Southeast and Southwest Asia are available. Heroin commonly is "milled" at the wholesale level. The Baltimore County Narcotics Unit reports that some heroin dealers are milling heroin in the county and transporting it to the city of Baltimore for distribution.

Heroin Milling

Bulk heroin usually is milled before being distributed at the retail level. Milling is a process by which bulk heroin is cut with diluents such as lactose and mannitol or adulterants such as caffeine and then divided into individual doses that often are packaged in glassine bags. Often, multiple glassine bags are packaged together for retail sale. One kilogram of nearly 100 percent pure heroin can be cut and divided into approximately 30,000 glassine bags.

Transportation

Maryland-based local independent dealers and Dominican and Colombian criminal groups based in New York City and Philadelphia are the dominant transporters of heroin into Maryland. These independent dealers and criminal groups primarily travel via private or rental vehicles on interstate highways or via public transportation (buses and trains). Heroin also is transported into Maryland via commercial aircraft and maritime vessels.

Criminal groups generally employ couriers to transport heroin into the state, and local independent dealers who distribute wholesale quantities

in Maryland typically travel to primary distribution centers such as New York City and Philadelphia to purchase heroin from Dominican criminal groups. They then transport the drug back to Maryland. Miami is also a distribution center for wholesale quantities of heroin available in Maryland but to a far lesser extent than New York City or Philadelphia. Heroin abusers and independent retail distributors throughout Maryland travel to Baltimore, Salisbury, Philadelphia, and Washington, D.C., to purchase small quantities of heroin for personal use or for local retail distribution.

Couriers primarily transport heroin into and through the state in automobiles and buses traveling on I-95. These couriers sometimes use alternate, less traveled routes to avoid highway interdiction. These couriers travel US 13 to US 50 and then I-97 to Baltimore, or follow US 13 to areas along the Eastern Shore. According to EPIC Pipeline and Convoy data, Interstates 97, 495, and 695; US 140; and SR-24 also are used to transport heroin into and within the state.

Heroin also is smuggled directly to Maryland by couriers on commercial airline flights. West African criminal groups, primarily Nigerian, employ couriers to transport heroin to Baltimore/Washington International Airport. The couriers take advantage of international flights such as twice-weekly commercial flights from Ghana. The couriers transport heroin either in or on their bodies or in their luggage (which allows for the transportation of larger quantities). On August 20, 2000, U.S. Customs Service (USCS) inspectors at Baltimore/Washington International Airport arrested a Nigerian national who had ingested 82 pellets containing a total of 1 kilogram of heroin. On August 27, 2000, a male British national who had ingested 78 pellets containing 936 grams of heroin also was arrested at Baltimore/Washington International Airport. He had arrived on a Ghana Airways flight from Nigeria.

Heroin has been smuggled into Maryland through the Port of Baltimore but to a much lesser extent than by land or air. The DEA Washington Division reports that small quantities of Southwest Asian heroin are transported to the Baltimore area through the Port of Baltimore. In 1998 the USCS seized multigram quantities of Southwest Asian heroin from crew members aboard Pakistani ships entering the Port of Baltimore. The heroin in these shipments usually was destined for distribution in Pakistani communities in Prince George's and western Anne Arundel Counties.

Distribution

Dominican and Colombian criminal groups based in New York City, Philadelphia, and Baltimore and Maryland-based local independent dealers dominate the wholesale distribution of heroin in Maryland. Some Dominican criminals have established part-time residency in the Maryland cities where they distribute heroin. Wholesale heroin distribution in Maryland is centered in Baltimore. Local independent dealers may distribute heroin at the wholesale level in the counties around the city of Baltimore; however, the Maryland State Police indicate there are no known wholesale distributors outside the Baltimore area.

Baltimore serves as the primary distribution city for heroin in Maryland. Salisbury, located along major smuggling route US 13, serves as a secondary distribution city for eastern Maryland. Law enforcement officials have identified a link between Latin Kings gang members from New York City and retail distributors of heroin in Salisbury. Salisbury officials have seized bags of heroin bearing stamps that resemble those sold by Latin Kings in New York City.

Local independent dealers and loosely organized, largely African American gangs are the dominant retail distributors of heroin in Maryland. According to the Baltimore City Narcotics Unit, many retail distributors purchase heroin in

wholesale quantities, transport it to private residences in the Baltimore County suburbs, cut and package it into retail quantities, and transport the heroin to Baltimore city for retail distribution. Many abusers also distribute heroin at the retail level, and those living in suburban and rural areas of Maryland often travel to Baltimore, Salisbury, Philadelphia, or Washington, D.C., to purchase heroin for personal use and further distribution. They often make large purchases to obtain bulk discounts and then sell the excess to other distributors and abusers. Some abusers in Cecil County reportedly travel to Philadelphia, purchase 12 to 13 bags of heroin for approximately $100, use 2 to 3 bags themselves, and distribute the remainder to their friends for as much as $20 a bag.

In Baltimore loosely organized neighborhood gangs, primarily composed of African American members, conduct most of the retail heroin distribution, often in open-air environments. The location of an open-air drug market determines its customer base. Neighborhood residents purchase heroin at drug markets located in housing projects. Suburban residents seeking easy access to the drug and a convenient route out of the city purchase heroin at drug markets located along main corridors.

