



Virginia

Drug Threat Assessment

UPDATE

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National Drug Intelligence Center
U.S. Department of Justice

Preface

This report is a brief update to the *Virginia Drug Threat Assessment*, which is a strategic assessment of the status and outlook of the drug threat to Virginia. Analytical judgment determined the threat posed by each drug type or category, taking into account the most current quantitative and qualitative information on availability, demand, production or cultivation, transportation, and distribution, as well as the effects of a particular drug on abusers and society as a whole. While NDIC sought to incorporate the latest available information, a time lag often exists between collection and publication of data. NDIC anticipates that this update will be useful to policymakers, law enforcement personnel, and treatment providers at the federal, state, and local levels.

The *Virginia Drug Threat Assessment* was produced in March 2002 and is available on NDIC's web site www.usdoj.gov/ndic or by contacting the NDIC dissemination line at 814-532-4541.

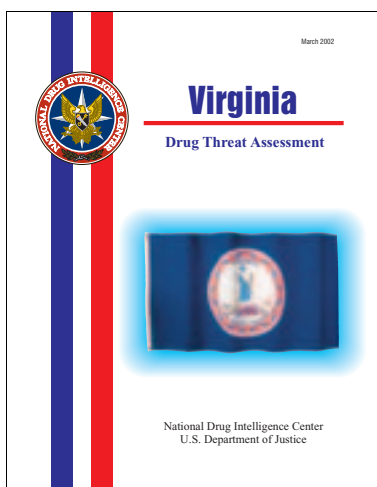
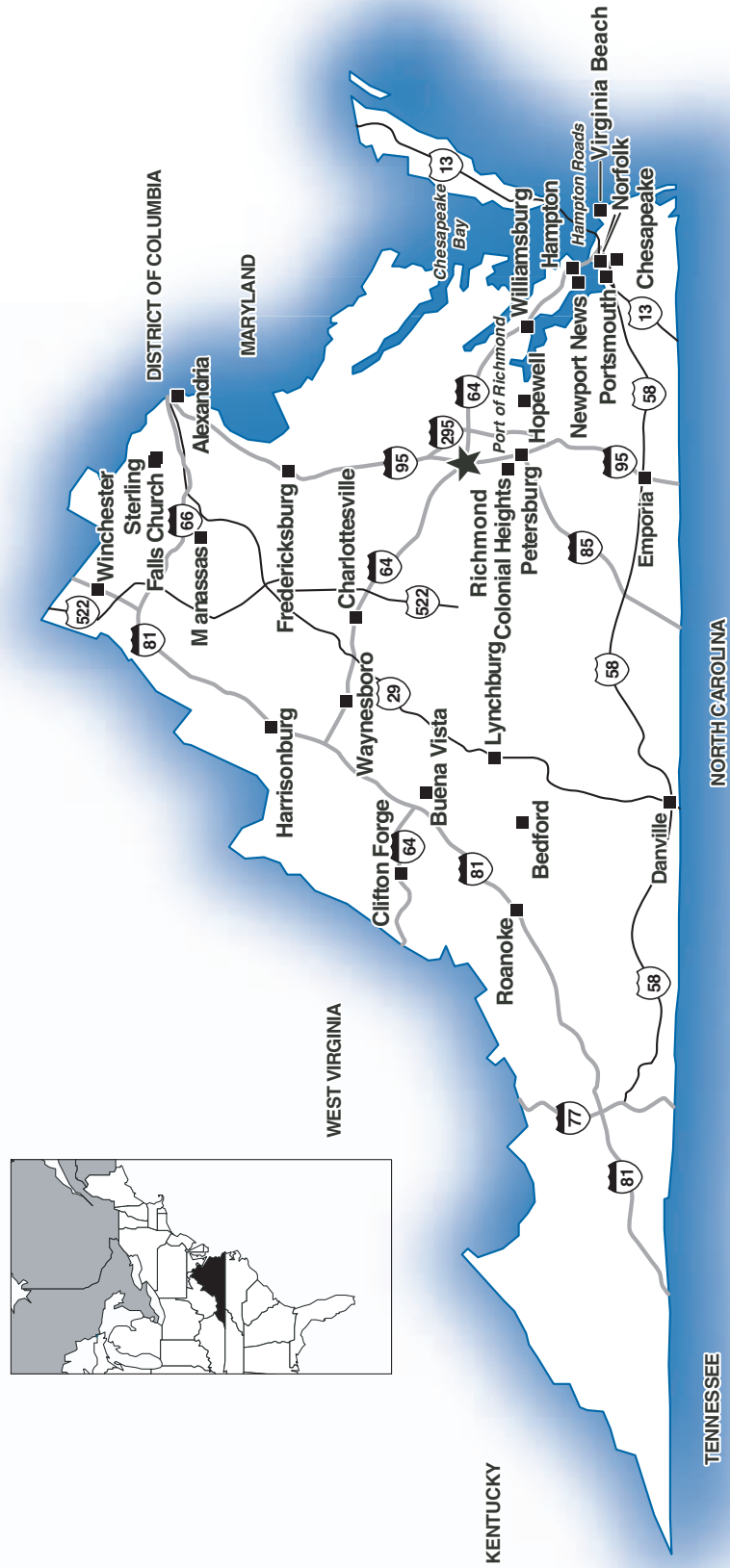


