

National Drug Threat Assessment



2005

National Drug Intelligence Center
U.S. Department of Justice





National Drug Threat Assessment 2005

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From the Director:

The trafficking and abuse of illicit drugs pose a significant threat to the citizens of the United States and wide-ranging challenges to law enforcement and drug treatment personnel. To effectively address the threat, policymakers require timely and accurate intelligence regarding national and regional drug trends for use in developing tailored counterdrug strategies. Therefore, I am pleased to present the *National Drug Threat Assessment 2005*. This annual report provides policymakers and law enforcement personnel with information necessary to help formulate counterdrug policy, establish law enforcement priorities, and allocate resources.

The National Drug Intelligence Center produces the National Drug Threat Assessment in partnership with federal, state, and local agencies. To accurately and reliably depict the domestic drug situation, the report merges foreign and domestic counterdrug information on domestic drug trends. The most recently available reporting from law enforcement and intelligence agencies is integrated with the most current data from public health agencies regarding national substance abuse indicators. This year's report draws on information from more than 3,400 state and local law enforcement agencies that responded to our National Drug Threat Survey 2004 as well as thousands of personal interviews with law enforcement and public health officials.

My thanks to all participating agencies and organizations whose contributions have made the *National Drug Threat Assessment 2005* possible. Their continued assistance has been invaluable.

Martin W. Pracht
January 2005

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National Drug Threat Assessment 2005



Executive Summary

The abuse of illicit drugs such as cocaine, methamphetamine, marijuana, heroin, and MDMA as well as diverted pharmaceuticals inflicts tremendous damage on society, particularly on the millions of families that have a member struggling with illicit drug dependence or addiction. According to Department of Health and Human Services data, nearly 35 million persons aged 12 or older used an illicit drug within the past year, and approximately 3.8 million were dependent on or abusers of illicit drugs in 2003, the latest year for which such data are available. Health and Human Services data also show that the number of drug treatment admissions to publicly funded treatment facilities in 2002 reached their highest recorded level at nearly 1.1 million.

The public resources consumed in addressing illicit drug trafficking and abuse are substantial. In 2003 nearly \$11.4 billion was allocated by the federal government for drug education, incarceration, intelligence, interdiction, and treatment. Although budgets vary greatly at the state and local levels, many state governments and local municipalities commit significant portions of their annual budgets to counterdrug programs. For example, the budgets of California and New York combined commit nearly \$1.1 billion annually to alcohol and substance abuse treatment and prevention programs.

Cities and towns across the country, including the Primary Market Areas identified in this report (see Figure 1 on page xiii), face multifaceted challenges such as high levels of drug distribution to and from their areas, high levels of local drug consumption, widespread drug-related violence and property crime, widespread drug production, and myriad other attendant issues such as drug-related child endangerment or neglect, environmental damage, and money laundering. In many areas, however, the principal concern of communities with respect to drug trafficking is the transportation of large quantities of illicit drugs to their areas. Regardless of a city's location or the leading drug-related concerns in a particular area, virtually all communities in the country are adversely affected by the flow of illegal drugs from foreign source areas into the United States, particularly via the Southwest Border.

Overall Key Findings

- Mexican criminal groups exert more influence over drug trafficking in the United States than any other group. Mexican criminal groups smuggle most of the cocaine available in domestic drug markets into the country. Moreover, Mexican criminal groups produce and subsequently smuggle into the country much of the heroin, marijuana, and methamphetamine available in U.S. drug markets. Mexican criminal groups also produce large amounts of marijuana and methamphetamine within the United States for domestic distribution. Mexican criminal groups are the predominant transporters and wholesale distributors of cocaine and methamphetamine in most regions of the country; they are the predominant transporters and wholesale distributors of heroin in western regions of the country; and they are very prominent transporters and wholesale distributors of marijuana throughout the country.
- Mexican drug trafficking organizations (DTOs) appear to be gaining control of a larger percentage of the cocaine smuggled into the United States. The estimated percentage of cocaine smuggled into the United States via the Mexico–Central America corridor increased sharply from 72 percent in 2002 to 77 percent in 2003, and preliminary data indicate that the percentage may be higher than 90 percent for 2004. Nearly all of the cocaine transported through the Mexico–Central America corridor ultimately is smuggled across the U.S.–Mexico border by Mexican criminal groups for subsequent distribution in the United States.
- Domestic drug markets appear to be increasingly supplied with methamphetamine produced in methamphetamine superlabs in Mexico.
- Production and distribution of ice methamphetamine—a higher purity, more addictive form of methamphetamine—by Mexican criminal groups have increased sharply over the past 2 years in many drug markets.
- Colombian DTOs are increasingly relying on Mexican DTOs and criminal groups to transport South American heroin to the United States much as they rely on Mexican DTOs to transport cocaine.
- The threat posed to the United States by the illegal diversion and abuse of prescription drugs has increased sharply since the mid-1990s and is now among the leading drug threats to the country.
- Law enforcement reporting indicates that transportation of bulk currency out of the United States—primarily overland across the U.S.–Mexico border—is the principal form of money laundering by DTOs.

Cocaine. Interagency estimates indicate that worldwide cocaine production has decreased sharply and that cocaine seizures have increased sharply since 2001; however, such trends have not yet resulted in decreased availability of the drug in domestic drug markets. Since 1999, rates of use for cocaine have trended downward overall among adolescents, have increased overall among college students, and have fluctuated among young adults. Nevertheless, demand for the drug remains higher than for all other illicit drugs except marijuana.

Cocaine smuggled into the United States from South America is increasingly transported via Mexico and across the Texas–Mexico border. The Primary Market Areas for cocaine include Atlanta, Chicago, Houston, Los Angeles, Miami, and New York.

Methamphetamine. According to law enforcement reporting and statistical drug availability indicators, methamphetamine availability increased over the past year, most notably in the Northeast Region. The increase in availability nationwide appears to be fueled primarily by increased production of both powder and ice methamphetamine in Mexico. Despite increased availability, however, rates of past year use for powder methamphetamine appear to have trended downward overall since 1999 for all age groups.

Methamphetamine distributed and available in the United States is increasingly smuggled from Mexico across the Southwest Border, particularly at or between land ports of entry in Arizona. Despite the increased seizures in Arizona, Federal-wide Drug Seizure System data show that the

amount of methamphetamine seized in California continues to exceed that of any other state. The Primary Market Areas for methamphetamine include Los Angeles, Phoenix, San Diego, and the San Francisco Bay Area.

Marijuana. Marijuana is readily available throughout the country, and higher potency marijuana became more prevalent over the period 1994 through 2002. Domestic marijuana production appears to be increasing in part because of large-scale marijuana production by U.S.-based Mexican criminal groups within the United States. Despite rising marijuana production and already wide availability of the drug, rates of past year use for marijuana have trended downward among most age groups—particularly adolescents—since the late 1990s.

Mexican marijuana is the principal type of foreign-produced marijuana available in the United States, and therefore most foreign-produced marijuana smuggled into the United States crosses the Southwest Border. The Primary Market Areas for marijuana include Chicago, Dallas, Houston, Los Angeles, Miami, New York, Phoenix/Tucson, San Diego, and Seattle.

Heroin. Significant increases in potential worldwide heroin production in 2002, 2003, and 2004 do not appear to have affected the overall availability of the drug in the United States. Law enforcement reporting as well as statistical data indicate that heroin availability is stable overall and that South American and Mexican heroin remain the most prevalent types, although the overall market share of Southwest Asian heroin may be increasing in the United States relative to other heroin types. Rates of past year use for heroin appear to be relatively stable.

A wide range of criminal groups smuggle heroin into the United States through various entry points; however, the smuggling of South American heroin across the Southwest Border through or between land ports of entry in Texas appears to have increased significantly in 2003. Primary Market Areas for heroin include Chicago, Los Angeles, and New York.

MDMA. The availability of MDMA has decreased significantly nationwide. Moreover, national-level drug demand data show that rates of past year use for MDMA peaked for most age groups in 2001 and have declined significantly since. There is no indication that foreign production has increased over the past year, and domestic production of MDMA remains very limited.

Most MDMA is smuggled into the United States from Europe primarily by Israeli and Russian criminal groups; however, the involvement of Asian criminal groups in MDMA smuggling and wholesale distribution in the country has increased sharply over the past 2 years. The Primary Market Areas for MDMA include Los Angeles, Miami, and New York.

Pharmaceuticals. The availability of pharmaceuticals has increased since the late 1990s when legitimate commercial production and disbursements of many pharmaceuticals, particularly prescription narcotics, increased sharply, making more of the drugs available for illegal diversion. Most pharmaceuticals abused in the United States are illegally diverted through forged prescriptions, doctor shopping, and theft; however, law enforcement agencies report that illegal diversion of prescription drugs via the Internet, often through Internet-based pharmacies, has increased sharply since the mid- to late 1990s. Rates of abuse for prescription drugs appear to be stabilizing at high levels after increasing sharply since the early to mid-1990s.

Other Dangerous Drugs. The trafficking and abuse of other dangerous drugs such as GHB, ketamine, LSD, and PCP pose a moderate threat to the country. GHB has become a particular concern to law enforcement and public health agencies because of increasing availability of the drug, sharp increases in GHB-related emergency department mentions since the mid-1990s, and the use of GHB in the commission of drug-facilitated sexual assault. Ketamine also is used in the commission of drug-facilitated sexual assault; however, rates of past year use for ketamine are trending downward among adolescents and young adults, as are emergency department mentions for the drug. Law enforcement reporting as

well as statistical data indicate that LSD availability is decreasing and that rates of past year use for LSD have decreased sharply to very low levels. PCP availability is limited primarily to metropolitan areas, and rates of past year use for the drug have decreased to very low levels since 2000.

Inhalants. Inhalants are chemical vapors that produce mind-altering effects when users inhale them by sniffing or snorting. These chemical vapors are found in more than 1,000 household products that are available and intended for legitimate uses. The abuse of inhalants poses a comparatively low threat to the country; however, the percentage of persons reporting past year inhalant use is relatively high, and inhalant abuse is most prevalent among adolescents. The widespread availability, easy accessibility, and low cost of these commonly abused products are of concern to law enforcement and public health agencies.

Steroids. Although steroids are legally prescribed to treat specific medical conditions they are often abused to enhance athletic performance and to improve physical appearance. Individuals who abuse steroids may take doses that are 10 to 100 times higher than those used for medical conditions, possibly resulting in serious physical and emotional maladies. Data regarding the extent of steroid abuse in the United States is limited. Available data indicate that past year steroid use has fluctuated but increased overall since the mid-1990s among adolescents, while the perception of risk and disapproval of steroid use among adolescents has declined over the past decade.

Money Laundering. The Office of National Drug Control Policy estimates that the cost to society from illicit drug trafficking and abuse ranges between \$60 billion and \$108 billion each year in the United States. In 2000, the most recent year for which these data are available, annual retail-level purchases of cocaine were estimated at \$36 billion, heroin at \$10 billion, marijuana at \$11 billion, and methamphetamine at \$5.4 billion.

Colombian and Mexican drug trafficking organizations are the most prominent wholesale-level drug distributors in the United States. Their drug distribution activities span numerous cities and states throughout the country, generating billions of dollars in illicit drug proceeds annually. Those proceeds usually are transferred to Colombia and Mexico via bulk cash and monetary instruments (checks and money orders), smuggling, and money services businesses. Colombian and Mexican traffickers, among others, use traditional financial institutions, trade-based businesses, and informal value transfer systems, including the Black Market Peso Exchange, to launder illicit drug proceeds.

Southwest Border. The considerable influence of the Southwest Border on domestic drug transportation and distribution has long been understood by federal, state, and local law enforcement agencies, and current statistical data support this assertion. As is conveyed throughout this assessment, the Southwest Border area is the principal Arrival Zone for most illicit drugs smuggled into the United States as well as the predominant transit zone for the drugs' subsequent distribution throughout the country. According to El Paso Intelligence Center drug seizure data, most of the cocaine and much of the heroin, marijuana, and methamphetamine available in domestic drug markets are smuggled into the country via the Southwest Border. As expected, 2003 data from the El Paso Intelligence Center show that the amount of these drugs seized at or between land ports of entry along the Southwest Border is much greater than the amount seized at or between land ports of entry along the Northern Border (see Table 1 on page ix). Moreover, these data show that cocaine, heroin, marijuana, and methamphetamine shipments originating in states along the Southwest Border (Arizona, California, New Mexico, and Texas) are seized on domestic highways, roadways, and at airports in far greater amounts than shipments originating in any other region of the country (see Table 2 on page ix).

**Table 1. Seizures of Drugs at Ports of Entry
Southwest Border vs. Northern Border, in Kilograms, 2003**

Drug	Southwest Border	Northern Border
Cocaine	15,927.0	154.0
Heroin	291.5	0.0
Marijuana	1,173,128.0	11,183.0
Methamphetamine	1,733.0	0.2

Source: El Paso Intelligence Center.

**Table 2. Seizures of Drugs, Southwest Border States vs. All Other States
in Kilograms, 2003**

Drug	Southwest Border States	All Other States
Cocaine	4,391	1,564
Heroin	82	96
Marijuana	91,270	6,066
Methamphetamine	1,080	101

Source: El Paso Intelligence Center.

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National Drug Threat Assessment 2005



Scope and Methodology

The *National Drug Threat Assessment 2005* is a comprehensive assessment of the threat posed to the United States by the trafficking and abuse of illicit drugs. It was prepared through detailed analysis of the most recently available reporting from law enforcement, intelligence, and public health agencies. A critical component of this undertaking was information provided by more than 3,400 state and local law enforcement agencies through the National Drug Intelligence Center's National Drug Threat Survey 2004. Details on the survey methodology and survey sample are provided in Appendix A, page 145. State and local law enforcement agencies also provided information through personal interviews with National Drug Intelligence Center Field Program Specialists, a nationwide network of law enforcement professionals assembled by NDIC to promote information sharing among federal, state, and local law enforcement agencies.

This report addresses the trafficking and use of primary substances of abuse as well as the laundering of proceeds generated through illicit drug sales. Major substances of abuse are discussed in terms of their availability, demand, production and cultivation, transportation, and distribution. Primary Market Areas for each drug are identified and addressed in the report (see Figure 1 on page xiii). Primary Market Areas for cocaine, methamphetamine, heroin, and MDMA are both leading consumption areas and leading distribution centers for the drugs as determined through analysis of public health data and law enforcement reporting. Primary Market Areas for marijuana were determined based on distribution alone because rates of marijuana use are relatively high and stable in markets throughout the country.