Cocaine

The distribution and abuse of cocaine—both powdered and crack—pose a significant threat to Maryland. Cocaine is frequently abused and readily available in the state, particularly in the Baltimore area. Crack cocaine is the drug most commonly associated with violent crime in Maryland. Dominican and Colombian criminal groups based in New York City and Philadelphia and Maryland-based local independent dealers are the primary transporters of powdered cocaine into and through Maryland. These Dominican and, to a lesser extent, Colombian criminal groups supply wholesale and retail distributors throughout the state. Jamaican criminal groups, African American gangs, and local independent dealers distribute cocaine at wholesale and midlevel. At the retail level, loosely organized African American gangs and local independent dealers distribute powdered and crack cocaine.

Abuse

The abuse of cocaine is a significant threat to Maryland. According to data from the NHSDA, in 1999 the percentage of Maryland residents who reported using cocaine in the year prior to the survey (1.6%) was comparable to the national percentage (1.7%).

Cocaine-related admissions to publicly funded facilities in Maryland remain high despite a steady decrease since 1994. According to TEDS data, cocaine-related treatment admissions decreased from 10,433 in 1994 to 7,571 in 1999. (See Table 1 on page 5.) The number of admissions per 100,000 population in Maryland (176) was the fifth highest in the nation in 1999. Each year from 1994 through 1999, there were more admissions for cocaine abuse than for any other illicit drug except heroin.

In Baltimore the number of cocaine-related ED mentions has fluctuated since 1994. According to DAWN data, cocaine-related ED mentions steadily decreased from 8,882 in 1994 to 6,253 in 1997; they then increased to 6,921 in 1999 before decreasing dramatically to 4,943 in 2000.

According to mortality data from DAWN, in the Baltimore metropolitan area the number of deaths in which cocaine was a factor increased from 266 in 1996 to 311 in 1998 then decreased to 243 in 2000. In 2000 four deaths were cocaine-induced (overdoses), and the remaining deaths were cocaine-related (cocaine was a contributing

factor but not the sole cause of death). Most of the deaths (178) in which cocaine was a factor occurred in the city of Baltimore.

The percentage of Maryland residents aged 18 and under reporting cocaine abuse has decreased in recent years. The 2001 Maryland Adolescent Survey reports that the percentage of sixth, eighth, and tenth grade students reporting that they had abused powdered or crack cocaine in the 30 days prior to the survey increased from 1996 through 1998, then decreased from 1998 through 2001. The rate among twelfth grade students has steadily declined from 1996 through 2001.

Availability

Powdered cocaine and crack cocaine are readily available throughout Maryland. Respondents to the NDIC National Drug Threat Survey 2001 reported that the availability of cocaine is moderate to high. Of the 20 respondents, 8 reported that the availability of powdered cocaine was high and 9 reported that availability was moderate; 15 reported that the availability of crack cocaine was high and 4 reported that availability was moderate.

Prices for powdered and crack cocaine are relatively stable in Maryland, and purity levels vary widely. The Maryland State Police reported that powdered cocaine sold throughout the state for $50 to $120 per gram and $18,000 to $25,000 per kilogram in the first half of 2000. They also reported that crack cocaine sold for $10 to $50 per rock, $80 to $100 per gram, and $800 to $1,000 per ounce. In 2001 DEA reported that in the Baltimore area powdered cocaine sold for $80 to $100 per gram and crack sold for $100 per gram. The Maryland State Police reported that statewide the purity of powdered cocaine ranged from 37 percent to 95 percent in 2000. Data on the purity of crack cocaine were unavailable.

The high number of cocaine-related investigations at the federal, state, and local levels reflects the ready availability of cocaine. Twelve of 20 Maryland state and local law enforcement respondents to the NDIC National Drug Threat Survey 2001 reported conducting 340 powdered cocaine and 2,267 crack cocaine investigations in 1999. From October 1998 through June 2001, 146 of 173 OCDETF investigations involved cocaine. OCDETF investigations often involve more than one drug type.

The amount of powdered and crack cocaine seized in Maryland has fluctuated since 1998. According to FDSS data, federal law enforcement agencies in Maryland seized 129.0 kilograms of cocaine in 1998, 96.7 kilograms in 1999, and 132.1 kilograms in 2000. Operation Pipeline data reflect a large decrease in the quantity of powdered cocaine seized as part of that operation from 27.1 kilograms in 1999 to 6.7 kilograms in 2000. The amount of crack cocaine seized under Operation Pipeline decreased from 8.2 kilograms in 1999 to 1.5 kilograms in 2000. Six of 18 respondents to the NDIC National Drug Threat Survey 2001 reported seizing more powdered cocaine in 2000 than in 1999, while 5 reported that the amount of powdered cocaine seized remained the same. Eight of 17 law enforcement agencies reported an increase in the amount of crack cocaine seized, while 7 reported that the amount seized remained the same.

The percentage of federal sentences related to cocaine violations in Maryland was higher than the national percentage in FY2000, and the number of cocaine-related sentences was higher than for any other drug. According to the USSC, approximately 73 percent of drug-related federal sentences in Maryland in FY2000 were cocaine-related compared with 44 percent nationwide.

Violence

Crack cocaine is the drug most often associated with violent crime in Maryland. Abusers often commit violent crimes in order to support their habits, and distributors sometimes use violence to protect their turf. The Baltimore area, in particular, has experienced significant violence associated with cocaine distribution. In June 2001 three men were convicted of the 1999 murder of five women in Baltimore in a dispute over crack cocaine. One of the women allegedly sold another substance to the men in place of cocaine.

Production

Coca is not cultivated nor is cocaine produced in Maryland. However, many African American independent dealers transport powdered cocaine into Maryland and convert it to crack cocaine locally at residences in urban areas. Local conversion is largely in response to federal sentencing guidelines, which mandate more stringent penalties for possessing crack rather than powdered cocaine.