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Virginia.



Virginia Drug Threat Assessment Update

Overview

The distribution and abuse of illicit drugs pose a serious threat to Virginia. The state has a well-developed transportation infrastructure that includes two major north-south interstate highways (Interstates 81 and 95), five international airports, two international seaports, and various forms of public transportation. Although a significant amount of the illicit drugs available in the state are transported overland from New York City or southwestern states, some drugs are transported from other domestic and various foreign locations. Private and rental vehicles are the primary conveyances used to transport illicit drugs into and through Virginia. Commercial vehicles; couriers aboard buses, passenger railcars, and commercial aircraft; and package delivery services also are used to transport illicit drugs into the state.

Cocaine poses one of the most significant drug threats to Virginia because it is readily available, often abused, and violent crime is more frequently associated with the distribution and abuse

of crack cocaine than with any other illicit drug. Marijuana is the most widely available and abused illicit drug in Virginia. Low cost, high purity South American heroin poses a serious threat to the state because abuse and availability levels are high, particularly in urban areas. The production, distribution, and abuse of methamphetamine pose a low but increasing threat to Virginia. The availability and abuse of other dangerous drugs, principally diverted pharmaceuticals, MDMA, and PCP, pose a significant drug threat to the state, although the threat is less severe than that associated with cocaine, marijuana, and heroin.

Cocaine

Treatment and mortality data indicate that cocaine, both powdered and crack, poses one of the most significant drug threats to Virginia. According to data from the Treatment Episode Data Set (TEDS), there were 3,891 powdered and crack cocaine-related admissions to publicly funded treatment facilities in Virginia in 2002, an

increase from 3,539 in 2001. Cocaine also is a factor in a significant number of drug deaths in Virginia. The Office of the Chief Medical Examiner for Virginia reported that 202 of the 1,137 drug deaths in the state in 2002 involved cocaine, a substantial increase from 152 in 2001. In spite of these increases, data from the 1999 and 2000 National Household Survey on Drug Abuse (NHSDA) indicate that 1.5 percent of Virginia residents reported having abused cocaine at least once in the year prior to the survey, compared to 1.6 percent nationwide.

Cocaine is readily available in Virginia. Forty-three of the 47 law enforcement respondents to the National Drug Intelligence Center (NDIC) National Drug Threat Survey (NDTS) 2002 in Virginia reported that the availability of cocaine was high or medium in their jurisdictions. This ready availability also is exemplified by the large number of cocaine seizures, arrests, and sentences in the state. According to Federal-wide Drug Seizure System (FDSS) data, federal law enforcement officials in Virginia seized 86.3 kilograms of cocaine in 2002. The Virginia State Police made 5,298 cocaine-related arrests in 2000 and 5,732 in 2001, more than for any other drug except marijuana. U.S. Sentencing Commission (USSC) data indicate that the percentage of drug-related federal sentences that were cocaine-related in Virginia (68%) was higher than the national percentage (43%) in fiscal year (FY) 2001.

Cocaine prices in Virginia vary depending on location of sale and amount sold. According to the Drug Enforcement Administration (DEA) Washington Division, a kilogram of powdered cocaine sold for \$21,000 in Roanoke, \$25,000 to \$30,000 in Richmond, and \$31,000 in Norfolk in the fourth quarter of FY2002. A gram of powdered cocaine sold for \$100 in Norfolk during that period. In Richmond a kilogram of crack sold for \$25,000 and a rock for \$20 in the fourth quarter of FY2002.