Availability. To evaluate the availability of illicit drugs, analysts considered quantitative information on seizures, investigations, arrests, law enforcement surveys, laboratory analysis, drug purity or potency, and price. Qualitative data, such as the subjective views of individual agencies on availability and the relationship between individual drugs and crime, particularly violent crime, also were considered.

Demand. The evaluation of the domestic demand for illicit drugs was based on accepted interagency estimates and data captured in national substance abuse indicators. Quantitative and qualitative information that was evaluated include the estimated number of total users, prevalence of drug use among various age groups, emergency department information, and

admissions to treatment facilities. The differing methodologies applied by national substance abuse indicators, as well as their inherent limitations, were considered and addressed in assessing domestic drug demand. (Data from selected national substance abuse indicators are provided in Appendix B, page 155).

Production and Cultivation. To evaluate illicit drug production and cultivation, analysts considered accepted interagency estimates. Qualitative information pertaining to the presence and level of domestic and foreign activity, general trends in production or cultivation levels, involvement of organized criminal groups, toxicity and other related safety hazards, environmental effects, and associated criminal activity were also considered.

Transportation. To evaluate illicit drug transportation, analysts evaluated interagency estimates of the amounts of specific drugs destined for U.S. markets, involvement of organized criminal groups, smuggling and transportation methods, and indicators of changes in smuggling and transportation methods.

Distribution. The evaluation of illicit drug distribution was mostly qualitative. Analysts considered the extent to which specific drugs are distributed nationally, regionally, and in Primary Market Areas based on law enforcement reporting. Also considered were qualitative data pertaining to the involvement of organized criminal groups, including their involvement in wholesale, midlevel, and retail distribution.¹

National Drug Threat Survey data used in this report do not imply that there is only one drug threat per state or region or that only one drug is available per state or region. A percentage given for a state or region represents the proportion of state and local law enforcement agencies in that state or region that identified a particular drug as their greatest threat or as available at low, moderate, or high levels. This assessment breaks the country into six regions as shown in Figure 2 on page xiv. For representation of survey data by regions, see Figures 3 to 5 on pages xv, xvi, and xvii, respectively.

1. In this assessment, wholesale distribution refers to the level at which drugs are purchased directly from a source of supply and sold, typically to midlevel distributors, in pound, kilogram, or multiunit quantities. Midlevel distribution refers to the level at which drugs are purchased directly from wholesalers in pound, kilogram, or multiunit quantities and sold in smaller quantities to other midlevel distributors or to retail distributors. Retail distribution refers to the level at which drugs are sold directly to users.

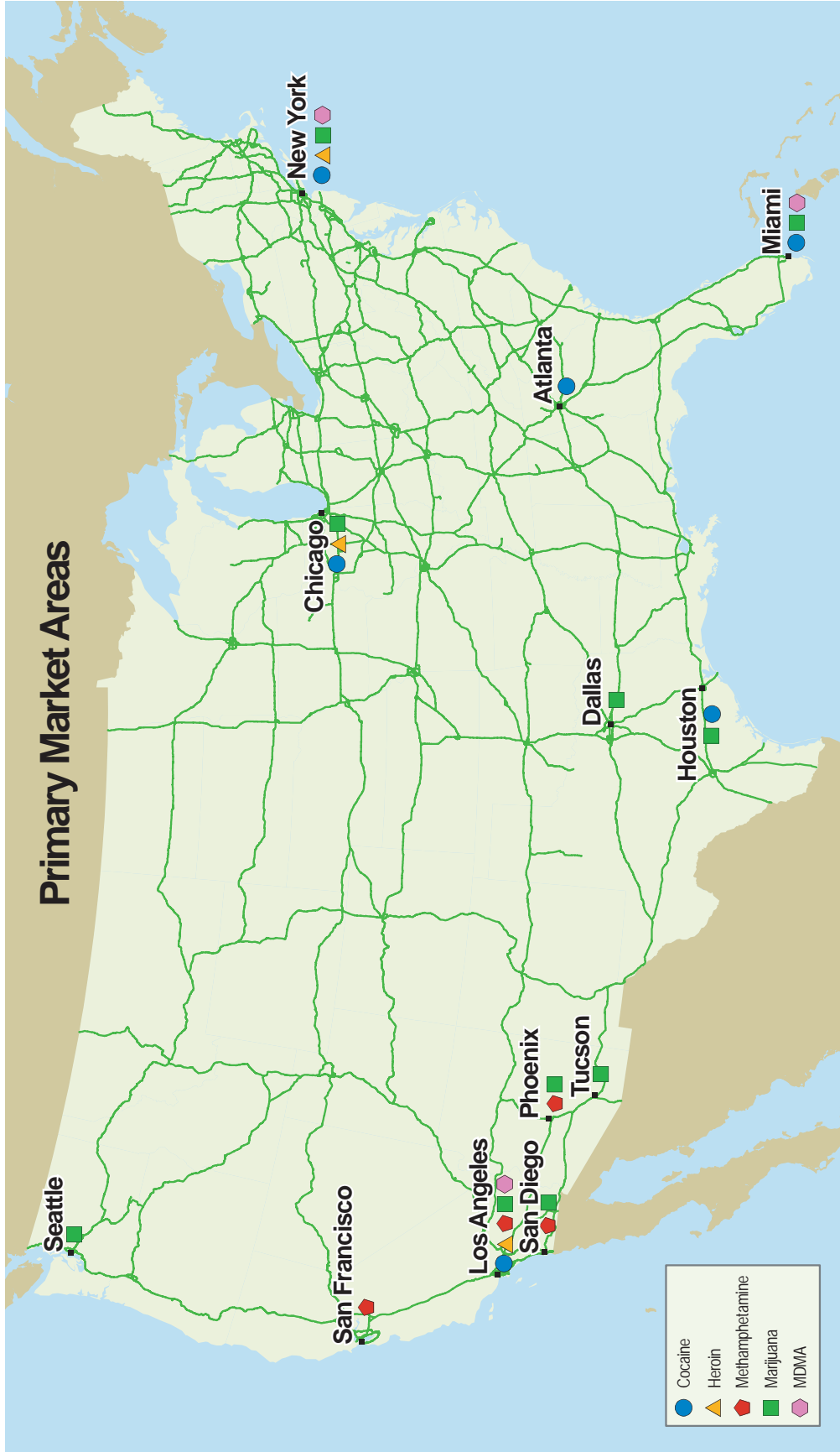


Figure 1. Primary Market Areas for cocaine, methamphetamine, heroin, and MDMA are both leading consumption areas and leading distribution centers for the drugs as determined through analysis of public health data and law enforcement reporting. Primary Market Areas for marijuana were determined based on distribution alone because rates of marijuana use are relatively high and stable in markets throughout the country.

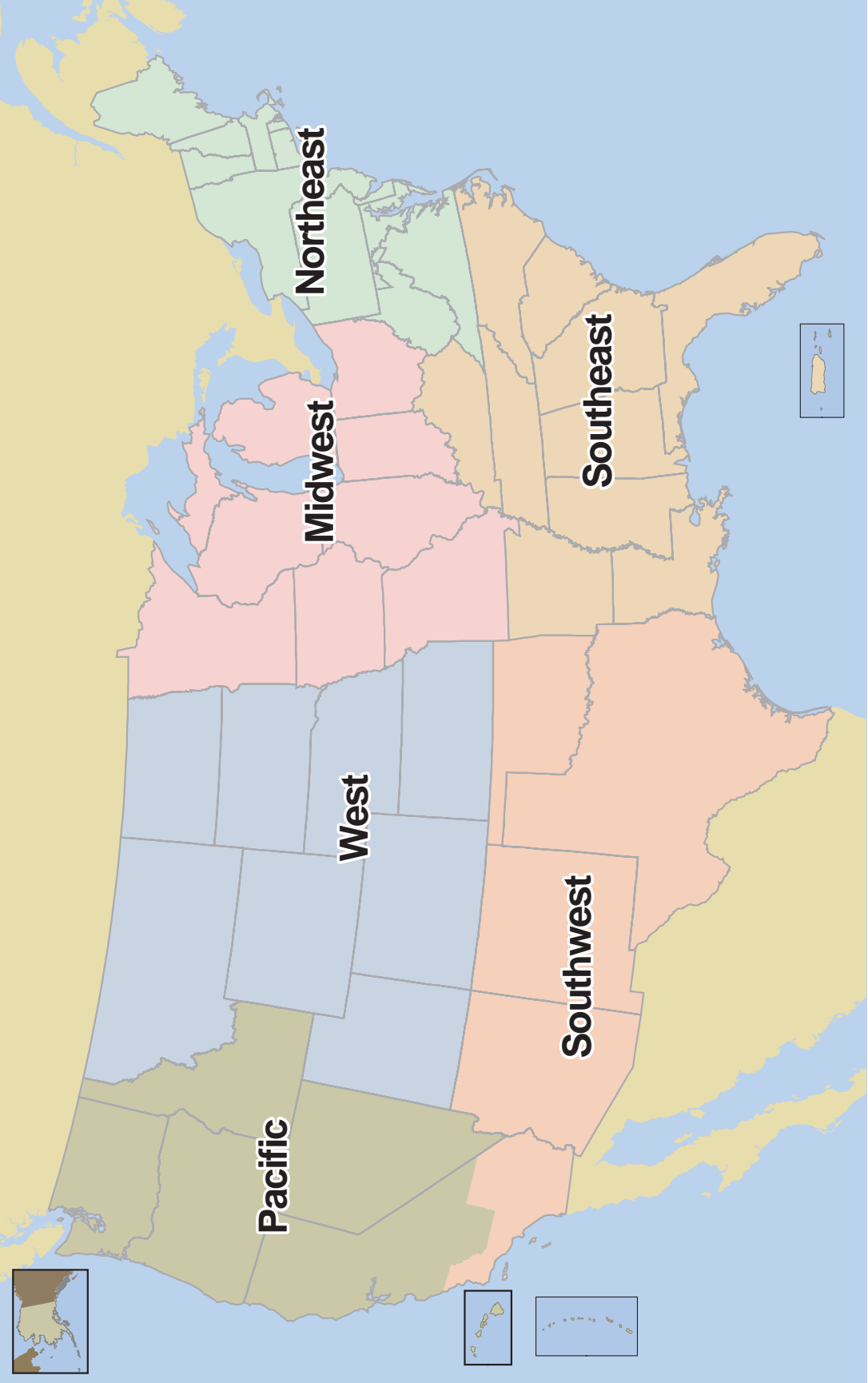


Figure 2. Six regions

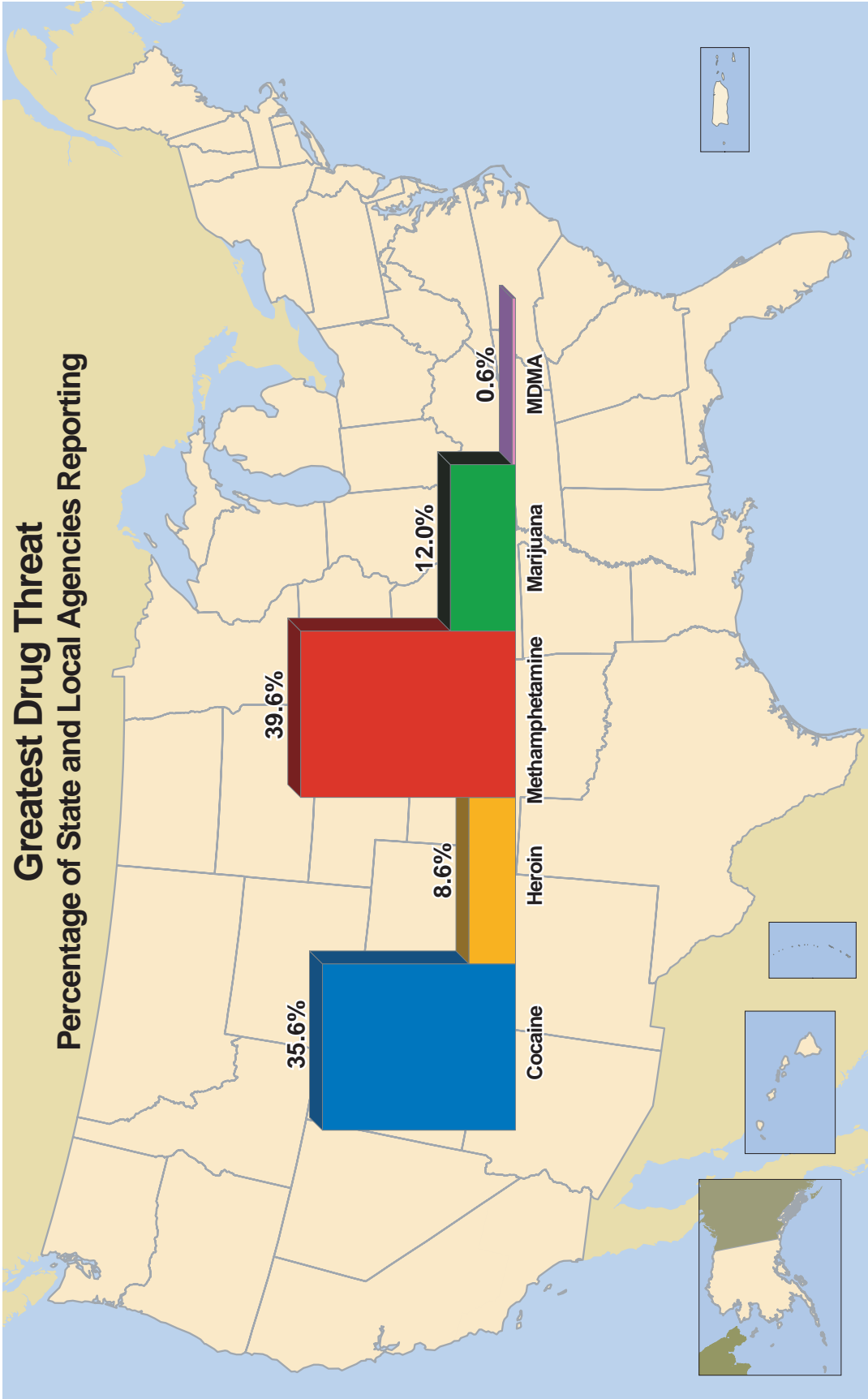


Figure 3. Percentages given represent the proportions of state and local law enforcement agencies nationwide that identified a particular drug as their greatest threat.