Federal Cocaine Distribution Penalties

Under current federal law, a person convicted of distributing 5 grams of crack cocaine faces a mandatory sentence of 5 years in prison; this is equivalent to the penalty for distributing 500 grams of powdered cocaine.

Source: Drug Enforcement Administration.

Transportation

Dominican and, to a lesser extent, Colombian criminal groups based in New York City and Philadelphia and Maryland-based local independent dealers, primarily African Americans, are the dominant transporters of powdered cocaine into and through Maryland. These groups and independent dealers transport most of the cocaine into Maryland using automobiles, buses, and rail systems. Cocaine arriving at Baltimore/Washington International Airport and the Port of Baltimore often is destined for locations outside the state, although some remains in Maryland.

Criminal groups often employ couriers to transport cocaine into Maryland in automobiles and buses on I-95. Some reports indicate that couriers also use alternate, less traveled routes to avoid highway interdiction. They may travel US 13 to US 50 and then I-97 to Baltimore or they follow US 13 to areas along the Eastern Shore. According to Operations Pipeline and Convoy data, transporters also use Interstates 70 and 81 and US 301 to transport cocaine into and through the state.

Jetway Task Force Officers Seize Cocaine

On January 5, 2000, Baltimore Operation Jetway Task Force officers seized 300 grams of cocaine and arrested a male resident of New York City. He was traveling by bus on a one-way, cash ticket from New York City to Baltimore. The cocaine was found concealed inside the suspect's carry-on backpack. The suspect told law enforcement officers that he had been paid $350 to take the cocaine to Baltimore and to deliver it to an unknown male.

Source: Operation Jetway Baltimore Task Force.

Cocaine also is transported into the state on international flights through Baltimore/Washington

International Airport. Couriers carry powdered cocaine in or on their bodies or in their luggage. To a lesser extent, cocaine is transported into and through the state via package delivery services operating at the airport. In May 2001 Baltimore Operation Jetway Task Force officers seized a total of 2.4 kilograms of cocaine and 3.8 kilograms of marijuana from three separate packages that were shipped from Mesa, Arizona; Inglewood, California; and Boulder, Colorado. A controlled delivery was conducted on the package from Mesa resulting in the arrest of a male suspect in Washington, D.C. Two Washington/Baltimore HIDTA initiatives—the Delivery System Parcel Interdiction Initiative and the Regional Drug Interdiction Initiative—investigate drugs shipped via package delivery services. Most of these seizures involve cocaine and marijuana.

Cocaine is the drug most often seized by law enforcement officers at the Port of Baltimore. Over 95 kilograms of cocaine were seized in two separate incidents in 1998. One involved a seizure of 56 kilograms and the other involved a seizure of 39 kilograms from Philippine nationals. In November 1998, 450 kilograms of cocaine were seized in Lebanon, Pennsylvania. The cocaine, packed in green plastic bundles and concealed inside a large bolt-cutting machine, had been transported through the Port of Baltimore from Caracas, Venezuela.

Distribution

Dominican and, to a lesser extent, Colombian criminal groups based in New York City and Philadelphia supply wholesale and retail distributors throughout the state. At the wholesale level, Jamaican criminal groups, African American gangs, and local independent dealers distribute cocaine. Responses to the NDIC National Drug Threat Survey 2001 indicate that Jamaican criminal groups and African American gangs dominate cocaine distribution at wholesale and midlevel.

Local independent dealers as well as loosely organized African American gangs convert some powdered cocaine to crack cocaine locally and are the dominant retail powdered and crack cocaine distributors in Maryland. Local dealers from all economic backgrounds and suburban and rural areas often travel to urban areas to purchase cocaine for distribution in their areas. OMGs also distribute powdered cocaine at the retail level throughout Maryland, but to a lesser extent than gangs and local independent dealers.

Marijuana

Marijuana is the most readily available, commonly abused illicit drug in Maryland. Most of the marijuana available in the state is produced in Mexico; however, marijuana produced in Maryland is available, to a lesser extent. Local independent dealers, primarily Caucasians, cultivate cannabis indoors and outdoors. Violence typically is not associated with marijuana abuse in Maryland, but violence associated with marijuana distribution and cannabis cultivation is a serious concern. Jamaican criminal groups are the dominant transporters of marijuana into Maryland; Mexican criminal groups transport lesser amounts into the state. Jamaican criminal groups are the dominant wholesale distributors of marijuana produced in Mexico. Local independent dealers, primarily Caucasians, are the dominant retail distributors of marijuana produced in the state as well as in Mexico. OMGs also distribute marijuana at the retail level, but to a lesser extent.

Abuse

Marijuana is the most widely abused illegal drug in Maryland, and the rate of marijuana abuse in the state is comparable to the national average. According to the 1999 NHSDA, 4.9 percent of individuals surveyed in Maryland report having abused marijuana in the previous month compared with 4.7 percent nationwide. Most of the individuals reporting past month marijuana abuse were between the ages of 18 and 25.

In Maryland marijuana-related admissions to publicly funded treatment facilities increased from 4,644 in 1994 to 7,196 in 1996 then steadily decreased to 6,862 in 1999, according to TEDS. (See Table 1 on page 5.) The Maryland Alcohol and Drug Abuse Administration reported that approximately 64 percent of marijuana abusers admitted for treatment in FY1997 first abused the drug between the ages of 12 and 17. The Maryland Alcohol and Drug Abuse Administration reported that in FY1998, drug abuse screenings detected marijuana abuse in 86.4 percent of admissions for individuals aged 17 and younger at Maryland substance abuse treatment programs, and many used marijuana in conjunction with other drugs.