New York City-based Dominican and Colombian drug trafficking organizations (DTOs) and criminal groups are the primary transporters of powdered cocaine into Virginia.

However, Mexican criminal groups increasingly are transporting powdered cocaine into the state, particularly into southern Virginia and the Shenandoah Valley region. Powdered cocaine typically is transported into Virginia from New York City via private and rental vehicles; however, it also is transported from Philadelphia, Miami, Atlanta, Los Angeles, and North Carolina using similar conveyances. Tractor-trailers; couriers aboard buses, passenger railcars, and commercial aircraft; and package delivery services also are used to transport cocaine into Virginia from many of these locations.

Various ethnic criminal groups and local independent dealers distribute powdered and crack cocaine at the wholesale level in Virginia. African American, Asian, Dominican, Haitian, Jamaican, and Mexican criminal groups as well as local independent dealers distribute wholesale quantities of cocaine in the state. These groups and dealers as well as various local African American and Hispanic gangs are the dominant retail-level distributors of both powdered and crack cocaine in Virginia. Most of the crack available in the state is converted from powdered cocaine locally as needed. Cocaine distributed at the retail level typically is packaged in small plastic bags or vials; however, crack also is sold as rocks. Powdered cocaine and crack cocaine usually are distributed from open-air markets, private residences, and bars.

Crack cocaine is the drug most often associated with violent crime in Virginia. According to law enforcement officials, retail-level crack distributors often commit violent acts to protect turf.

Marijuana

Marijuana is the most widely abused illicit drug in Virginia. According to TEDS data, there were 4,677 marijuana-related admissions to publicly funded treatment facilities in Virginia in 2002, more than for any other illicit drug and an increase from 3,781 in 2001. According to the 1999 and 2000 NHSDA, 4.1 percent of Virginia residents reported having abused marijuana at least

once in the month prior to the survey; this is statistically comparable to 4.8 percent nationwide.

Marijuana is more widely available than any other illicit drug in Virginia. Forty-five of the 47 law enforcement respondents to the NDTs 2002 in Virginia reported that the availability of marijuana was high or medium in their jurisdictions. The Virginia State Police made 14,248 marijuana-related arrests in 2001—57 percent of all drug-related arrests in the state. Despite this, in FY2001 marijuana accounted for only 16 percent of drug-related federal sentences in Virginia, significantly lower than the nationwide rate of 33 percent, according to USSC data.

Marijuana, both commercial- and high-grade, is available in virtually all areas of the state. In Richmond and Roanoke commercial-grade marijuana sold for \$700 to \$1,000 per pound and \$100 per ounce in the third and fourth quarters of FY2002, according to the DEA Washington Division. In Norfolk commercial-grade marijuana sold for \$650 to \$1,000 per pound and \$100 per ounce in the third quarter of FY2002 but increased to \$1,000 to \$1,200 per pound and \$140 per ounce in the fourth quarter of FY2002. Prices for high-grade marijuana were not available.

Cannabis cultivation in Virginia is widespread. Forty-four of the 47 law enforcement respondents to the NDTs 2002 in Virginia reported that cannabis is cultivated indoors and outdoors in their jurisdictions. Hydroponic grow operations, in which cannabis plants are grown without soil but with liquid nutrients, also were identified in the state. Twenty-four of those respondents reported that cannabis is cultivated using all three methods. According to DEA Domestic Cannabis Eradication/Suppression Program data, federal, state, and local law enforcement officials in Virginia eradicated 13,279 cannabis plants from outdoor cultivation sites and 2,891 cannabis plants from indoor cultivation sites in 2001.

Most of the marijuana available in Virginia is transported from southwestern states. Jamaican criminal groups are the primary transporters of marijuana into the state. Mexican criminal groups based in North Carolina also transport marijuana

into Virginia, most frequently to the central and western parts of the state. Further, local independent dealers of various ethnic backgrounds transport marijuana into the state, although to a lesser extent. Marijuana typically is transported via private vehicles and package delivery services. Additional quantities of marijuana are transported into the state via commercial vehicles and couriers aboard commercial aircraft, buses, and trains.

Local independent dealers and criminal groups, primarily Jamaicans and Mexicans, are the principal wholesale- and retail-level marijuana distributors in Virginia. Retail quantities of marijuana usually are packaged in plastic bags or sold as joints and distributed primarily from private residences as well as from bars, nightclubs, and on college campuses.