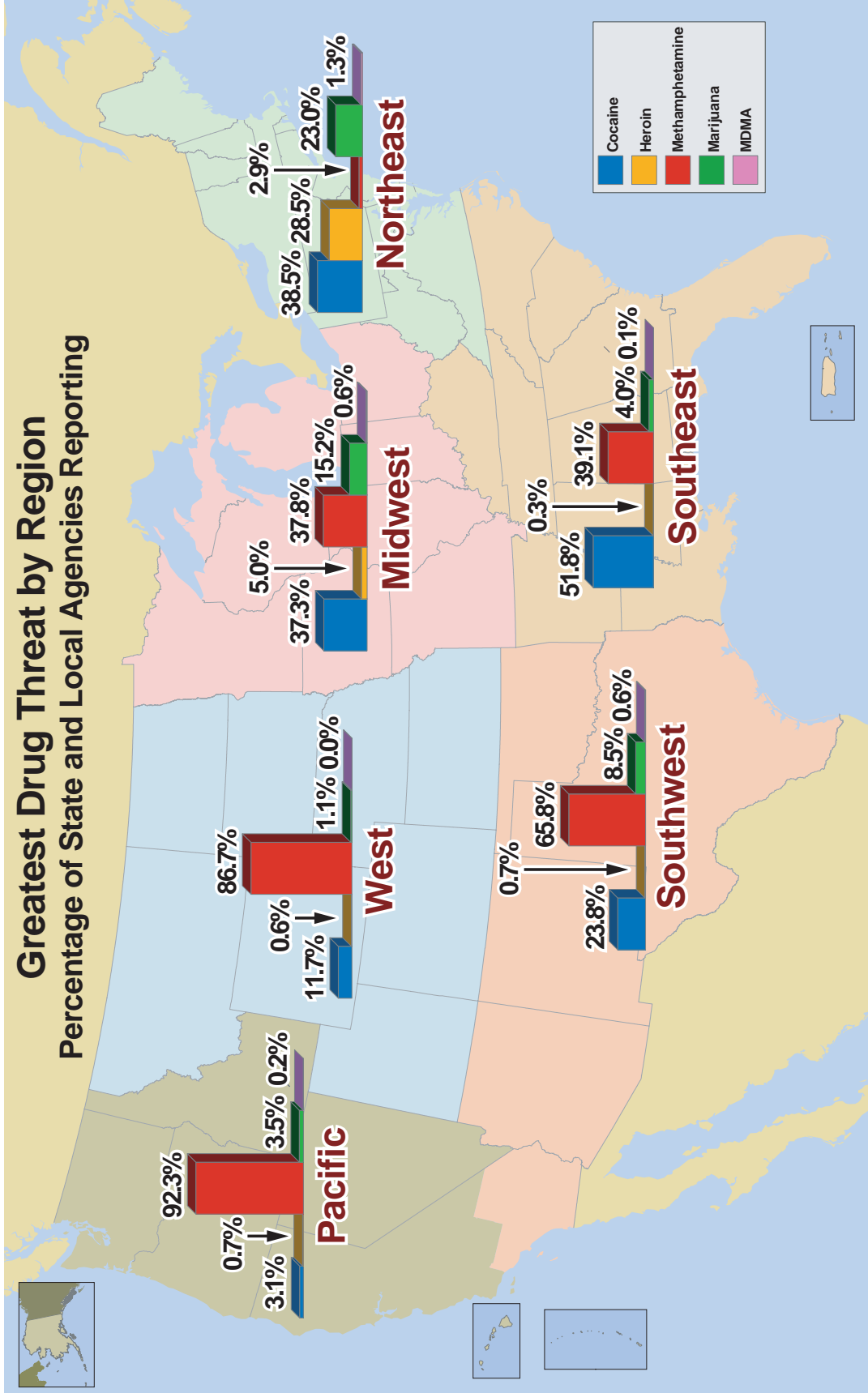


Figure 4. Percentages given represent the proportions of state and local law enforcement agencies per region that identified a particular drug as their greatest drug threat.

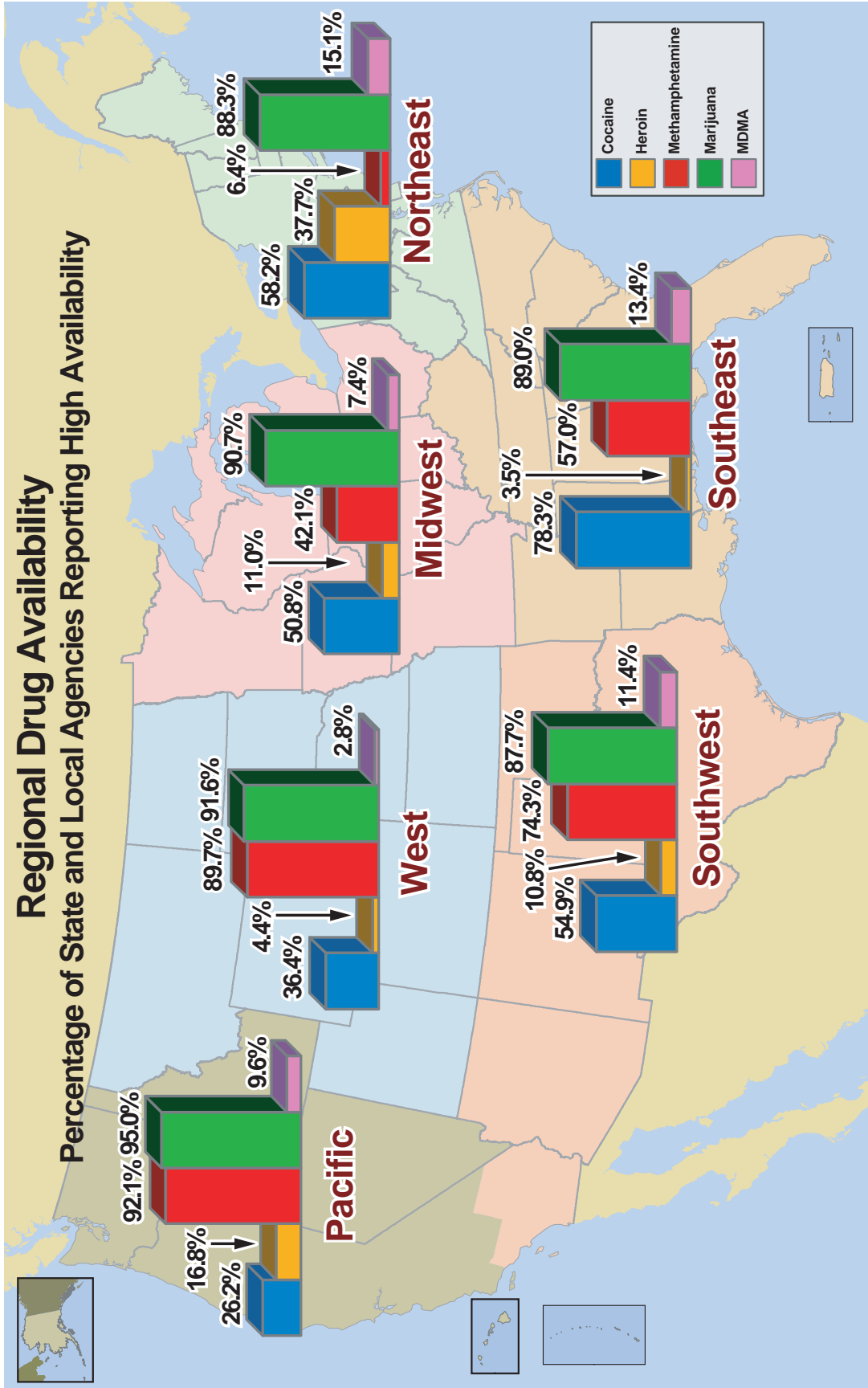


Figure 5. Percentages given represent the proportions of state and local law enforcement agencies per region that identified a particular drug as available at high levels.

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Table of Contents

Executive Summary	v
Scope and Methodology	xi
Cocaine	1
Introduction and Trends	1
Availability	2
Demand	2
Production	3
Transportation	3
Distribution	3
Availability	4
Demand	6
Predominant User Groups	6
Trends in Use	6
Perceptions of Use	8
Trends in Consequences of Use	8
Production	10
Transportation	11
Mexico–Central America Corridor	12
Caribbean Corridor	13
Direct to the Continental United States	14
In the United States	14
Distribution	14
Primary Market Areas	16
Outlook	20
Methamphetamine	21
Introduction and Trends	21
Availability	22
Demand	23
Production	23
Transportation	23
Distribution	24
Availability	24
Demand	27
Predominant User Groups	27
Trends in Use	29
Perceptions of Use	29
Trends in Consequences of Use	30
Production	30
Domestic Production	31
Foreign Production	33
Precursor Chemicals	34

Transportation	35
Routes From Foreign Source Areas	35
Routes from Domestic Source Areas	37
Distribution	37
Primary Market Areas	37
Outlook	40
Marijuana	41
Introduction and Trends	41
Availability	42
Demand	43
Production	43
Transportation	44
Distribution	44
Availability	45
Demand	47
Predominant User Groups	47
Trends in Use	48
Perceptions of Use	49
Trends in Consequences of Use	49
Production	50
Domestic Production	50
Foreign Production	52
Transportation	54
To the United States	54
In the United States	57
Distribution	58
Primary Market Areas	59
Outlook	63
Heroin	65
Introduction and Trends	65
Availability	66
Demand	67
Production	67
Transportation	67
Distribution	68
Availability	68
Demand	70
Predominant User Groups	70
Trends in Use	71
Perceptions of Use	71
Trends in Consequences of Use	72
Production	73
Transportation	75
Distribution	78
Primary Market Areas	80
Outlook	82

MDMA	83
Introduction and Trends	83
Availability	84
Demand	84
Production	84
Transportation	85
Distribution	85
Availability	85
Demand	87
Predominant User Groups	87
Trends in Use	88
Perceptions of Use	88
Trends in Consequences of Use	89
Production	89
Foreign Sources	89
Domestic Sources	90
Transportation	91
Foreign Routes	92
Distribution	94
Primary Market Areas	96
Outlook	98
Pharmaceuticals	99
Introduction	99
Demand	100
Trends in Abuse	100
Consequences of Abuse	101
Availability	102
Pharmaceutical Diversion and Distribution	102
Doctor Shopping	103
Prescription Fraud	104
Unscrupulous Physicians	104
Pharmaceutical Theft	104
Internet	105
Outlook	107
Other Dangerous Drugs	109
Introduction	109
GHB	109
Availability	110
Demand	110
Production	112
Transportation and Distribution	112
Outlook	112
Ketamine	113
Availability	113
Demand	113
Production	114

Transportation and Distribution	114
Outlook	115
LSD	115
Availability	115
Demand	116
Production	117
Transportation and Distribution	117
Outlook	118
PCP	118
Availability	118
Demand	119
Production	120
Transportation and Distribution	120
Outlook	122
Inhalants	123
Introduction	123
Demand	124
Predominant User Groups	124
Trends in Use	125
Perceptions of Use	125
Trends in Consequences of Use	126
Outlook	126
Steroids	127
Outlook	129
Money Laundering	131
Introduction	131
Bulk Cash and Monetary Instrument Smuggling	133
Money Services Businesses	136
Traditional Financial Institutions	138
Front and Shell Companies	141
Other Money Laundering Techniques	143
Outlook	144
Appendix A: National Drug Threat Survey 2004 Methodology	145
Appendix B: Selected National Substance Abuse Indicators	155
Sources	163

National Drug Threat Assessment 2005



Cocaine

Key Findings

- Key indicators of domestic cocaine availability show stable or slightly increased availability in drug markets throughout the country despite interagency estimates that indicate sharp decreases in the amount of cocaine transported toward the United States from South America in 2003. There is little interagency consensus as to the reasons for this disparity. Nevertheless, uncertainty in data such as coca cultivation, cocaine production, and domestic cocaine supply and consumption estimates likely accounts for much of the disparity. Another explanation for the disparity is a possible reduction in cocaine supplies to other world markets in order to sustain supplies in the United States; however, there are no conclusive data or reporting to support this assertion.
- Use of powder cocaine and crack has decreased overall among eighth, tenth, and twelfth graders since 1999. Powder cocaine use among adults has increased since 1999 while crack use has trended downward slightly.
- According to intelligence community estimates, potential worldwide cocaine production has decreased sharply since 2001, primarily because of a 34 percent decline in cocaine production in Colombia from 700 metric tons in 2001 to 460 metric tons in 2003.
- Cocaine seizures in Texas have increased sharply since 2001 relative to other states along the Southwest Border. Texas now appears to be the state through which most cocaine is smuggled into the United States.

Introduction and Trends

The threat posed to the United States by the trafficking and abuse of cocaine is very high. Despite significant success in reducing worldwide cocaine production and increasing cocaine seizures, cocaine remains readily available throughout the country. Moreover, the demand for cocaine remains relatively high. In fact, National Survey on Drug Use and Health (NSDUH) data indicate that more than 5.9 million persons aged 12 or older used cocaine within the past year in 2003.²

Although the threat posed by the trafficking and abuse of cocaine is high, the percentage of state and local law enforcement agencies that identify cocaine as the greatest drug threat in their areas has declined. According to National Drug

Intelligence Center (NDIC) National Drug Threat Survey (NDTS) 2004 data, 35.6 percent of state and local law enforcement agencies report that cocaine (powder or crack) was the greatest drug threat to their areas, a decrease from 37.0 percent in 2003. In fact, the proportion of state and local law enforcement agencies nationwide identifying cocaine as the greatest drug threat in 2004 was lower than the proportion identifying methamphetamine (39.6%) for the first time. Regionally, more state and local law enforcement agencies in the Southeast Region³ report that cocaine is the greatest drug threat in their areas (51.8%) than do agencies in the Northeast (38.5%), Midwest

2. The NSDUH, formerly the National Household Survey on Drug Abuse, a project of the Substance Abuse and Mental Health Services Administration (SAMHSA) since 1971, is the primary source of information on the use of illicit drugs, alcohol, and tobacco by the civilian, noninstitutionalized population in the United States.

3. Regions reported in this assessment correspond to the six regions identified in Figure 2 on page xiv.

(37.3%), Southwest (23.8%), West (11.7%), and Pacific (3.1%) Regions.⁴

Cocaine trafficking and abuse often contribute to violent and property crime, a fact that contributes to the overall threat posed by the drug. According to NDTs 2004 data, 48.4 percent of state and local law enforcement agencies identify cocaine (powder or crack) as the drug that most contributes to violent crime in their areas, higher than any other drug including methamphetamine (34.2%). Moreover, a higher percentage of agencies (40.6%) identify cocaine as the drug that most contributes to property crime in their areas than identify any other drug including methamphetamine (32.7%).