According to DAWN, marijuana-related ED mentions in Baltimore steadily increased from 770 in 1994 to 1,679 in 1999 but then decreased slightly to 1,620 in 2000. According to mortality data from DAWN, from 1996 through 2000 marijuana was not factor in any drug-related deaths in Baltimore.

Teenagers in Maryland abuse marijuana more frequently than any other illicit drug. A November 2000 report by the Drug Early Warning System indicates that marijuana was the primary drug detected among juveniles arrested in Maryland. According to the 2001 Maryland Adolescent Survey, 37.9 percent of twelfth grade students reported having abused marijuana in the past year, more than triple the percentage who reported having used MDMA (ecstasy), the next highest abused at 10.9 percent. The survey further indicates that the percentage of sixth, eighth, tenth, and twelfth grade students who reported marijuana abuse in the past 30 days was lower in 2001 than in 1998.

Availability

Marijuana is widely available throughout the state. Most of the marijuana available in Maryland is produced in Mexico. Marijuana produced in Maryland is available, to a lesser extent. Prices for the drug vary because marijuana with higher levels of THC (tetrahydrocannabinol) typically commands a higher price. In Maryland Mexico-produced commercial-grade marijuana, which is made from the whole cannabis plant and has an average THC content of 5.5 percent, sold for $160 to $200 per ounce and $1,000 to $1,200 per pound in 2000, according to the Maryland State Police. Sinsemilla, which typically is processed using only the leaves and buds of the unpollinated female plant, sold for $200 to $600 per ounce and $1,500 to $3,000 per pound. Marijuana that is cultivated in hydroponic operations sold for $4,500 to $6,000 per pound.

Investigations by state and local law enforcement agencies and seizures by state and federal law enforcement agencies reflect the wide availability of marijuana in the state. In Maryland 14 of 20 law enforcement respondents to the NDIC National Drug Threat Survey 2001 reported having conducted 470 marijuana-related investigations in 1999. The Maryland State Police reported an increase in statewide cannabis seizures from 3,474 plants in 1998 to 3,610 in 1999 to 6,954 in 2000. During the summer of 2000, record numbers of plants were seized in many Maryland counties. According to FDSS data, federal law enforcement agencies in Maryland seized

224.5 kilograms of marijuana in 1998, 323.3 kilograms in 1999, and 394.4 kilograms in 2000.

The percentage of federal drug sentences that were marijuana-related in Maryland was significantly lower than the national percentage in FY2000. According to the USSC, 7.5 percent of drug-related federal sentences in Maryland in FY2000 were marijuana-related compared with 31.2 percent nationwide.

Violence

Violent crime generally is not associated with marijuana abuse in Maryland. Most individuals who abuse the drug experience physical relaxation and sedation and are not prone to violence. However, a significant amount of violent crime associated with marijuana distribution has occurred in Baltimore. Police in the city of Baltimore report that violence related to marijuana distribution is increasing. Baltimore County police officials report that in December 2001 a dispute over marijuana led to the fatal shooting of a teenager at Owings Mills Mall. Two other teenagers were charged in the case. Violence associated with cannabis cultivation in Maryland is limited; however, growers may arm themselves or set traps in order to prevent the discovery of their plants.

Production

Most of the marijuana available in Maryland is produced in Mexico. However, marijuana produced in Maryland is available, to a lesser extent. Cannabis is cultivated both indoors and outdoors within the state. Local independent dealers, primarily Caucasians, cultivate cannabis and dominate retail distribution of all types of marijuana in Maryland. Indoor cultivation is increasing because the quality of the marijuana obtained from indoor grows tends to be higher and the drug commands a higher price. Outdoor cultivation is common during the summer months, especially on the Eastern Shore. In Caroline County on the Eastern Shore, the Sheriff's Office reported in 2000 that most of the marijuana sold in its jurisdiction was locally grown, primarily outdoors.

Transportation

While some of the marijuana consumed in Maryland is produced within the state, most is produced in Mexico and transshipped through California and southwestern states. Jamaican criminal groups are the dominant transporters of marijuana into Maryland; Mexican criminal groups transport lesser amounts into the state. Jamaican criminal groups usually purchase marijuana from Mexican criminal groups in the southwestern United States and transport it primarily via package delivery services into Maryland, although transportation by automobile, bus, and airline does occur. According to the Prince George's County Police Department, California is the primary source of marijuana available in its jurisdiction, and package delivery service is the primary method used to transport marijuana into the county. According to DEA, criminal elements among Mexican migrant farmers working on Maryland's Eastern Shore transport marijuana into that area, usually by automobile.

Marijuana usually is transported into Maryland in 5- to 15-pound packages. On February 22,

2000, Operation Jetway Task Force officers at Baltimore/Washington International Airport seized a package containing 10.6 pounds of marijuana sent from El Cajon, California. The marijuana was shrink-wrapped, concealed with dryer sheets, and placed in a plastic storage container.

Distribution

Jamaican criminal groups are the dominant wholesale distributors of marijuana in Maryland. Local independent dealers, primarily Caucasians, and, to a lesser extent, OMGs are the dominant retail distributors of all types of marijuana throughout Maryland. Jamaican criminal groups also distribute marijuana at the retail level, but to a lesser extent. The Montgomery County Police Department indicated in 2000 that Jamaican criminal groups are the principal distributors of marijuana to high school students in that county. The Pagan's Motorcycle Club, with chapters in Anne Arundel County and the cities of Baltimore, Ocean City, and Frederick, is the predominant OMG in the state and frequently distributes marijuana. Street gangs also distribute marijuana in addition to other drugs. In Maryland marijuana often is sold in "blunts," hollowed-out cigars that are filled with marijuana or a combination of marijuana and tobacco. In Baltimore law enforcement authorities occasionally seize marijuana sprinkled with PCP (phencyclidine).