Heroin

Heroin poses a serious drug threat to Virginia. According to TEDS data, there were 1,635 heroin-related admissions to publicly funded treatment facilities in Virginia in 2002, an increase from 1,314 in 2001. Heroin also is a factor in a significant number of deaths in the state. The Office of the Chief Medical Examiner for Virginia reported that 250 of the 1,137 drug deaths in the state in 2002 involved heroin, a slight increase from 243 in 2001.

Heroin from all major source areas (South America, Southeast Asia, Southwest Asia, and Mexico) is available to varying degrees in Virginia. South American heroin is most prevalent, while Southwest Asian heroin is available to a lesser extent. Southeast Asian heroin, Mexican black tar heroin, and Mexican brown powdered heroin are available only occasionally in the state.

Heroin is readily available in urban areas such as Alexandria, Norfolk, Richmond, and Roanoke and is sporadically available in the rural areas of the state. Twenty-two of the 47 law enforcement respondents to the NDTs 2002 in Virginia reported that the availability of heroin was high or medium in their jurisdictions. According to FDSS data, federal law enforcement officials in Virginia seized 5.3 kilograms of heroin in 2002. The Virginia State

Police made 663 heroin-related arrests in 2001, an increase from 635 in 2000. USSC data indicate that the percentage of drug-related federal sentences that were related to heroin in Virginia (8%) was comparable to the national percentage (7%) in FY2001.

Heroin prices vary widely depending on the location. A bag of heroin sold for \$10 in Norfolk and \$20 to \$30 in Roanoke in the fourth quarter of FY2002. Data regarding kilogram prices for heroin were not available.

New York City-based Dominican and Colombian DTOs and criminal groups are the primary transporters of South American heroin into Virginia. These DTOs and criminal groups typically transport heroin from New York City into Virginia via private and rental vehicles. African American criminal groups and various local independent dealers also transport heroin into the state using similar conveyances, often traveling to Philadelphia, Baltimore, Miami, and Los Angeles, among other cities, to purchase heroin for local distribution in Virginia. South American heroin sometimes is smuggled into the state from domestic and foreign locations via commercial aircraft.

West African and Middle Eastern criminal groups are the primary transporters of Southwest Asian heroin into Virginia. These groups usually transport heroin from domestic locations such as Baltimore into Virginia using couriers aboard buses, passenger railcars, and commercial aircraft or via package delivery services. West African criminal groups also transport Southeast Asian heroin into Virginia via couriers on commercial aircraft and package delivery services. Mexican brown powdered heroin and Mexican black tar heroin available in Virginia typically are transported into the state from southwestern states and North Carolina by Mexican criminal groups.

Dominican and African American criminal groups are the dominant wholesale and midlevel distributors of South American heroin in Virginia. West African and Middle Eastern criminal groups are the dominant wholesale-level distributors of Southwest Asian heroin. Wholesale distribution

of Southeast Asian and Mexican brown powdered and black tar heroin is extremely limited in Virginia.

African American, Caucasian, and Hispanic criminal groups, as well as local independent dealers of various ethnic backgrounds, distribute retail quantities of South American, Southwest Asian, and Southeast Asian heroin in Virginia. Mexican criminal groups distribute retail quantities of brown powdered heroin and black tar heroin in the state. Retail quantities of heroin generally are packaged in vials in Norfolk, in stamped bags in Northern Virginia, and in envelopes made of waxed paper or aluminum foil in other areas of the state. Heroin primarily is sold at open-air drug markets or in low-income housing areas as well as from private residences, nightclubs, and bars.

Methamphetamine

Methamphetamine poses a low but increasing threat to Virginia. According to TEDS data, there were 184 amphetamine-related admissions to publicly funded treatment facilities in Virginia in 2002, an increase from 119 in 2001. The Office of the Chief Medical Examiner for Virginia reported that 5 of the 1,137 drug deaths in the state in 2002 involved methamphetamine. There were no deaths related to methamphetamine in 2001.