The potential adverse effects of cocaine use are well-established but, among many individuals, attitudes regarding the risks attendant to cocaine use have relaxed. According to the National Institute on Drug Abuse (NIDA), cocaine use may lead to psychological maladies such as irritability, restlessness, and paranoia as well as severe physical conditions including heart attacks, respiratory failure, bowel gangrene, and malnourishment. Nevertheless, the perceived risk associated with powder cocaine and crack use has declined overall among most measured age groups since the early 1990s. In fact, among some age groups the percentage of individuals perceiving great risk in using cocaine has decreased more than 10 percent. For example, Monitoring the Future (MTF) data show that the percentage of twelfth graders who perceive great risk in using cocaine occasionally has decreased from nearly 57.1 percent in 1992 to 46.2 percent in 2003.⁵

Availability

Despite apparent sharp decreases in the amount of cocaine transported toward the United States from South America in 2003, key indicators of domestic cocaine availability show stable or slightly increased cocaine availability in drug

markets throughout the country. According to the Interagency Assessment of Cocaine Movement (IACM), the estimated amount of cocaine successfully transported to the U.S. Arrival Zone decreased approximately 46 percent from 494 metric tons in 2002 to 265 metric tons in 2003. Nevertheless, Drug Enforcement Administration (DEA) and High Intensity Drug Trafficking Area (HIDTA) reporting indicate that cocaine remains readily available throughout the country and that availability increased slightly in some areas in 2003. No DEA Field Division or HIDTA office reports decreasing cocaine availability. State and local law enforcement agencies also indicate via the NDTs 2004 slightly increased cocaine availability overall in 2003. Moreover, DEA drug price data for 2003 indicate that wholesale cocaine prices have not increased or decreased beyond 2002 price ranges, and DEA cocaine purity data show that average wholesale cocaine purity in metropolitan areas increased 11.4 percent (70% pure to 78% pure) from 2001 through 2003.

NDIC Comment: There is little interagency consensus as to the reasons for the disparity in reporting with respect to apparent stable or increasing domestic cocaine availability despite reported decreases in cocaine production and transportation toward the United States. However, uncertainty in data such as coca cultivation, cocaine production, and domestic cocaine supply and consumption estimates likely accounts for much of the disparity. Another explanation for the disparity is a possible reduction in cocaine supplies to other world markets in order to sustain supplies in the United States; however, there are no conclusive data or reporting to support this assertion.

Demand

Rates of past year use for powder cocaine and crack have decreased among all adolescent age groups since 1999. According to MTF, rates of past year use for powder cocaine have trended

4. NDTs data do not imply that there is only one drug threat per region. A percentage given for a region represents the proportion of state and local law enforcement agencies in that region that identified a particular drug as their greatest threat.

5. MTF is an ongoing study of the behaviors, attitudes, and values of students and young adults. Funded by NIDA, MTF annually surveys eighth, tenth, and twelfth graders in public and private schools in the coterminous United States and a subsample of college students and adults from previous graduating classes who participated in the survey as seniors.

downward from 1999 to 2004 among eighth (2.3% to 1.6%), tenth (4.4% to 3.3%), and twelfth graders (5.8% to 4.7%). Similarly, rates of past year use for crack have trended downward from 1999 to 2004 among eighth (1.8% to 1.3%), tenth (2.4% to 1.7%), and twelfth graders (2.7% to 2.3%).

NDIC Comment: Declines in past year use of cocaine and crack among adolescents appear to be primarily the result of decreased rates of use among adolescent males. According to MTF, from 1999 to 2003 rates of past year cocaine use (both powder and crack) declined more sharply among eighth (2.8% to 1.9%), tenth (5.2% to 3.3%), and twelfth grade males (7.3% to 5.9%) than among eighth (2.7% to 2.3%), tenth (4.6% to 3.2%), and twelfth grade females (5.0% to 3.7%).

Production

According to intelligence community estimates, potential worldwide cocaine production has decreased sharply since 2001, primarily because of decreased cocaine production in Colombia. According to interagency estimates, potential cocaine production in the Andean region of South America (Colombia, Bolivia, and Peru) accounts for virtually all worldwide cocaine production. Potential cocaine production (100% pure) in the Andean region decreased 27.2 percent from 900 metric tons in 2001 to 655 metric tons in 2003, primarily driven by a 34.3 percent decrease in potential cocaine production in Colombia from 700 metric tons in 2001 to 460 metric tons in 2003.

NDIC Comment: Sharp decreases in potential cocaine production in Colombia are due primarily to significant increases in aerial eradication of coca in that country, as well as improved timing of coca field spraying to increase overall effectiveness. According to U.S. Embassy reporting, aerial coca eradication in Colombia increased approximately 44.4 percent from approximately 90,000 hectares in 2001 to 130,000 hectares in 2003. Moreover, expanded coca aerial eradication in Colombia has forced many coca farmers to harvest leaves early, resulting in lower coca leaf yields per coca field in areas of sustained aerial eradication.

Transportation

The percentage of cocaine seized along the Texas–Mexico border relative to all Southwest Border cocaine seizures increased sharply from 2001 to 2002 and remained stable in 2003. According to seizure data from the DEA El Paso Intelligence Center (EPIC), of the cocaine seized at ports of entry (POEs), between POEs, or at checkpoints along the Southwest Border, the percentage seized in Texas increased from 62.9 percent (12,782 of 20,309 kg) in 2001 to 71.8 percent (16,244 of 22,628 kg) in 2002, and remained stable at 71.4 percent (11,365 of 15,924 kg) in 2003.

NDIC Comment: The increased proportion of cocaine seized in Texas relative to all cocaine seized along the Southwest Border likely reflects an increase in the amount of cocaine smuggled through Texas en route to drug markets in the eastern United States. According to interagency estimates, the amount of cocaine transported from South America via the Caribbean for distribution in U.S. drug markets in the eastern half of the country decreased 9 percent, from 31 percent in 2001 to 22 percent in 2003. Moreover, since 2001 law enforcement agencies in New York and New Jersey have reported a significant increase in the amount of cocaine supplied to their areas by Mexican criminal groups transporting the drug from the Southwest Border, particularly Texas.

Distribution

Houston has emerged as a leading cocaine distribution center in the United States. According to EPIC seizure data for 2002 and 2003, more cocaine was seized on domestic highways, railways, and at airports that came from Houston (1,361 kg) than was seized coming from any other city, including Los Angeles (1,073 kg), Atlanta (682 kg), or Phoenix (504 kg). Moreover, cocaine seizure data show that wholesale quantities of cocaine are distributed from Houston to numerous significant drug markets in most regions of the country including Atlanta, Chicago, and New York.

NDIC Comment: Houston's emergence as potentially the largest cocaine distribution center in the United States likely reflects the increased role

of Texas as a transit area for cocaine destined for drug markets, particularly in the eastern United States. As previously stated, drug seizure data, intelligence reporting, and interagency cocaine flow estimates strongly indicate that cocaine smug-

gling through and between POEs in Texas has increased significantly relative to other Arrival Zone areas since 2001. The emergence of Houston as a leading distribution center for cocaine is consistent with that trend.

Availability

There are no conclusive estimates as to the total amount of cocaine available in the United States because of significant data limitations particularly with respect to production estimates, as well as seizures and consumption of the drug. However, in attempting to quantify the amount of cocaine available in the United States, the interagency Cocaine Availability Working Group estimated that approximately 255 metric tons of cocaine (100% pure) were available in 2002—a decrease from 263 metric tons of cocaine in 2001, but higher than the estimated 252 metric tons available in 2000. This estimate is derived from analysis of limited data and, as such, has a high degree of uncertainty.

Despite fluctuations in interagency estimates regarding the amount of cocaine available to domestic drug markets, law enforcement reporting and drug survey data regarding availability strongly indicate that both powder cocaine and crack were present and available in more areas in 2004 than they had been previously. Nevertheless, the increased detection of powder cocaine and crack in more areas of the country is not necessarily an indication of an increase in the total quantity of cocaine available in domestic drug markets. Rather, the increased presence of powder cocaine and crack likely is due to an increase in the number of retail drug distributors in rural and suburban areas who sell multiple drug types including powder cocaine and crack.

Law enforcement reporting indicates that powder cocaine is readily available throughout the country. In fact, every DEA Field Division and HIDTA office reports that powder cocaine is readily or widely available in its area. Most DEA Field Divisions and HIDTA offices indicate that powder cocaine availability is stable; however, two Field Divisions—Phoenix and Seattle—and two

HIDTAs—New England and Oregon—report that powder cocaine availability is increasing.

Crack, converted from powder cocaine in drug markets throughout the country, is readily available in metropolitan areas as well as in many suburban and rural areas. All DEA Field Divisions and HIDTA offices report that crack is readily or widely available in their areas, particularly in metropolitan areas, and many indicate that crack is becoming more present and available in rural areas. For example, seven Field Divisions (Boston, Caribbean, New York, Philadelphia, Seattle, St. Louis, and Washington, D.C.) indicate that crack availability is increasing in smaller communities. Moreover, five HIDTAs (Appalachia, Arizona, Central Florida, Milwaukee, and Oregon) report that crack availability has increased in their areas, particularly in rural areas.

NDTS data indicate that powder cocaine availability has increased since 2002. NDTS data show that the percentage of state and local law enforcement agencies nationwide reporting that powder cocaine availability was high or moderate in their areas increased from 76.2 percent in 2002, to 81.7 percent in 2003, and 82.0 percent in 2004. NDTS 2004 data further indicate that the proportion of state and local law enforcement agencies reporting that powder cocaine availability was low in their areas decreased from 21.6 percent in 2002, to 16.4 percent in 2003, and 16.0 percent in 2004. The proportion of agencies that report powder cocaine was not available in their areas decreased slightly from 0.5 percent in 2003 to 0.4 percent in 2004, the only years for which such data are available.

NDTS data indicate that crack has become more available over the past 3 years. NDTS data

indicate that the percentage of state and local law enforcement agencies nationwide reporting crack availability as high or moderate in their areas increased from 67.1 percent in 2002, to 75.0 percent in 2003, and 77.4 percent in 2004. The proportion of agencies that report crack availability as low in their areas decreased each of the past 3 years from 27.2 percent in 2002, to 21.9 percent in 2003, and 19.2 percent in 2004. The proportion of agencies that report that crack was not available in their areas increased slightly from 1.7 percent in 2003 to 2.0 percent in 2004, the only years for which such data are available.

Federal-wide Drug Seizure System (FDSS) data indicate that federal cocaine seizures increased sharply in 2003 after successive decreases each year since 1999; however, this increase in the amount of cocaine seized is not an indication of an increase in the amount of cocaine available nationally.⁶ According to FDSS data, the amount of cocaine seized through incidents involving federal agencies decreased steadily from 1999 through 2002 but then increased significantly in 2003 (see Figure 6). The recent increase in federal cocaine seizures appears to be driven by an increase in at-sea maritime cocaine seizures from 2002 (52,414 kg) to 2003 (62,303 kg), which were principally the result of improved maritime interdiction techniques.

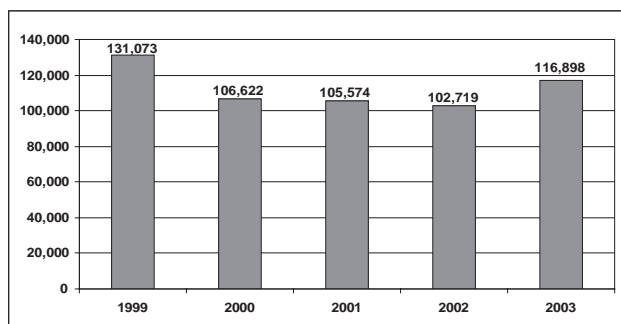


Figure 6. Federal-wide drug seizures, cocaine, in kilograms, 1999–2003.

Source: Federal-Wide Drug Seizure System.

The number of arrests made by DEA for cocaine-related offenses (both powder and crack) has decreased steadily since 2001; however, this decrease is not a strong indication of decreased cocaine availability but rather a reflection of a change in DEA investigation strategy to target fewer but higher-priority individuals. According to DEA, cocaine-related arrests declined 22.1 percent overall from 12,994 in 2001, to 11,838 in 2002, and 10,120 in 2003.

Cocaine purity appears to have increased significantly from 2001 to 2003, an indication of strong availability of the drug. According to DEA, the average wholesale (kilogram quantities) purity of cocaine in sampled metropolitan areas—Chicago, Dallas, Los Angeles, Miami, New York, and Washington, D.C.—increased from 68 percent in 2001, to 70 percent in 2002, and 78 percent in 2003. The average midlevel (ounce quantities) purity for cocaine also increased sharply from 50 to 55 to 60 percent, respectively, over that same period. Retail (gram quantities) purity for cocaine increased from 59 percent in 2001, to 62 percent in 2002, and 66 percent in 2003.

Average national prices for cocaine are not available, thereby limiting precise analysis of cocaine price trends. However, DEA illicit drug price data (reported as a price range) for the metropolitan areas of Chicago, Dallas, Los Angeles, Miami, New York, and Washington, D.C., indicate that cocaine prices have not changed significantly from 2001 through 2003. DEA drug price data show that the price range for cocaine in metropolitan areas has fluctuated only slightly from \$12,500 to \$35,000 per kilogram in 2001, to \$13,000 to \$35,000 per kilogram in 2002, and \$13,000 to \$30,000 per kilogram in 2003. The price range for midlevel quantities of cocaine has remained stable since 2001 for the low end of the range but has fluctuated for the high end—prices ranged from \$400 to \$1,550 per ounce in 2001, \$400 to \$2,000 per ounce in 2002, and \$400 to \$1,300 per ounce in 2003. Cocaine prices in metropolitan areas at

6. The FDSS contains information on drug seizures made by the DEA, Federal Bureau of Investigation (FBI), U.S. Immigration and Customs Service, U.S. Customs and Border Protection, and U.S. Coast Guard (USCG). Seizures by other federal agencies are recorded in the FDSS if custody of the drug evidence is transferred to one of those agencies listed.

the retail level have changed only slightly since 2001—prices ranged from \$20 to \$100 per gram

in both 2001 and 2002 and from \$25 to \$110 per gram in 2003.

Demand

The demand for cocaine is high relative to most other illicit drugs. According to 2003 NSDUH data, the rate of past year use for cocaine (both powder and crack) among persons aged 12 or older (2.5%) is second only to marijuana (10.6%) and is much higher than the rates of past year use for MDMA (0.9%), heroin (0.1%), and methamphetamine (0.6%).