Other Dangerous Drugs

Other dangerous drugs—including the stimulant MDMA, the hallucinogens LSD and ketamine, the depressant GHB, and diverted pharmaceuticals such as OxyContin, Ritalin, and Vicodin—constitute a significant and increasing threat to Maryland. According to law enforcement sources, teenagers and young adults are the principal abusers of most of the drugs in this category, except diverted pharmaceuticals. MDMA, primarily abused at nightclubs and raves, is the most frequently abused and widely available club drug in Maryland. The abuse of LSD is limited, but the drug is readily available in some parts of the state. GHB is readily available throughout central Maryland, and the drug is frequently abused at raves. Independent dealers, primarily Caucasians, are the dominant distributors of stimulants, hallucinogens, and depressants in the state. Diverted pharmaceuticals are a serious but often unrecognized threat throughout the state.

Rave Clubs

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

Stimulants

MDMA. The increasing availability and abuse of MDMA (3,4-methylenedioxymethamphetamine), particularly among teenagers and young adults, pose a growing threat to Maryland. Also known as Adam, ecstasy, XTC, E, and X, MDMA is a stimulant and low-level hallucinogen. MDMA was patented in 1914 in Germany where it was sometimes given to psychiatric patients to assist in psychotherapy. This practice was never approved by the American Psychological Association or the Food and Drug Administration. Abusers claim that MDMA, sometimes called the hug drug, helps them be more "in touch" with others and "opens channels of communication." However, abuse of the drug can cause psychological problems similar to those associated with methamphetamine and cocaine abuse including confusion, depression, sleeplessness, anxiety, and paranoia. The physical effects can include muscle tension, involuntary teeth clenching, blurred vision, and increased heart rate and blood pressure. MDMA abuse can also cause a marked increase in body temperature leading to muscle breakdown, kidney failure, cardiovascular system failure, stroke, or seizure as reported in some fatal cases. Research suggests that MDMA abuse may result in long-term and sometimes permanent damage to parts of the brain that are critical to thought and memory.

MDMA abuse is increasing in Maryland, especially among high school and college students and young adults. MDMA has emerged as the most popular club drug in Maryland and, according to substance abuse professionals and juvenile offenders interviewed by the Maryland Drug Early Warning System Drug Scan in 2000 and 2001, MDMA abuse has spread beyond the rave subculture to other social venues such as after school activities, dances, and parties. The 2001 Maryland Adolescent Survey reports that while the number of sixth and twelfth grade students who reported having used MDMA in the past 30 days decreased from 1998 to 2001, rates of MDMA abuse among eighth, tenth, and twelfth grade students increased. In 2000 the Center for Substance Abuse Research conducted a personal drug use survey of 114 rave attendees as they were exiting clubs in Baltimore between 1 a.m. and 4 a.m. The individuals surveyed were approximately 20 years of age, 61 percent were male, and 89 percent were Caucasian. This survey reports that 60 percent had abused MDMA in the past 90 days, and 90 percent had abused MDMA at least once during their lifetime.

MDMA abuse is of increasing concern in several counties. The Maryland Drug Early Warning System Drug Scan reported MDMA as an emerging threat in 18 of Maryland's 23 counties in 2000 and in 22 counties and the city of Baltimore in 2001. The Baltimore County Police Department reported that MDMA is available throughout the county. The DEA Baltimore District Office reports MDMA is gaining in popularity on the Eastern Shore, particularly among young adults. The Maryland Governor's Office of Crime Control and Prevention has launched a statewide awareness campaign to educate the public about the dangers associated with MDMA. MDMA-related deaths in Maryland increased from two in 1998 to four in 1999 to nine in 2000.

Investigations and seizures by Maryland law enforcement agencies indicate an increase in the availability of MDMA. The number of MDMA investigations by the Maryland State Police increased from 59 in FY1999 to 128 in FY2000. Baltimore County Police reported 123 investigations that yielded 4,624 dosage units of MDMA in 2000. In 2000 the Anne Arundel County Police Department reported the seizure of 1,414 dosage units in 35 investigations, and the Montgomery County Police Department reported 58 investigations resulting in the seizure of 9,093 dosage units. The Prince George's County Police Department reported 21 investigations resulting in the seizure of 1,539 dosage units in 2000. Arrests for MDMA by the Maryland State Police, Drug Enforcement Command increased from 4 in 1998 to 67 in 2001. The Maryland State Police reported

that the number of MDMA samples sent to the state crime laboratory for analysis quadrupled from 1998 through 1999. The Maryland State Police also reported that statewide MDMA prices ranged from $10 to $30 per dosage unit and $500 to $1,000 per 100 dosage units in 2000. The average price of MDMA in the Baltimore area was $20 to $25 per dosage unit in 2000.

Most MDMA is produced outside the state. Laboratories in the Netherlands and Belgium produce at least 80 percent of the MDMA consumed worldwide. In 2000 a package containing 5,000 dosage units was sent to Maryland from the Netherlands. There have been some attempts to produce MDMA in Maryland. For example, in 2000 a Baltimore police officer who was arrested for distributing MDMA had also been attempting to create his own MDMA laboratory and purchase a pill press. Taped conversations revealed his plans to produce the drug; however, the laboratory was never located.

MDMA is transported into Maryland primarily from New York via package delivery services. Local independent dealers, particularly Caucasians, are the dominant transporters of MDMA into the state. They make purchases of 12 to 40 dosage units and transport them by private vehicle or package delivery services. In 2001 a Dorchester County man was arrested for receiving 29 MDMA tablets sent from Florida via a package delivery service.