Methamphetamine increasingly is available in Virginia. Twenty-one of the 47 law enforcement respondents to the NDTs 2002 in Virginia reported that the availability of methamphetamine was medium or high in their jurisdictions—19 respondents indicated that the availability of methamphetamine was increasing. According to FDSS data, federal law enforcement officials in Virginia seized 18.6 kilograms of methamphetamine in 2002. The Virginia State Police made 193 amphetamine- or methamphetamine-related arrests in 2001. USSC data indicate that the percentage of drug-related federal sentences that were methamphetamine-related in Virginia (5%) was significantly lower than the percentage nationwide (14%). There were more methamphetamine-related federal sentences in the U.S. Attorney Western District (31) than in the Eastern District (8).

Wholesale and midlevel methamphetamine prices vary throughout Virginia and depend upon various factors including quantity sold and location of sale. The DEA Washington Division reported that methamphetamine sold for \$10,000 to \$17,000 per pound and \$800 to \$1,600 per ounce in Virginia during the fourth quarter of FY2002. Prices generally were lowest per pound in the Richmond area and highest per pound in the Roanoke area. Retail prices for methamphetamine were comparable across the state, generally averaging \$100 per gram.

Federal, state, and local law enforcement officials occasionally seize methamphetamine laboratories in Virginia. There were five methamphetamine laboratories seized in the state in 2001 and four in 2002 according to the DEA El Paso Intelligence Center. Most of these laboratories were capable of producing only 2 to 3 ounces of methamphetamine per production cycle.

Mexican criminal groups based primarily in the Shenandoah Valley region are the primary transporters of methamphetamine into Virginia; they also serve as the primary wholesale-level distributors. These groups usually transport methamphetamine from southwestern states and North Carolina into Virginia using package delivery services, private vehicles, and couriers aboard commercial aircraft. Outlaw motorcycle gangs such as Pagan's and Warlocks transport smaller quantities of methamphetamine from California into the state via private vehicles. Low-income, blue-collar, Caucasian independent dealers who also abuse methamphetamine are the primary retail-level distributors of the drug in the state. These individuals usually sell methamphetamine at college campuses, raves, and nightclubs.

Other Dangerous Drugs

The availability and abuse of other dangerous drugs (ODDs), principally diverted pharmaceuticals, MDMA and, to a lesser extent, PCP pose a significant drug threat to Virginia. Local independent dealers and abusers typically distribute diverted pharmaceuticals from private

residences and bars. Teenagers and young adults distribute and abuse MDMA at nightclubs and on college campuses. Although PCP is primarily a street drug, it has become increasingly available at raves and nightclubs.

Diverted Pharmaceuticals. Pharmaceutical diversion and abuse pose a significant drug threat to Virginia. Oxycodone (OxyContin and Percocet) and hydrocodone (Vicodin) are the most commonly diverted and abused pharmaceuticals in the state, although abuse has decreased. The Office of the Chief Medical Examiner for Virginia reported that deaths related to oxycodone decreased from 100 in 2001 to 89 in 2002, and deaths related to hydrocodone decreased from 95 to 90 during the same time. Valium, Xanax, and Ritalin increasingly are diverted and abused. Diverted pharmaceuticals are obtained through prescription fraud, improper prescribing practices by physicians, and doctor shopping (visiting more than one physician in order to obtain multiple prescriptions). Diverted OxyContin sold for \$20 per 40-milligram tablet and approximately \$28 per 80-milligram tablet in Roanoke in the fourth quarter of FY2002, according to the DEA Washington Division. Prices for other diverted pharmaceuticals were not available.

MDMA. Also known as ecstasy, MDMA (3,4-methylenedioxymethamphetamine) is the most readily available and frequently abused club drug in Virginia. Thirty-nine of the 47 law enforcement respondents to the NDTs 2002 in Virginia reported that the availability of MDMA was high or medium in their jurisdictions. The Office of the Chief Medical Examiner for Virginia reported that 6 of the 1,137 drug deaths in the state in 2002 involved MDMA, an increase from 2 in 2001. Teenagers and young adults are the primary abusers of MDMA in Virginia. The DEA Washington Division reports increased MDMA abuse in areas of Northern Virginia, Richmond, Roanoke, and Winchester.

Dominican and Asian criminal groups are the primary transporters and wholesale-level distributors of MDMA in Virginia. Dominican and Asian criminal groups increasingly are transporting

MDMA from New York, Philadelphia, Orlando, and Miami into Virginia via private and rental vehicles. Israeli and Russian criminal groups also smuggle MDMA into Virginia, often transporting the drug via couriers aboard commercial aircraft directly into the state from foreign source areas such as the Netherlands and Belgium. They also are the primary distributors of the drug. Further, some military personnel assigned overseas have been arrested for attempting to smuggle MDMA into Virginia, according to the DEA Washington Division.