Predominant User Groups

National drug prevalence data indicate that the rate of cocaine use is highest among younger adults. According to 2003 NSDUH data, the rates of past year use for cocaine (both powder and crack) were much higher among persons aged 18 to 25 (6.6%) than among those aged 12 to 17 (1.8%) or 26 or older (1.9%). MTF 2003 data also show higher rates of past year use for cocaine among young adults aged 19 to 28 (6.6%) than for other user groups including eighth (2.2%), tenth (3.3%), and twelfth graders (4.8%) as well as college students aged 19 to 22 (5.4%).

Males are more likely to use cocaine than are females for most age groups. According to 2003 NSDUH data, rates of past year use for cocaine (both powder and crack) among persons aged 12 or older are usually higher among males (3.4%) than among females (1.6%). MTF 2003 data show rates of past year use for cocaine (both powder and crack) is lower among male (1.9%) than female (2.3%) eighth graders. However, among all other age groups, rates of past year use for cocaine are higher among males than females. Rates of past year use for cocaine among tenth and twelfth grade males in 2003 were 3.3 and 5.9 percent, respectively, compared with tenth (3.2%) and twelfth grade females (3.7%). MTF data also show rates of past year use for cocaine are higher among males (8.2%) aged 19 to 30 than among females (5.0%).

Drug prevalence data do not indicate a significant difference in the rates of past year use for cocaine among different ethnic groups. NSDUH 2003 data show that rates of past year use for cocaine (both powder and crack) among persons aged 12 or older were slightly higher among Hispanics (3.0%) than among Blacks (2.4%) or Whites (2.5%). MTF 2003 ethnicity data—available only for eighth, tenth, and twelfth graders—are mixed. MTF data show that rates of past year use for cocaine (both powder and crack) among White students were 2.2, 3.9, and 5.6 percent among eighth, tenth, and twelfth graders, respectively, compared with Hispanic eighth (3.8%), tenth (6.1%), and twelfth graders (4.9%) and Black eighth (0.9%), tenth (0.9%), and twelfth graders (1.1%).

The proportion of individuals in large metropolitan areas who use cocaine appears to be much larger than the proportion of individuals in rural areas who use cocaine. NSDUH 2003 data show that past year rates of use for cocaine (both powder and crack) among persons aged 12 or older is much higher among those in Large Metropolitan areas (2.7%) than among those in Completely Rural areas (0.9%). MTF 2003 data show that past year use of cocaine (both powder and crack) among adults aged 19 to 30 is much higher among those in a Very Large City (7.7%) than in Farm/Country areas (4.4%). Comparative data for students show lower use in more populated areas. According to MTF 2003 data, 1.7, 2.5, and 3.8 percent of eighth, tenth, and twelfth graders in Large MSAs (Metropolitan Statistical Areas) report past year cocaine use compared with 2.7, 4.6, and 4.6 percent in Non-MSAs.

Trends in Use

Cocaine use among adults appears to be trending upward overall. MTF 2003 data show that rates of past year use for powder cocaine among

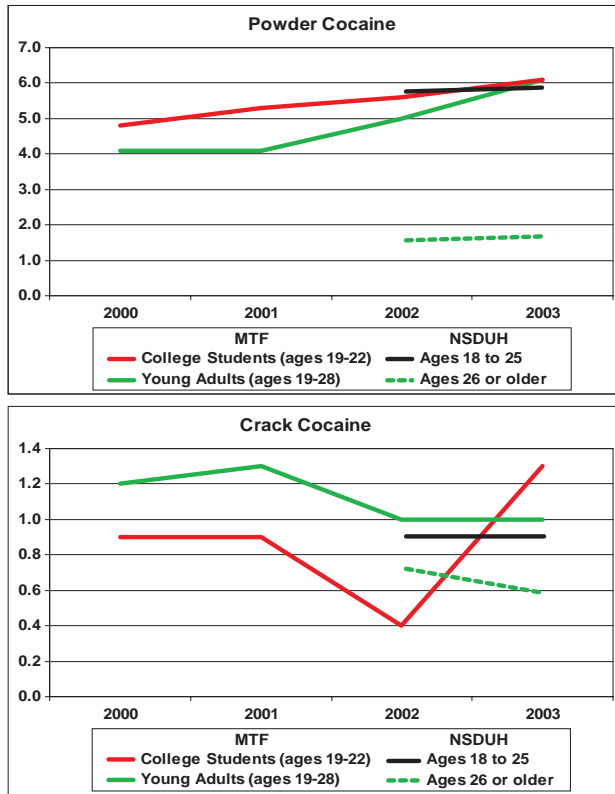


Figure 7. Adult trends in percentage of past year use of powder cocaine and crack cocaine, 2000–2003.

Source: Monitoring the Future; National Survey on Drug Use and Health.

young adults aged 19 to 28 and college students aged 19 to 22 have trended upward from 2000 through 2003, although none of the changes were statistically significant (see Figure 7). According to MTF data, past year use of crack has been relatively stable since 2000; however, the most recent increase in the rate of crack use among college students was statistically significant. Only 2 years of NSDUH data are available and, therefore, the data are not sufficient to show definitive trends. Nevertheless, NSDUH data indicate that rates of past year powder cocaine and crack use were relatively stable from 2002 to 2003 for adults aged 18 to 25 and 26 or older.

Among adolescents, rates of past year use for both powder cocaine and crack appear to have trended downward overall since 1999. MTF 2004

data show steady declines in rates of past year use for powder cocaine among eighth, tenth, and twelfth graders since relatively high rates of use in 1999, although none of the annual decreases were statistically significant (see Figure 8). MTF data

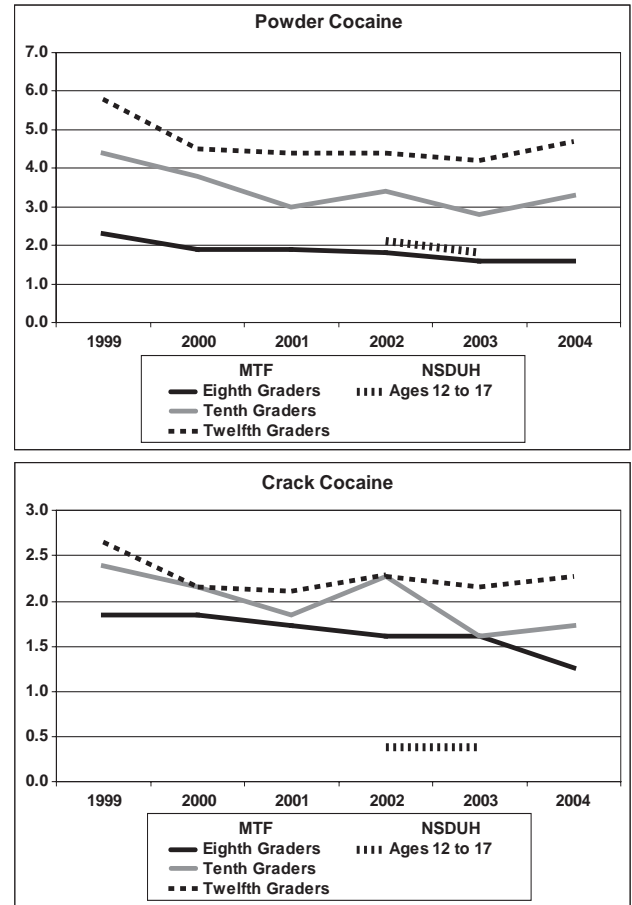


Figure 8. Adolescent trends in percentage of past year use of powder cocaine and crack cocaine, 1999–2004.

Source: Monitoring the Future; National Survey on Drug Use and Health.

show rates of past year use for crack also have declined overall among eighth, tenth, and twelfth graders since 1999. Only 2002 and 2003 NSDUH data are available and, therefore, the data are not sufficient to show definitive trends. Nevertheless, NSDUH data show that the rates of past year use for powder cocaine and crack were relatively stable from 2002 to 2003 for adolescents aged 12 to 17.

Perceptions of Use

MTF data regarding the perceived harmfulness of cocaine use often fluctuate; however, when analyzed over the period since 1992, it appears that the perceived risk in using cocaine and crack has decreased overall among adolescents and younger adults but increased among older adults (see Figure 9). Data from the Partnership Attitude Tracking Study (PATS) also show a slight decrease in the percentage of teens that perceive harm in using cocaine (see Figure 10).⁷ MTF data regarding the

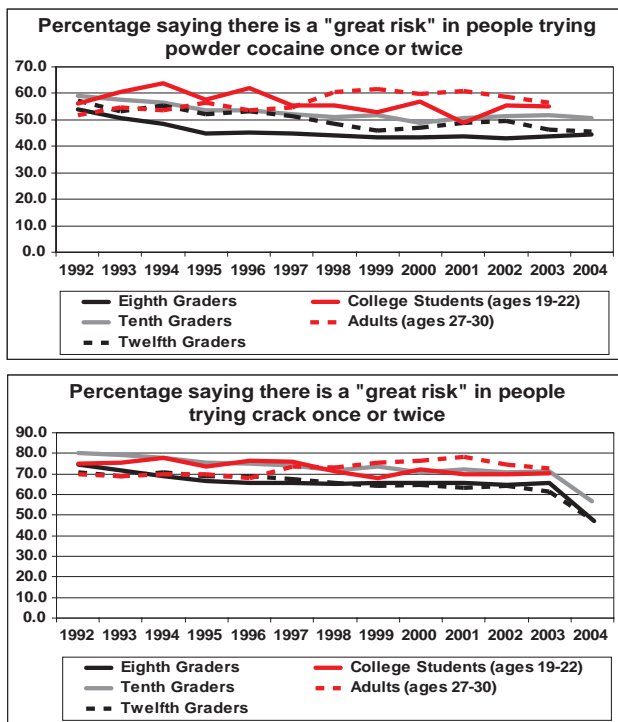


Figure 9. Trends in perceived harmfulness of cocaine, selected groups, 1992–2004.

Source: Monitoring the Future.

disapproval of people using powder cocaine and crack show a decrease in disapproval by adolescents and younger adults and an increase in disapproval among older adults since 1992 (see Figure 11 on page 9).

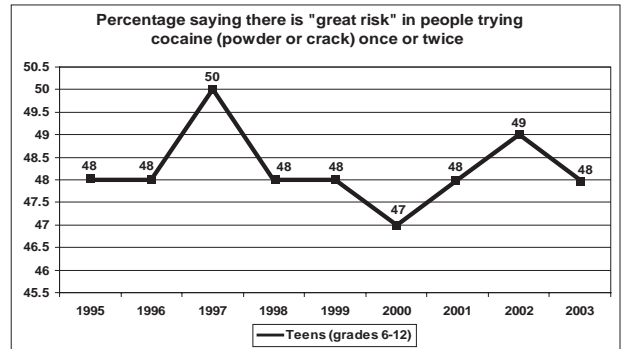


Figure 10. Trends in perceived harmfulness of cocaine, teens, 1995–2003.

Source: Partnership Attitude Tracking Study.

Trends in Consequences of Use

Data from the Drug Abuse Warning Network (DAWN) and Treatment Episode Data Set (TEDS) show opposing trends in the consequences of cocaine use since 1995.⁸ According to DAWN data, the estimated number of cocaine-related emergency department (ED) mentions increased sharply from 135,711 in 1995 to 199,198 in 2002 (see Figure 12 on page 9).

Similarly, DAWN data show a sharp increase in the rate of cocaine-related ED mentions from 58 per 100,000 population in 1995 to 78 per 100,000 population in 2002. However, TEDS data show that the number of treatment admissions for cocaine (smoked and nonsmoked) at publicly funded drug treatment facilities decreased during the same period from 272,386 in 1995 to 241,699 in 2002—the only drug type to show a decrease during that period (see Figure 13 on page 9).

7. The PATS tracks trends in drug use and drug-related attitudes that drive drug consumption trends. It is the largest ongoing research study of drug-related behaviors and attitudes of children, teens, and adults.

8. DAWN measures the consequences of drug use through hospital emergency departments. Hospitals eligible for DAWN are nonfederal, short-stay, general hospitals in the coterminous United States that have a 24-hour emergency department. DAWN ED data include information on ED episodes that are induced by or related to the use of an illegal drug or the nonmedical use of a legal drug. TEDS provides data on the demographic and substance abuse characteristics of admissions to publicly funded substance abuse treatment programs that report to individual state administrative data systems.

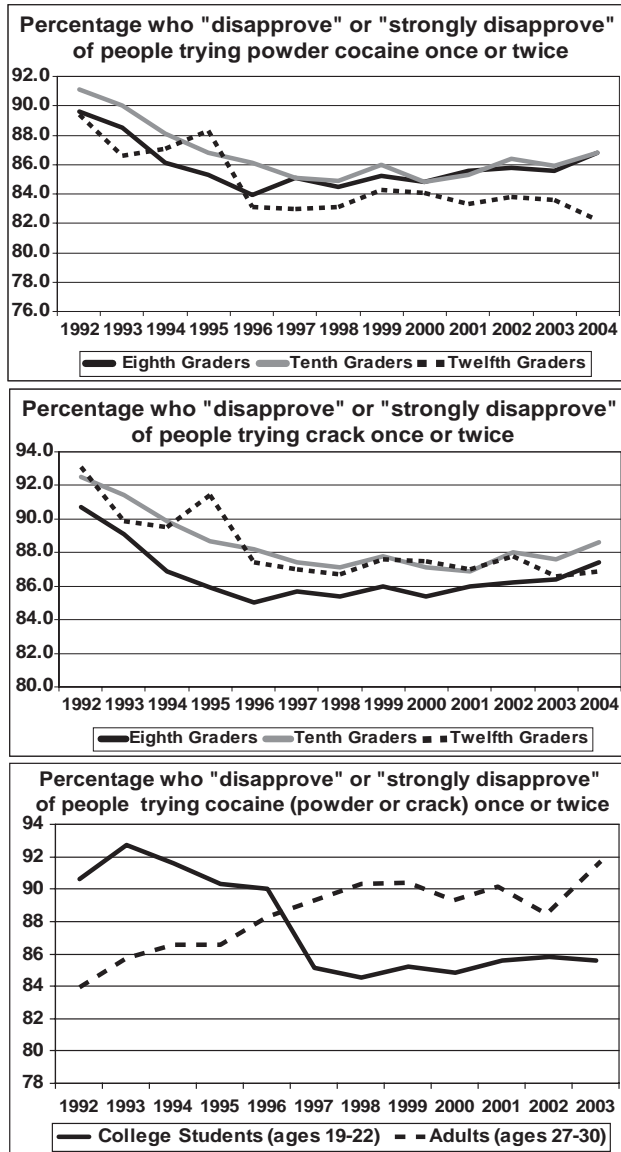


Figure 11. Trends in disapproval of cocaine use, 1992–2004.