MDMA abusers buy the drug primarily from relatives and friends at raves, nightclubs, and on college and high school campuses. According to the Center for Substance Abuse Research survey of 114 ravers during the summer and fall of 2000, 53 percent of those surveyed obtained the drug from family or friends, 24 percent from street dealers, and 18 percent from individuals at clubs or raves.

Hallucinogens

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

LSD is available in a variety of forms including powder or liquid, tablets or capsules, on pieces of blotter paper, and on small candies. It is abused primarily at raves, bars, and nightclubs in large cities and college towns in Maryland. Most abusers are teenagers and young adults. Some abusers conceal liquid LSD in breath mint vials or eyedrop bottles. In 1998 liquid LSD was seized in Prince George's County where it is reported by police to be readily available from local independent dealers at rave parties. According to DEA, in 2001 the average price of LSD in the state was approximately $4 per dosage unit and $300 per sheet (100 dosage units).

The Maryland Drug Early Warning System Drug Scan reports that LSD was available and abused in six counties in 2000. Approximately 9 percent of twelfth grade students surveyed in the 2001 Maryland Adolescent Survey reported having abused LSD within the past year. The 2001 Maryland Adolescent Survey reports that the percentage of sixth, eighth, tenth, and twelfth grade students who reported having abused LSD in the past 30 days decreased from 1996 to 2001. The most significant decreases were among tenth grade students (from 5.8 percent in 1996 to

3.7 percent in 2001) and twelfth grade students (from 5.6 percent in 1996 to 3.7 percent in 2001).

Most LSD available in the state is produced in California and transported into Maryland directly from California or transported to major East Coast cities such as Washington, D.C., New York City, and Philadelphia. Retail distributors in Maryland travel to those cities primarily in private vehicles or buses to purchase quantities for personal use and further distribution. College and high school students, primarily Caucasians, are the dominant retail distributors of the drug. In response to the NDIC National Drug Threat Survey 2001, the Caroline County Sheriff's Office reported a 200 percent increase in LSD seizures, largely due to one major seizure in 2000. In that case, the suspect, a U.S. citizen, was arrested for transporting 250 dosage units of LSD to beach resorts on the western shore of Maryland. The liquid LSD, which was dyed with blue food coloring and packaged in a windshield washer fluid container, reportedly had been transported across the Mexican border from Tijuana.

Ketamine. The abuse of ketamine is increasing in Maryland. Ketamine, also known as K, special K, vitamin K, and cat valium, is an injectable anesthetic that has been approved for both human and animal use. Ketamine is sold commercially and is produced in liquid, powder, and pill forms. The liquid form typically is injected intramuscularly. Powdered ketamine often is snorted or smoked with marijuana or tobacco products and may be mistaken for cocaine or methamphetamine.

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

Caucasian teenagers and young adults from middle- and upper-class socioeconomic backgrounds are the primary abusers of ketamine. The Drug Early Warning System reports that in November 2000 ketamine was still abused at raves and its popularity was increasing in other social venues as well, such as after school activities, dances, and parties. The Maryland Drug Early Warning System Drug Scan reports that ketamine was available and abused in five counties in 2000. There were two seizures of ketamine in Maryland reported by EPIC in 2000; in both cases the drug was transported via package delivery services. In 1998 Maryland law enforcement officials seized approximately 3,060 milliliters of liquid ketamine and an undisclosed amount in powdered form. In Anne Arundel, Frederick, and Washington Counties, a number of ketamine-related burglaries of veterinarian offices and animal clinics have been reported. The Maryland State Police reported that ketamine sold statewide for $20 per dosage unit and $100 to $150 per gram in powdered form in 2000. Respondents to the NDIC National Drug Threat Survey 2001 reported that ketamine was available throughout Maryland.

Depressants

GHB. The abuse of GHB (gamma-hydroxybutyrate) poses a low threat to Maryland. GHB, also known as liquid MDMA, scoop, grievous bodily harm, and Georgia homeboy, is a depressant that is produced by the body and is necessary for full functioning of the brain and central nervous system. Synthetic GHB is odorless, colorless, and practically undetectable if mixed with a beverage. Medical and law enforcement experts report that abusers can lose consciousness within

20 minutes of ingesting GHB and that traces of the drug usually disappear from the body within 12 hours. The drug has been increasingly involved in poisonings, overdoses, sexual assaults, and fatalities. GHB overdoses can occur quickly; some effects include drowsiness, nausea, vomiting, loss of consciousness, impaired breathing, and death. Abusers can also experience insomnia, anxiety, tremors, and sweating.

White, middle- and upper-class suburban teenagers abuse GHB in various parts of the state. GHB abuse initially was reported in 1998 in Frederick and Queen Anne's Counties; both areas have active rave scenes. The drug is now available throughout central Maryland. There were 23 GHB overdoses reported to the Maryland Poison Center in 1999. The Maryland Drug Early Warning System reported GHB abuse or overdoses in 12 of 23 counties and the city of Baltimore in 1999. GHB usually is sold in liquid or powdered form for $10 to $20 per dose at the retail level. Respondents to the NDIC National Drug Threat Survey 2001 reported that GHB is available, but they had no information on seizures, arrests, or investigations. Respondents reported that Caucasians are the dominant transporters and distributors of the drug.

Diverted Pharmaceuticals

Diversion of pharmaceuticals is a low but increasing threat to Maryland. Pharmaceutical diversion in Maryland primarily is accomplished through prescription forgery and a practice known as "doctor shopping," in which abusers who may or may not have a legitimate ailment visit numerous physicians to obtain drugs in excess of what should legitimately be prescribed. Theft of controlled substances and indiscriminate prescribing and dispensing by practitioners and pharmacists also occur. Most violators who forge prescriptions maintain records to avoid returning to the same pharmacy too soon with the same prescription. The diverted substance of choice varies depending on the part of the state; however, most law enforcement agencies report problems with the diversion of OxyContin, Ritalin, and Vicodin.