MDMA abusers, typically teenagers and young adults, are the primary retail-level distributors of the drug in Virginia. These abusers usually distribute MDMA at raves and nightclubs. Street gangs and local independent dealers of various ethnic backgrounds also distribute MDMA, often at the same venues where cocaine is sold. The DEA Washington Division reported that wholesale quantities of MDMA sold for \$6 to \$15 per tablet in the Norfolk area and \$8 to \$18 in the Richmond area. Retail quantities of MDMA sold for \$15 to \$20 per tablet in the Roanoke area and \$20 to \$25 in the Norfolk and Richmond areas in the fourth quarter of FY2002.

There has been limited MDMA production in the state. In April 2002 a man and his girlfriend pleaded guilty to producing MDMA in a laboratory located at his home in Chesapeake.

PCP. The hallucinogen PCP (phencyclidine), also known as angel dust, ozone, and rocket fuel, is available and abused in Virginia. Although it is primarily a street drug, state and local law enforcement officials report that PCP has become increasingly available at raves and nightclubs. According to TEDS data, PCP-related treatment admissions to publicly funded facilities in Virginia more than tripled from 17 in 2001 to 59 in 2002. The Office of the Chief Medical Examiner for Virginia reported that 8 of the 1,137 drug deaths in the state in 2002 involved PCP, an increase from 2 in 2001. African American and

Caucasian individuals are the primary abusers of PCP in the state.

African American independent dealers are the primary transporters and wholesale-level distributors of PCP in Virginia. PCP usually is transported into the state from sources in California via package delivery services.

African American gangs and local independent dealers of various ethnic backgrounds are the primary retail-level distributors of PCP. The drug typically is abused by dipping marijuana or tobacco cigarettes in liquid PCP. These cigarettes, known as dippers, sold for \$25 each in the Richmond area in the fourth quarter of FY2002, according to the DEA Washington Division. PCP sold for \$300 per liquid ounce during that period.

Outlook

Cocaine will remain a significant drug threat to Virginia since it is readily available, frequently abused, and the distribution and abuse of crack more frequently are associated with violent crime than any other illicit drug. Dominican and Colombian DTOs and criminal groups currently are the primary transporters of cocaine into Virginia and will likely remain so in the near future. However, Mexican criminal groups increasingly are transporting powdered cocaine into southern Virginia and the Shenandoah Valley region, and it is likely that their influence will spread to other areas of the state. Various ethnic criminal groups, local independent dealers, and street gangs will continue to distribute cocaine in the state.

Marijuana will remain the most widely available and abused illicit drug in Virginia. Cannabis will continue to be cultivated in the state; however, marijuana transported from southwestern states by Jamaican and Mexican criminal groups will remain more prevalent due to established sources of supply, multiple transportation routes, and well-established distribution networks.

Heroin, particularly South American heroin, will continue to pose a serious drug threat to Virginia. Heroin transportation or distribution patterns will not change significantly in the next several years, as Dominican and Colombian DTOs and criminal groups likely will remain the primary transporters of South American heroin into Virginia. Dominican and African American criminal groups will continue to dominate wholesale and midlevel distribution of South American heroin. African American, Caucasian, and Hispanic criminal groups and local independent dealers of various ethnic backgrounds will continue to distribute retail quantities of the drug in Virginia.

The threat posed by methamphetamine most likely will continue to increase in Virginia. Laboratory seizure, treatment, mortality, and survey data all will increase as methamphetamine availability and abuse continue to rise.

Diverted pharmaceuticals and MDMA will continue to pose significant drug threats to Virginia; however, the threats posed by these drugs will remain lower than those posed by cocaine, marijuana, and heroin. The availability and abuse of PCP will continue to increase in the state, particularly in Northern Virginia where drug markets often mirror abuse and distribution patterns in Washington, D.C.

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Sources

State

Virginia Department of Health
Office of the Chief Medical Examiner

Virginia State Police

National

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

U.S. Department of Justice
Drug Enforcement Administration
Domestic Cannabis Eradication/Suppression Program
El Paso Intelligence Center
Federal-wide Drug Seizure System
Washington Division

U.S. Sentencing Commission

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