Source: Monitoring the Future.

Arrestee Drug Abuse Monitoring (ADAM) program data for 2003 indicate that the median percentage of adult males testing positive for cocaine (30.1%) was second only to marijuana (44.1%) and was much higher than heroin (5.8%) and methamphetamine (4.7%).⁹ ADAM data also show that the median percentage of adult males reporting past year use was 13.6 percent for powder cocaine and 17.2 percent for crack.

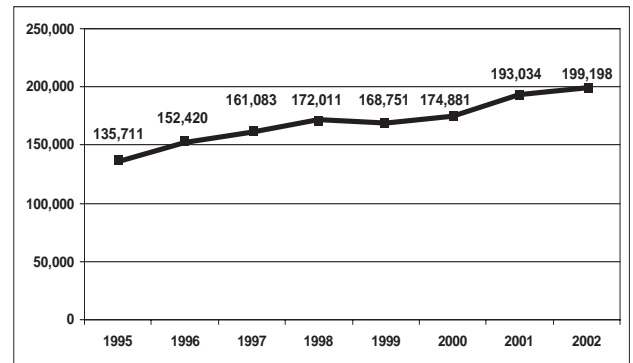


Figure 12. Cocaine-related emergency department mentions, estimated number, 1995–2002.

Source: Drug Abuse Warning Network.

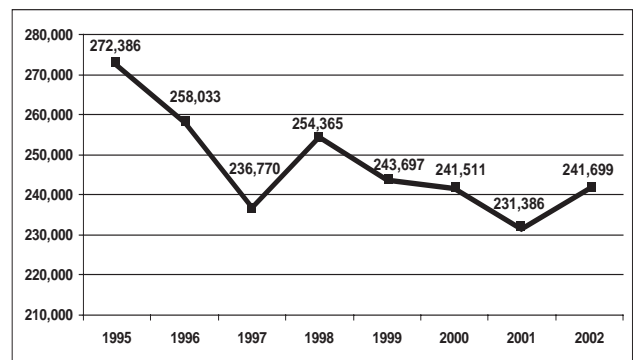


Figure 13. Cocaine-related admissions to publicly funded treatment facilities, number, 1995–2002.

Source: Treatment Episode Data Set.

9. The ADAM program measures the extent of drug use in the high-risk population of people who have been arrested. Data are collected through probability-based sampling, and information is derived from interviews and urinalysis obtained voluntarily and recorded confidentially.

Production

Virtually all cocaine available in worldwide drug markets is produced in the Andean region of South America, particularly in Colombia and, to a lesser extent, Bolivia and Peru. A very small amount of cocaine also is produced in Venezuela, Ecuador, Panama, and Brazil. Coca is cultivated by numerous independent growers who harvest coca leaves and either process the coca leaves into cocaine base in small, often remote laboratories or sell the leaves to a cocaine base-processing group. Cocaine base is then sold to processors who convert the base into finished powder cocaine (cocaine hydrochloride).

Law enforcement and intelligence estimates indicate that combined coca cultivation and cocaine production in Colombia, Bolivia, and Peru decreased sharply in 2003 to the lowest recorded level since 1986. According to interagency estimates, coca cultivation in the Andean region declined 22 percent from 2001 to 2003, and estimated cocaine production (100% pure) decreased 27 percent during that same period (see Table 3 on page 11).

Coca cultivation and cocaine production have decreased sharply in Colombia since peaking in 2001; however, cultivation and production levels remain higher in Colombia than in any other country. According to intelligence reporting, interagency estimates indicate that coca cultivation in Colombia decreased 33.0 percent from 2001 to 2003—169,800 hectares to 113,850 hectares. Similarly, estimated cocaine production (100% pure) in Colombia decreased 34.3 percent from 2001 to 2003 (700 mt to 460 mt). Despite decreased production in Colombia, intelligence reporting indicates that approximately 65.6 percent of all coca in the Andean region is cultivated

in Colombia and that approximately 70.2 percent of the cocaine produced in the Andean region is produced in Colombia.

In Peru coca cultivation and cocaine production have fluctuated since 2001 but have decreased overall. Intelligence reporting indicates that coca cultivation in Peru increased from 2001 to 2002 (34,000 ha to 36,600 ha) but decreased significantly in 2003 (31,150 ha). Cocaine production in Peru increased from 140 metric tons (100% pure) in 2001 to 155 metric tons in 2002 before declining sharply to 135 metric tons in 2003. According to interagency estimates, cocaine production in Peru accounts for approximately 20.6 percent of the cocaine produced in the Andean region. Much of the cocaine produced in Peru is destined for Brazil and other Latin America drug markets.

Coca cultivation in Bolivia has increased significantly since 2001, but cocaine production has remained stable because of a lag in maturation of newly planted coca. Interagency estimates show that the number of hectares under cultivation for coca has increased from 19,900 in 2001, to 24,400 in 2002, and 28,450 in 2003. Despite increased coca cultivation in Bolivia, potential cocaine production has remained unchanged at 60 metric tons (100% pure) annually from 2001 through 2003. However, if cultivation continues to expand and newly planted coca plants currently under cultivation mature, potential cocaine production in Bolivia may increase significantly. Nevertheless, current cocaine production estimates indicate that cocaine produced in Bolivia accounts for only 9.2 percent of the total produced in the Andean region.

Table 3. Andean Region Coca Cultivation and Potential Cocaine Production, 1999–2003

	1999	2000	2001	2002	2003
Net cultivation (hectares)	183,000	190,000	223,700	205,450	173,450
Potential cocaine production (metric tons)	730	750	900	800*	655*

Source: Crime and Narcotics Center.

* Unprecedented levels of eradication have introduced an element of uncertainty to these estimates.

The crack cocaine available in U.S. drug markets typically is converted from powder cocaine predominantly by African American and Hispanic gang members who set up their conversion operations usually in private residences near retail distribution sites in metropolitan areas.¹⁰ In fact, NDTs 2004 data show that 89.1 percent of state and local law enforcement agencies in larger cities (agencies with 75 or more full-time officers)

report crack conversion in their areas compared with 68.7 percent of all state and local law enforcement agencies. Regionally, a much higher percentage of agencies in the Southeast Region (88.8%) report crack conversion in their areas than do agencies in the Northeast (66.5%), Southwest (65.7%), Midwest (64.7%), West (47.9%), or Pacific Regions (45.8%).

Transportation

Much of the cocaine produced in Colombia and Peru is bound for the United States; however, the total amount of cocaine destined for U.S. drug markets decreased sharply in 2003. Of the 612 metric tons of export-quality cocaine detected departing South America for worldwide drug markets, approximately 422 metric tons (69.0%) departed South America moving toward the United States while only 190 metric tons (31.0%) were destined for non-U.S. markets. IACM data further indicate that the amount of export-quality cocaine detected departing South America and moving toward the United States decreased 20.6 percent from approximately 532 metric tons in 2002.

The amount of cocaine lost or seized while in transit toward the United States increased sharply in 2003, leaving significantly less cocaine available to U.S. drug markets. According to IACM, 157 metric tons of cocaine were seized while in transit toward the United States, up from 138

metric tons in 2002. Cocaine seizures within the U.S. Arrival Zone remained stable at 32 metric tons in 2002 and 2003. Combined transit and Arrival Zone cocaine seizures increased approximately 11.2 percent from 170 metric tons in 2002 to 189 metric tons in 2003. IACM data indicate that the total amount of cocaine available to U.S. drug markets decreased from approximately 362 metric tons in 2002 to approximately 233 metric tons in 2003 (see Table 4 on page 12).

Cocaine is transported from South America to the United States via the Mexico–Central America corridor and, to a lesser extent, via the Caribbean corridor. According to IACM, in 2003, 77 percent of the cocaine detected moving toward the United States likely was transported through the Mexico–Central America corridor, and 22 percent was transported through the Caribbean corridor. Only 1 percent of the cocaine was transported from South America directly to the continental United States (see Figure 14 on 12). Moreover, preliminary data

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

Table 4. Cocaine Losses in Transit Toward the United States, in Metric Tons, 2002–2003

	Departed South America Moving Toward United States	Lost or Seized in Transit Toward United States	Seized in United States Arrival Zone	Cocaine Available to United States Markets
2002	532*	138	32	362
2003	422*	157	32	233

Source: Interagency Assessment of Cocaine Movement, 2003.

* Unprecedented levels of eradication have introduced an element of uncertainty to these estimates.

show that the percentage of cocaine detected moving toward the United States through the Mexico–Central America corridor may have been higher than 90 percent in 2004.

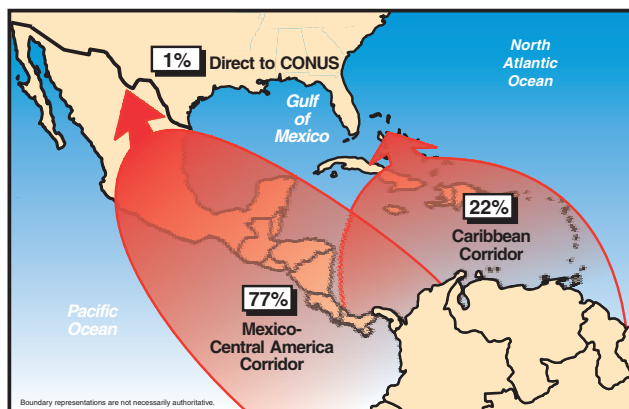


Figure 14. Cocaine flows to the United States.

Source: Interagency Assessment of Cocaine Movement, 2003.

Regardless of which transportation corridor cocaine transits en route to the United States, most cocaine initially is transported in noncommercial vessels. According to IACM, in 2003 approximately 90 percent of the cocaine detected departing South America and moving toward the United States in was transported in noncommercial maritime conveyances, particularly go-fast boats. Cocaine transporters in the eastern Pacific continue to frequently transport cocaine from South America aboard fishing vessels that rendezvous with smaller vessels that transport the cocaine to Mexico (see text box on page 13).

Mexico–Central America Corridor

Most cocaine available in the United States is transported from South America to Mexico by maritime and, to a lesser extent, air conveyances and then smuggled across the Southwest Border. According to IACM, 37 percent of the cocaine bound for the United States from South America initially is transported to Mexico via the eastern Pacific. Similarly, 37 percent of the cocaine available in the United States initially is transported from South America to Mexico via the western Caribbean. An additional 3 percent of the cocaine bound for the United States initially is transported from South America to Mexico, although the route to Mexico—eastern Pacific or western Caribbean—is unknown.

Once in Mexico, cocaine is transported to the Southwest Border by Mexican drug trafficking organizations (DTOs) and criminal groups and subsequently smuggled into the United States through or between Southwest Border POEs, particularly Texas POEs. EPIC seizure data for 2003 show that of the 12,591 kilograms of cocaine seized at or between Southwest Border POEs or at Southwest Border inland checkpoints, 8,707 kilograms (69.1%) were seized in Texas. Significantly less cocaine was seized at POEs, between POEs, or at inland checkpoints in California (2,005 kg), Arizona (1,515 kg), and New Mexico (364 kg).

Seizure data suggest that most cocaine smuggled into the United States via the Mexico–Central America corridor is smuggled through one of eight principal land POEs. Combined EPIC seizure data for 2002 and 2003 show that most cocaine is

Cocaine Seized in Eastern Pacific

U.S. Coast Guard (USCG) and U.S. Navy officials report that an interagency effort resulted in two significant seizures of cocaine in the eastern Pacific during September 2004. The first seizure was the largest cocaine seizure in USCG history and occurred on September 16. Based on intelligence from several counterdrug agencies, the U.S. Navy vessel *Curts* and its deployed USCG Law Enforcement Detachment (LEDET) team stopped and boarded the fishing vessel *Lina Maria*, 310 nautical miles east of the Galapagos Islands. The LEDET team secured the vessel and quickly located a hidden access plate that led to a ballast tank. After removing the plate and gaining access to the ballast tank, the LEDET team found 600 bales of cocaine weighing approximately 31,537 pounds. The second seizure occurred on September 23, 2004, 600 nautical miles southwest of the Galapagos Islands; a USCG LEDET team deployed on the U.S. Navy vessel *Crommelin* boarded the fishing vessel *San Jose* and discovered 24,860 pounds of cocaine buried under fish and ice in the vessel's fish hold. According to USCG officials, it was the third largest cocaine seizure in USCG history. Ten Colombian crewmen from the *Lina Maria* and eight Colombian crewmen from the *San Jose* were arrested and charged with conspiring to possess with intent to distribute cocaine. They were returned to Tampa (FL) and will be prosecuted under the auspices of "Operation Panama Express." Operation Panama Express is an ongoing Tampa-based Organized Crime Drug Enforcement Task Force (OCDETF) investigation that is headed by the Office of the U.S. Attorney for the Middle District of Florida and involves personnel from USCG, DEA, FBI, U.S. Immigration and Customs Enforcement (ICE), Joint Interagency Task Force, U.S. Marshals Service, U.S. Department of the Treasury, U.S. Department of Justice, Colombian National Police, and the Colombian Navy.

Source: U.S. Coast Guard.

seized at land POEs at El Paso (2,613 kg) and Laredo (TX) (2,271 kg); Nogales (AZ) (1,835 kg); Calexico (CA) (1,546 kg); Pharr (TX) (1,420 kg); San Ysidro (CA) (1,351 kg); Del Rio (TX) (1,255 kg); and Hidalgo (TX) (1,012 kg).

A significant amount of cocaine also is smuggled between Southwest Border POEs, particularly in Texas; however, there are relatively few seizures because of the great difficulty in monitoring the vast, remote areas between POEs. EPIC cocaine seizure data indicate that 21 combined seizure events between Southwest Border POEs in 2002 and 2003 totaled 799 kilograms, representing only 2.0 percent of the cocaine seized along the Southwest Border during that period. Of the 799 kilograms of cocaine seized between POEs along the Southwest Border, 392 kilograms (49.1%) were seized between POEs in Texas—more than in Arizona (279 kg), California (68 kg), or New Mexico (59 kg).

Cocaine is transported from the Southwest Border, particularly through the principal cocaine POEs, to cocaine Primary Market Areas throughout the country.