OxyContin. The abuse of OxyContin is becoming an increasing problem throughout Maryland. The diversion of the powerful painkiller was first reported in Baltimore in 2000. The Maryland Drug Early Warning System identified oxycodone, the active ingredient in OxyContin, as a chief emerging drug of abuse in 2000. DEA reports that nearly 85 percent of arrests in 1999 for writing false prescriptions in Maryland involved oxycodone products, including OxyContin. Reports from the city of Baltimore and Baltimore and Harford Counties indicate that OxyContin is growing in popularity among teenagers.

OxyContin

OxyContin is an orally administered, controlled-release oxycodone product that acts for 12 hours, making it the longest-lasting oxycodone product on the market. Patients taking shorter-acting oxycodone products, such as Percocet and Tylox, may need to take those drugs every 4 to 6 hours. While drug doses vary by individual, the typical dose of OxyContin prescribed by a physician ranges from two to four tablets per day. OxyContin was developed and patented in 1996 by Purdue Pharma L.P. and is available in 10-, 20-, 40-, and 80-milligram doses. By comparison, Percocet and Tylox contain 5 milligrams of oxycodone. The dosage reliability and duration of OxyContin are the primary reasons the drug is attractive to both abusers and legitimate users.

OxyContin provides effects similar to heroin and is readily accessible to abusers. OxyContin tablets are designed to be swallowed whole. Some abusers chew the tablets to destroy the controlled-release coating; others crush them and snort the powder or dissolve the powder in water and inject the solution. Snorting and

injecting lead to the rapid release and absorption of oxycodone. OxyContin is sometimes referred to as poor man's heroin despite the high price it commands at the illicit retail level.

OxyContin is distributed illegally on the street or via the Internet. OxyContin purchased by prescription in a retail pharmacy costs approximately $4 for a 40-milligram tablet or $400 for a 100-tablet bottle. Retail prices for OxyContin sold illicitly vary depending on geographic location but generally average $40 per 40-milligram tablet. Thus, a 100-tablet bottle of 40-milligram tablets can be sold illegally for $4,000. OxyContin abuse has led to an increase in thefts and robberies at pharmacies as well as incidents of healthcare fraud.

Ritalin. The abuse of Ritalin (methylphenidate) in Maryland is increasing. Ritalin, an amphetamine-like central nervous system stimulant with properties that are very similar to cocaine, is currently a Schedule II controlled substance. The potential for diversion is high because two to four million children and one million adults nationwide are prescribed Ritalin legally. Ritalin can be ingested orally but many abusers crush the pills and snort or inject the powder believing that the stimulant effect will be enhanced.

Vicodin. A controlled narcotic used as a pain reliever or cough suppressant, Vicodin is a brand name for hydrocodone. Hydrocodone abuse can cause both physical and psychological dependence. The Montgomery County Police Department, Pharmaceutical Diversion Unit, reports that Vicodin is the number one diverted pharmaceutical in the county, and it is being obtained primarily by prescription forgery. In 1999 the Montgomery County Police Department seized 4,000 dosage units of Vicodin during investigations and arrests.

Methamphetamine

The abuse of methamphetamine in Maryland is limited, and the drug is infrequently available. Violent crime is not often associated with methamphetamine abuse or distribution in the state, but the potential for violence exists. Most of the methamphetamine available in the state is produced in Mexico, California, and southwestern states, although some is produced in Maryland. Mexican criminal groups are the dominant transporters and wholesale distributors of most of the methamphetamine available in the state. These groups transport methamphetamine primarily via package delivery services. OMGs and local independent dealers are the dominant distributors of the drug at the retail level.

Abuse

Methamphetamine abuse is limited in Maryland. According to TEDS, in 1999 there were no methamphetamine-related admissions to publicly funded facilities. Methamphetamine-related treatment admissions had increased overall from 58 in 1994 to 121 in 1997, then declined dramatically to 1 in 1998 and 0 in 1999. (See Table 1 on page 5.)

In Baltimore the number of methamphetamine-related ED mentions increased overall from 4 in 1994 to 10 in 1999, then decreased to 6 in 2000, according to DAWN. Mortality data from DAWN indicate that in the Baltimore metropolitan area methamphetamine was a factor in 16 deaths in 1999 and 1 in 2000. In 1999, 13 of the 16 deaths in which methamphetamine was a factor occurred in the city of Baltimore.

Methamphetamine is abused primarily by lower to lower-middle income, blue-collar Caucasians, some of whom have ties to "traditional" methamphetamine abusers—motorcycle gang members and long-distance truckers. However, according to DEA, methamphetamine also is abused in Maryland by white-collar professionals, business owners, teenagers and young adults,

and within the homosexual population. The 2001 Maryland Adolescent Survey reports that the percentage of eighth and twelfth grade students who reported having abused methamphetamine in the past 30 days decreased from 1996 to 1998, and the rates for sixth and tenth grade students increased over the same time period. From 1998 to 2001 the percentage of students in sixth, eighth, and tenth grades who reported having abused methamphetamine in the past 30 days decreased, and the rate of abuse remained stable among twelfth grade students.

Availability

Methamphetamine is infrequently available in Maryland. The Maryland State Police reports that methamphetamine sells for $80 to $200 per gram statewide. In Baltimore DEA reports that methamphetamine prices average $150 per gram. According to FDSS data, federal law enforcement agencies in Maryland seized 1.9 kilograms of methamphetamine in FY1999 and 1.0 kilogram in FY2000.