Caribbean Corridor

Approximately 22 percent of the cocaine available in the United States is transported from South America through the Caribbean to maritime POEs in the United States, particularly in southeastern states. According to IACM, of the cocaine shipments that were detected departing South America moving toward the United States via the Caribbean, most departed South America on vectors that indicated transit via either Jamaica (7% of the 22%) or Haiti/Dominican Republic (7% of the 22%). Cocaine shipments also were detected moving toward the United States on vectors that indicated transit via Puerto Rico/U.S. Virgin Islands (4% of the 22%) and Aruba/Lesser Antilles (3% of the 22%). An additional 1 percent of cocaine shipments were detected moving toward the United States via the Caribbean, although the areas through which the cocaine transited were undetermined.

Most of the cocaine that is transported to the United States via the Caribbean corridor is smuggled into the country through maritime POEs in

southeastern states, particularly maritime POEs in Florida. According to EPIC seizure data, of 8,665 kilograms of cocaine seized from commercial vessels at POEs in 2002 and 2003, approximately 85.5 percent (7,408 kg) was seized at POEs in southeastern states. Moreover, approximately 79.6 percent (6,903 kg of 8,665 kg) of the cocaine seized from commercial vessels at maritime POEs was seized at POEs in Florida.

The principal POEs for cocaine transported to the continental United States via the Caribbean corridor include Miami, Fort Lauderdale and, to a lesser extent, New Orleans, although cocaine is smuggled into several other maritime POEs as well. EPIC seizure data for 2002 and 2003 show that a much greater amount of cocaine was seized from commercial vessels at the Miami (4,690 kg) and Fort Lauderdale (1,879 kg) POEs than at any other POE. A significant amount of cocaine (352 kg) also was seized from commercial vessels at the New Orleans POE in 2002 and 2003. Cocaine is seized from commercial vessels that transited the Caribbean corridor at other maritime POEs such as Galveston, Houston, Key West, Philadelphia, Savannah, Tampa, and particularly at POEs in New York and New Jersey. Cocaine seizures from commercial vessels at maritime POEs in New York and New Jersey totaled 615 kilograms in 2002 and 2003.

Cocaine is transported primarily by private and commercial vehicles through the Miami, Fort Lauderdale, and New Orleans POEs to cocaine Primary Market Areas in the eastern half of the country.

Direct to the Continental United States

Relatively little cocaine is smuggled from South America directly to maritime and air POEs

Distribution

Powder cocaine and crack are distributed in every region of the country and the market for the drugs is strong; however, whereas powder cocaine is distributed widely in most areas, crack distribution occurs primarily in metropolitan

in the continental United States. According to IACM, only 1 percent of the cocaine detected departing South America toward the United States is transported directly to the continental United States via commercial vessels, mail services, or passengers on commercial flights.

In the United States

Powder cocaine is transported within the United States primarily in private and commercial vehicles but also via mail services and by couriers on commercial flights, buses, and trains. According to EPIC seizure data for 2002 and 2003, law enforcement agencies reported 1,293 cocaine seizure events from private vehicles totaling 14,324 kilograms. Law enforcement agencies report 87 seizure events from commercial vehicles totaling 6,497 kilograms during the same period. EPIC data for 2002 and 2003 show 427 combined seizure events reported by law enforcement agencies from mail facilities, commercial airports, bus terminals, and train stations; however, the total amount of cocaine seized (4,065 kg) is significantly less than seizures from private and commercial vehicles.

Crack typically is not transported over long distances because of harsher legal penalties associated with crack possession; however, law enforcement agencies occasionally seize crack from private and commercial vehicles as well as from mail facilities and couriers at domestic airports, bus terminals, and train stations. Combined EPIC seizure data for 2002 and 2003 show that law enforcement agencies reported 192 crack seizure events totaling 54 kilograms from private and commercial vehicles, mail facilities, and couriers at domestic airports, bus terminals, and train stations.

areas. Every DEA Field Division and HIDTA office reports that powder cocaine is distributed widely throughout its area and that crack is distributed widely in urban areas. However, seven DEA Field Divisions (New England, Caribbean,

Seizure of 459 Kilograms of Cocaine in Queens

On June 16, 2004, officials from the Queens County District Attorney's Office and the New York City Police Department (NYPD) announced that the execution of three search warrants on June 14, 2004, resulted in the arrest of one individual and the seizure of 459 kilograms of cocaine and approximately \$290,000. The arrest and seizures were the culmination of a 6-month investigation focusing on Colombian nationals importing and distributing cocaine and heroin in the Queens area. During the investigation, surveillance enabled NYPD investigators to arrest an individual in possession of approximately \$100,000 allegedly derived from illicit drug sales. Information obtained from the individual's arrest led investigators to obtain three search warrants. The first search warrant was executed at a warehouse that was being used to store and repackage drugs in the Maspeth section of Queens. Police seized 458 kilograms of cocaine in brick form and approximately \$70,000 at this location. The second search warrant yielded 1 kilogram of cocaine and one loaded firearm. While executing the third search warrant, police seized approximately \$120,000 and one loaded assault rifle. The arrested individual was charged with criminal possession of a controlled substance in the first degree, money laundering in the second degree, and criminal possession of a weapon in the fourth degree.

Source: Queens County District Attorney's Office; New York City Police Department.

New York, Philadelphia, Seattle, St. Louis, and Washington, D.C.) and five HIDTA offices (Appalachia, Central Valley, Milwaukee, Oregon, and Arizona) report that crack distribution is increasing in their areas, particularly in smaller communities and rural areas.

Mexican, Colombian and, to a lesser extent, Dominican criminal groups control most wholesale cocaine distribution in the United States, although other groups also distribute significant wholesale amounts of cocaine. DEA and HIDTA reporting indicate that Mexican criminal groups control most wholesale cocaine distribution in the Pacific, Southwest, and West Regions and in most areas of the Midwest and Southeast Regions of the country. Colombian criminal groups control most wholesale cocaine distribution in the Northeast Region. Colombian criminal groups also control most wholesale cocaine distribution in Miami and San Juan (PR), and they control some wholesale cocaine distribution in Houston, Dallas, Los Angeles, and New Orleans. Dominican wholesale cocaine distributors are very prominent in the Northeast Region and, according to law enforcement reporting, control most wholesale cocaine distribution in Philadelphia and Washington, D.C. Dominican criminal groups also control much of the wholesale cocaine distribution in cities outside

the Northeast Region including Atlanta, Cleveland, Detroit, Houston, Milwaukee, and San Juan. Other criminal groups such as Jamaican, Haitian, and Puerto Rican criminal groups control some wholesale distribution in large cities, particularly in the Southeast Region, while independent, often Caucasian, cocaine wholesale distributors supply midlevel distributors in most areas.

Mexican, Dominican and, to a lesser extent, Colombian criminal groups control much of the midlevel cocaine distribution throughout the country, but other dealers also distribute midlevel cocaine to varying degrees. Mexican criminal groups control much of the midlevel cocaine distribution in the Midwest, Pacific, Southeast, Southwest, and West Regions and often are identified as the predominant midlevel distributors in cities within those regions. Dominican midlevel cocaine distributors control much of the midlevel distribution of the drug throughout the Northeast Region as well as in many cities in the Midwest, Southwest, and Southeast Regions such as Atlanta, Cleveland, Houston, Milwaukee, and San Juan. Many Colombian criminal groups distribute midlevel amounts of cocaine in the Northeast Region, primarily in New York City, as well as in some other large cities including Miami, New Orleans, Dallas, Los Angeles, and Houston.

African American and Caucasian criminal groups and independent dealers distribute midlevel amounts of cocaine in cities throughout the country; Cuban, Haitian, Jamaican, and Puerto Rican criminal groups distribute midlevel amounts of the drug primarily in cities in the Northeast and Southeast Regions.

African American and Hispanic gangs control most retail powder cocaine distribution throughout the country. Law enforcement reporting indicates that African American and Hispanic gangs are most often identified as retail powder cocaine distributors in every region, and NDTs 2004 data indicate that nationally 24.1 percent of state and local law enforcement agencies report high or moderate involvement of street gangs in powder cocaine distribution in their areas. Local independent dealers or criminal groups whose members are of African American, Caucasian, Cuban, Dominican, Haitian, or Puerto Rican origin also are frequently identified as retail-level distributors in drug markets throughout the country.

Crack is distributed primarily in metropolitan areas, particularly in inner-city and lower-income areas; however, crack distribution has expanded into rural areas over the past year. Every DEA Field Division and HIDTA office reports that crack is distributed in its area, and most report that the drug is widely distributed in metropolitan areas. Several DEA Field Divisions (New England, Caribbean, New York, Philadelphia, Seattle, St. Louis, and Washington, D.C.) and HIDTAs (Appalachia, Arizona, Central Florida, Milwaukee, and Oregon) report that crack distribution has increased in their areas, particularly in rural areas.

Law enforcement reporting indicates that African American and Hispanic gangs control most crack distribution throughout the country; however, Haitian, Jamaican, Puerto Rican, Cuban, Mexican, Middle Eastern, Dominican, and Pacific Islander criminal groups also have been identified as crack distributors. NDTs 2004 data also show that gangs are very involved in crack distribution, particularly in metropolitan areas. In fact, NDTs 2004 data indicate that 52.7 percent of state and local law enforcement agencies in large cities

report high or moderate involvement of street gangs in crack distribution compared with 28.3 percent of state and local agencies in all areas. Local independent dealers, usually Caucasians or African Americans, are the primary crack distributors in rural areas.

Primary Market Areas

Atlanta, Chicago, Los Angeles, Houston, Miami, and New York are the cocaine Primary Market Areas because these cities have demonstrated very high levels of cocaine abuse and are among the largest regional- or national-level cocaine distribution centers. Dallas and Phoenix are national-level cocaine distribution centers, but cocaine abuse in these cities is significantly lower than in many metropolitan areas. Cocaine consumption is very high in Baltimore, Detroit, and Philadelphia; however, drug seizure data show relatively little cocaine distribution from these cities to other significant drug markets.

Atlanta. Cocaine use in Atlanta is very high and may be increasing as evidenced by an increasing number of ED mentions for cocaine in Atlanta. In 2002 DAWN data show that Atlanta ranked fifth among DAWN reporting cities for the number of ED mentions for cocaine (8,947) behind Chicago (16,227), New York (13,961), Philadelphia (12,437), and Los Angeles (9,364). DAWN data further show that the number of ED mentions for cocaine increased sharply in Atlanta from 5,236 in 1999, to 6,229 in 2000, 8,891 in 2001, and 8,947 in 2002.

A wide range of criminal groups and independent dealers distribute cocaine in Atlanta; however, Mexican criminal groups are predominant. DEA and HIDTA reporting indicate that Mexican and, to a lesser extent, Colombian and Dominican criminal groups control most wholesale cocaine distribution in Atlanta. Mexican and, to a lesser extent, Colombian and Dominican criminal groups control most midlevel cocaine distribution. Hispanic gangs such as La Gran Familia and African American gangs such as Crips control most retail cocaine and crack distribution; however, Mexican local independent dealers and criminal groups are increasingly involved in retail-level crack distribution.

EPIC Pipeline, Convoy, and Jetway drug seizure data indicate that Atlanta is among the leading cocaine distribution centers.¹¹ Combined EPIC data for 2002 and 2003 show that law enforcement reported 27 cocaine seizure events on domestic highways and railways and at airports in which Atlanta was identified as the city of origin for the cocaine shipment. Only southwestern cities such as Los Angeles (131), Houston (116), Dallas (62), and Phoenix (56) were identified more often than Atlanta as cities of origin for domestic cocaine shipments. Furthermore, more cocaine was seized on domestic highways and railways and at airports in 2002 and 2003 that originated in Atlanta (682.3 kg) than was seized originating from almost any other city. In fact, only cocaine seizures originating in Houston (1,360.85 kg) and Los Angeles (1,073.37 kg) totaled more than Atlanta for 2002 through 2003. Drug seizure data also show that cocaine is distributed from Atlanta to many significant drug markets such as Charlotte (NC), Charleston (SC), Greensboro (NC), Knoxville (TN), and Roanoke and Virginia Beach (VA) in the Southeast and Northeast Regions.

Chicago. The number of ED mentions for cocaine in Chicago is very high and increasing. DAWN 2002 data show that Chicago ranked first among DAWN reporting cities for the number of ED mentions for cocaine (16,227), much higher than the next closest city, New York (13,961). DAWN data further show that the number of ED mentions for cocaine increased sharply in Chicago from 13,399 in 1999 to 14,879 in 2000, 16,202 in 2001, and 16,227 in 2002.

Mexican and, to a much lesser extent, Colombian criminal groups and DTOs control most wholesale cocaine distribution in Chicago. Mexican criminal groups as well as African American and Hispanic gangs control most midlevel cocaine distribution in the city, distributing the drug primarily to street gangs such as Vice Lord Nation, Latin Kings, and Black Peace Stone Nation, who are the primary retail cocaine distributors. Other African American and Hispanic

street gangs serve as significant distributors of crack in Chicago as well, distributing the drug at numerous open-air drug markets, particularly in lower-income areas.

EPIC drug seizure data indicate that Chicago is a very significant regional cocaine distribution center. Combined EPIC data for 2002 and 2003 show that law enforcement reported 21 cocaine seizure events on domestic highways and railways and at airports in which Chicago was identified as the city of origin for the cocaine shipment. Only Los Angeles (131), Houston (116), Dallas (62), Phoenix (56), Atlanta (27), and Miami (22) were identified more often than Chicago as cities of origin for domestic cocaine shipments. EPIC seizure data further show that more cocaine was seized on domestic highways and railways and at airports in 2002 and 2003 that originated in Chicago (239.19 kg) than was seized originating from any other Midwest city. In fact, nationally only cocaine seizures originating in Houston (1,360.85 kg), Los Angeles (1,073.37 kg), Atlanta (682.3 kg), Phoenix (504.12 kg), Dallas (337.32 kg), and Miami (251.91 kg) totaled more than Chicago for 2002 through 2003. Drug seizure data also show that cocaine is distributed from Chicago to significant drug markets throughout the Midwest Region such as Cincinnati, Cleveland, Indianapolis, Des Moines (IA), Detroit, Sioux Fall (SD), Kansas City (MO), and Waterloo (IA) and to drug markets in other regions such as Nashville, Richmond (VA), and Seattle.

Los Angeles. According to DAWN 2002 data, the number of ED mentions for cocaine in Los Angeles is very high and has increased sharply overall since 1999. DAWN data show that Los Angeles ranked fourth among DAWN reporting cities in 2002 in the number of ED mentions for cocaine (9,364) behind Chicago (16,227), New York (13,961), and Philadelphia (12,437). DAWN data further show that the number of ED mentions for cocaine increased sharply in Los Angeles from 6,768 in 1999, to 9,094 in 2000, and 9,999 in 2001, before declining to 9,364 in 2002.