The percentage of federal drug sentences that were methamphetamine-related in Maryland was lower than the national percentage in FY2000. According to the USSC, 1.7 percent of drug-related federal sentences in Maryland in FY2000 were methamphetamine-related, much lower than the 14.5 percent nationwide.

Violence

Violence associated with methamphetamine distribution and abuse in Maryland is minimal. Methamphetamine abusers sometimes experience feelings of paranoia, fright, and confusion and, consequently, may become violent. Also, individuals addicted to methamphetamine are unpredictable and may resort to violence to obtain the drug.

Production

There is little methamphetamine production in Maryland. Most of the methamphetamine available in the state is produced in Mexico, California, and southwestern states before being transported into Maryland by Mexican criminal groups. Although local independent dealers produce some methamphetamine in Maryland, most methamphetamine laboratories are small and often are dismantled or nonoperational at the time of law enforcement seizure. These small laboratories probably use either the Birch reduction or the phenyl-2-propanone (P2P) production method. In October 1998 Anne Arundel County Police charged a man with producing methamphetamine in a laboratory (type unidentified), which was the first laboratory seized by the county police in a decade.

Methamphetamine Production Methods

- **Birch reduction**. The principal chemicals are ephedrine or pseudoephedrine, anhydrous ammonia, and sodium or lithium metal. Also known as the Nazi method, this method typically yields ounce quantities of high quality d-methamphetamine and often is used by independent dealers and producers.
- **Phenyl-2-propanone (P2P)**. The principal chemicals are phenyl-2-propanone, aluminum, methylamine, and mercuric acid. This method yields lower quality dl-methamphetamine and has been associated with outlaw motorcycle gangs.

Transportation

Mexican criminal groups are the dominant transporters of most of the methamphetamine available in Maryland. Mexican criminal groups typically transport multipound quantities of the drug from southwestern states into the Shenandoah Valley of Virginia, primarily via package delivery services but also by using couriers in automobiles and on airplanes. Local independent dealers, criminal elements among Mexican migrant farm workers, and OMGs transport the drug from Virginia into Maryland by private vehicle and via package delivery services.

Distribution

Virginia-based Mexican criminal groups operating in the Shenandoah Valley are the dominant wholesale distributors of the methamphetamine available in Maryland, although wholesale distribution usually takes place outside the state. Typically, Maryland-based local independent dealers, OMGs, and other retail distributors travel to Virginia, purchase methamphetamine from Mexican criminal groups, and transport the drug back to Maryland.

Local independent dealers who frequent rave parties and OMGs conduct most of the retail methamphetamine distribution in Maryland. The Baltimore County Police Department and the Frederick County Sheriff's Office report that local independent dealers distribute methamphetamine at the retail level in those two counties. Retail distribution of methamphetamine by Mexican criminal groups has also been reported in the Baltimore suburbs, but to a lesser extent.

Clergyman Gets 9 Months in Drug Case

A clergyman arrested in October 2000 for distributing illegal drugs from his church was convicted in March 2001 and sentenced to 9 months in jail. The clergyman, a methamphetamine abuser, was arrested by Montgomery County Police. The arresting officers seized methamphetamine with an estimated street value of $14,000 from the church rectory—one of the biggest seizures of the drug in the area.

Source: ***Associated Press***, 20 March 2001.

Outlook

Heroin will continue to pose the most significant drug threat to Maryland. Heroin will likely remain the predominant problem in the state's population centers and may continue to spread to suburban and rural markets. Retail quantities of high purity South American heroin will continue to be available and will likely contribute to additional deaths in the state. Maryland-based local independent dealers, Dominican and Colombian criminal groups and, to a lesser extent, West African criminal groups will remain the primary transporters of heroin into and through the state. Local independent dealers and neighborhood gangs will continue to dominate retail distribution. Baltimore will continue to be the primary heroin distribution center within the state. Salisbury, because of its location along US 13, will remain a secondary distribution city.

Cocaine, particularly crack cocaine, will continue to be a serious threat to Maryland, especially to inner-city neighborhoods, as will crime associated with the distribution and abuse of crack. Dominican and Colombian criminal groups and local independent dealers will continue to be the

primary transporters of powdered cocaine into Maryland. These groups, along with Jamaican criminal groups and African American gangs, will continue to dominate wholesale distribution. Local independent dealers and loosely organized neighborhood gangs will continue to dominate retail distribution.

Marijuana will remain the most frequently abused drug in Maryland. Marijuana will continue to be readily available throughout the state and, if demand increases, in-state cannabis cultivation could increase as well. Jamaican criminal groups with access to well-developed supply and distribution networks will likely remain the principal wholesale distributors of Mexico-produced marijuana in Maryland. Local independent dealers and OMGs are likely to continue as the dominant retail distributors of marijuana produced in the state.

ODDs, particularly MDMA, will continue to gain in popularity in Maryland. The availability and abuse of MDMA at nightclubs, raves, and on high school and college campuses are likely to increase. Diverted pharmaceuticals, especially OxyContin, will continue to pose a growing threat to Maryland. Prescription drugs will continue to be diverted via doctor shopping and prescription fraud. Theft of pharmaceuticals from practitioners and pharmacies may become a more serious problem.

Methamphetamine will likely be an increasing but low threat to most of Maryland. Mexican criminal groups will likely expand distribution networks from Virginia to Maryland, especially along the Eastern Shore. The methamphetamine threat to Maryland will likely remain lower than that posed by other illicit drugs.

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