11. Seizure amounts recorded in Operation Pipeline, Convoy, Jetway, and Arrival Zone data are based on voluntary reporting to EPIC by federal, state, and local law enforcement agencies. Due to the lack of any mandatory, comprehensive, nationwide drug seizure reporting system, EPIC statistics may not necessarily provide an accurate overview of drug trafficking or seizure trends.

Most wholesale and midlevel cocaine distribution in Los Angeles is controlled by Mexican criminal groups. Mexican criminal groups as well as African American and Hispanic gangs control most midlevel cocaine distribution. African American street gangs (primarily Bloods and Crips), Hispanic street gangs (such as 18th Street and Mara Salvatrucha), and prison gangs (particularly Aryan Brotherhood and Mexican Mafia) are the primary distributors of powder and crack cocaine in Los Angeles. Asian street gangs such as Tiny Rascal Gangsters and Asian Boyz also distribute wholesale quantities of crack cocaine, primarily in urban areas with large Asian populations.

Los Angeles is a national-level cocaine distribution center supplying wholesale quantities of the drug to significant drug markets in every region of the country. According to combined EPIC data for 2002 and 2003, law enforcement reported 131 cocaine seizure events on domestic highways, railways, and at airports in which Los Angeles was identified as the city of origin for the cocaine shipment, more than any other city. EPIC data also show that 1,073.37 kilograms of cocaine were seized on domestic highways, railways, and at airports in 2002 and 2003 that originated in Los Angeles, second only to Houston (1,360.85 kg) and much more than the city with the next highest total, Atlanta (682.3 kg). From Los Angeles cocaine is distributed in wholesale quantities throughout the country to significant drug markets including Atlanta, Chicago, Honolulu, Indianapolis, Las Vegas, Minneapolis, New Orleans, New York, Philadelphia, and Washington, D.C.

Houston. Houston is not a DAWN reporting city and, therefore, Houston ED mentions cannot be compared with other cities; however, data from the Texas Commission on Alcohol and Drug Abuse (TCADA) show that the number of treatment admissions for cocaine in Harris County is very high and increasing. TCADA data for 2002 show that of 4,700 admissions to publicly funded drug treatment facilities, 2,217 were for treatment of cocaine use. In fact, the number of treatment admissions for cocaine in Harris County exceeds the totals for most states. Moreover, TCADA data show that the number of treatment admissions for

cocaine have increased in Harris County from 1,933 in 2001 to 2,217 in 2002.

Mexican DTOs and criminal groups are the primary wholesale cocaine distributors in Houston. Colombian, Dominican, and Jamaican criminal groups also distribute cocaine, but to a much lesser extent. A variety of distributors conduct retail-level powder and crack cocaine sales including African American gangs such as Black Disciples, Black Gangster Disciples, and Crips, Hispanic street gangs such as Latin Kings and Mara Salvatrucha, and prison gangs such as Texas Syndicate and Hermanos de Pistoleros Latinos. Most of the street gangs and prison gangs operating in Houston distribute cocaine at open-air drug markets; however, law enforcement reporting indicates that some distributors operating open-air markets in Houston are moving cocaine sales indoors and increasing their use of personal communication devices such as prepaid cellular phones and digital cellular phones.

According to EPIC drug seizure data, Houston is a national-level cocaine distribution center. Combined EPIC data for 2002 and 2003 show that law enforcement reported 116 cocaine seizure events on domestic highways, railways, and at airports in which Houston was identified as the city of origin for the cocaine shipment. Only Los Angeles (131) was identified more often than Houston as a city of origin for domestic cocaine shipments. Furthermore, more cocaine was seized on domestic highways, railways, and at airports in 2002 and 2003 that originated in Houston (1,360.85 kg) than was seized originating from any other city. Drug seizure data also show that cocaine is distributed from Houston to many significant drug markets such as Atlanta, Boston, Chicago, Nashville, New Orleans, New York, and Virginia Beach.

Miami. According to DAWN, the number of ED mentions for cocaine in Miami is relatively high and increasing. DAWN data for 2002 show that there were 5,055 ED mentions for cocaine in Miami, ranking the city only ninth among all DAWN reporting cities. However, the number of ED mentions for cocaine increased sharply in

Miami from 4,018 in 1999 to 4,383 in 2000, 4,641 in 2001, and 5,055 in 2002.

Colombian DTOs control most wholesale cocaine distribution in Miami. Haitian criminal groups also distribute wholesale quantities of cocaine, although to a much lesser extent. Several groups distribute midlevel amounts of cocaine in Miami including Bahamian, Colombian, Cuban, Dominican, Haitian, Jamaican, and Mexican criminal groups as well as African American and Hispanic gangs. Hispanic gangs such as Latin Kings and ethnically mixed gangs such as International Posse control most retail powder cocaine and crack distribution in Miami, distributing the drugs primarily at open-air drug markets. African American gangs such as Gangster Disciples also distribute powder cocaine and crack at the retail level in Miami.

EPIC drug seizure data indicate that Miami is a significant cocaine distribution center. Combined EPIC data for 2002 and 2003 show that law enforcement reported 22 cocaine seizure events on domestic highways, railways, and at airports in which Miami was identified as the city of origin for the cocaine shipment. Only Los Angeles (131), Houston (116), Dallas (62), Phoenix (56), and Atlanta (27) were identified more often than Miami as cities of origin for domestic cocaine shipments. Furthermore, EPIC seizure data for 2002 and 2003 show that only cocaine seizures originating in Houston (1,360.85 kg), Los Angeles (1,073.37 kg), Atlanta (682.3 kg), Phoenix (504.12 kg), and Dallas (337.32 kg) totaled more than Miami (251.91 kg) during that period. Drug seizure data also show that cocaine is distributed from Miami to many significant drug markets throughout the country, particularly New York City. In fact, of the 22 cocaine shipment seizures on domestic highways, railways, and at airports reported to EPIC in 2002 and 2003, 18 were destined for New York City. Cocaine also is distributed to other cities such as Houston, Newark, Philadelphia, and Washington, D.C.

New York. Although the number of ED mentions for cocaine in New York is decreasing, the number remains very high. DAWN data for 2002

show that the number of ED mentions for cocaine in New York has decreased from 14,799 in 1999 to 14,250 in 2000, 13,898 in 2001, and 13,961 in 2002; however, New York ranks second only to Chicago (16,227) for ED mentions for cocaine among DAWN reporting cities.

Colombian DTOs and criminal groups control most wholesale cocaine distribution in New York, storing multihundred kilogram quantities of the drug in stash sites in Queens and on Staten Island, in Bergen, Hudson, and Passaic Counties in northern New Jersey, and in Long Island and Westchester County suburbs. Dominican criminal groups also distribute significant wholesale quantities of cocaine in New York, particularly in the Washington Heights section of Upper Manhattan. Wholesale cocaine distribution by Mexican criminal groups is somewhat limited but increasing, according to law enforcement reporting. A range of groups conduct midlevel cocaine distribution, particularly Colombian, Dominican, and Jamaican criminal groups but also traditional organized crime groups and African American and Hispanic gangs. Retail powder cocaine and crack distribution is controlled by African American gangs such as Crips and Bloods and by Hispanic gangs including Ñeta, Latin Kings, and Mara Salvatrucha.

EPIC drug seizure data indicate that New York is the predominant cocaine distribution center in the Northeast Region. Combined EPIC data for 2002 and 2003 show that law enforcement reported 15 cocaine seizure events on domestic highways, railways, and at airports in which New York was identified as the city of origin for the cocaine shipment. Only Los Angeles (131), Houston (116), Dallas (62), Phoenix (56), Atlanta (27), Miami (22), and Chicago (21) were identified more often than New York as cities of origin for domestic cocaine shipments. EPIC seizure data further show that more cocaine was seized in 2002 and 2003 that originated in New York (51.59 kg) than was seized originating from any other Northeast city. In fact, nationally only cocaine seizures originating in Houston (1,360.85 kg), Los Angeles (1,073.37 kg), Atlanta (682.3 kg), Phoenix (504.12 kg), Dallas (337.32 kg), Miami (251.91 kg), and Chicago (239.19 kg) totaled more than

New York for 2002 through 2003. Drug seizure data also show that cocaine is distributed from New York primarily to significant drug markets in the Northeast Region such as Baltimore, Boston,

and Philadelphia and to significant drug markets in other regions including Chicago, Augusta (GA), Jacksonville (FL), and Phoenix.

Outlook

The rates of cocaine use for all forms of cocaine among adolescents likely will decline in the near term. According to MTF, rates of past year use for cocaine among adolescents appear to have peaked between 1998 and 1999 and have since declined among eighth, tenth, and twelfth graders. MTF data show that rates of past year use for cocaine declined from 3.1 percent in 1998 to 2.0 percent in 2004 among eighth graders, from 4.9 percent in 1999 to 3.7 percent in 2003 among tenth graders, and from 6.2 percent in 1999 to 5.3 percent in 2003 among twelfth graders. Despite these reductions, rates of use for cocaine are higher than were rates of use in the early to mid-1990s.

Continued success in reducing worldwide cocaine production combined with continued success in record-level cocaine interdiction in transit zones may result in worldwide reductions in the availability of the drug in the near term. However, any reductions in cocaine availability will likely be observed in foreign drug markets, particularly those in Europe and South America, prior to any noticeable reduction in the United States. Cocaine trafficking groups will likely resolve to maintain strong availability of the drug in the United States because the cocaine market in the United States is much larger and more stable than any other cocaine market in the world.

National Drug Threat Assessment 2005



Methamphetamine

Key Findings

- Law enforcement reporting as well as laboratory seizure and arrest data indicates that methamphetamine availability has increased over the past year in the Northeast Region, particularly in rural areas. For example, National Clandestine Laboratory Seizure System (NCLSS) data show that the number of reported methamphetamine laboratory seizures in the Northeast region increased from 94 in 2002 to 143 in 2003. DEA methamphetamine-related arrests also have increased recently in the Northeast Region from 179 in 2002 to 198 in 2003. Law enforcement reporting indicates that the increase in methamphetamine availability in the Northeast Region is due primarily to a significant increase in wholesale distribution by Mexican criminal groups. Nevertheless, methamphetamine availability in the Northeast remains lower than in any other region of the country.
- The availability of ice methamphetamine has increased in the past year because of an increase in ice production and distribution by Mexican criminal groups; however, this form of the drug is not as widely available in the United States as powder methamphetamine.
- Methamphetamine production appears to have increased sharply in Mexico since 2002 because Mexican criminal groups producing the drug in the United States are having greater difficulty obtaining bulk quantities of pseudoephedrine from Canada. However, Mexican criminal groups have greater access to bulk quantities of pseudoephedrine and ephedrine from China for use in Mexico-based laboratories.
- Methamphetamine smuggling from Mexico into the United States via Arizona appears to have increased sharply since 2001. More methamphetamine was seized at or between POEs in Arizona in 2003 than at or between POEs in California or Texas.

Introduction and Trends

The threat posed to the United States by the trafficking and abuse of methamphetamine is high and increasing. Methamphetamine availability, production, and distribution are increasing nationally; however, national-level data do not indicate a clear trend—either increasing or decreasing—with respect to rates of methamphetamine use. Nevertheless, demand for the drug is relatively high. In fact, NSDUH 2003 data indicate that more than 1.3 million persons aged 12 or older used methamphetamine within the past year in 2003.

According to state and local law enforcement agencies, the threat associated with methamphetamine trafficking and abuse has increased sharply since 2002 and now exceeds that of any other

drug. NDTs data show that the percentage of state and local law enforcement agencies that identify methamphetamine as the greatest drug threat in their areas has increased from 31 percent in 2002, to 36.2 percent in 2003, and 39.6 percent in 2004. NDTs 2004 data further indicate that, for the first time, the percentage of state and local agencies that identify methamphetamine as their greatest drug threat (39.6%) surpassed that of cocaine (35.6%), including crack, and is much higher than marijuana (12.0%), heroin (8.6%), or MDMA (0.6%).

According to state and local law enforcement agencies, methamphetamine-related criminal activity has increased concurrently with the rise in the overall threat posed by the trafficking and

abuse of the drug. NDTs data show that the percentage of state and local law enforcement agencies that identify methamphetamine as the drug that most contributes to violent crime increased from 31.6 percent in 2003 to 34.2 percent in 2004. Similarly, the percentage of state and local law enforcement agencies that identify methamphetamine as the drug that most contributes to property crime increased from 29.8 percent to 32.7 percent during the same period.

The attendant dangers occasioned by domestic methamphetamine production to individuals, property, and the environment contribute to the overall threat posed by the drug. Law enforcement personnel, first responders, clandestine laboratory operators, and those in proximity to laboratories, particularly children, often are injured as a result of chemical burns, fires, and explosions at clandestine laboratories. In fact, EPIC NCLSS data show that despite a decrease in the number of reported fires and explosions at methamphetamine laboratory sites (from 396 in 2002 to 361 in 2003), the number of reported law enforcement officers injured when responding to methamphetamine laboratories increased from 129 to 255 during the same period.

The environmental damage caused by improper storage and disposal of chemicals and chemical waste attendant to methamphetamine production is severe, and the cost of soil and structure remediation at contaminated methamphetamine production sites is significant. For example, the annual expenditure for domestic clandestine laboratory (predominantly methamphetamine laboratory) remediation by DEA has increased from \$2 million in fiscal year (FY) 1995, to \$12.2 million in FY1999, and \$16.2 million in FY2003.

Child neglect and abuse are common within families whose parents or caregivers produce or use methamphetamine. According to the Department of Justice Office for Victims of Crime, children who reside with methamphetamine users are more likely to experience neglect as well as physical, sexual, and mental abuse. Furthermore, children who are present in homes where methamphetamine

laboratories also are present often sustain injuries, including skin lesions, chemical burns, and respiratory damage due to drug or chemical exposure. For example, NCLSS 2003 data show that 66 percent (589 of 893) of the children reported present at seized methamphetamine laboratory sites subsequently tested positive for toxic levels of chemicals in their bodies.

Availability

Methamphetamine availability has increased in the Northeast Region over the past year. All five DEA Field Divisions (Boston, New York, Newark, Philadelphia, and Washington D.C.) and five HIDTAs (Appalachia, New England, New York/New Jersey, Philadelphia/Camden, and Washington/Baltimore) in the Northeast Region report that methamphetamine availability has increased—one of the Field Divisions (Washington, D.C.) and the Appalachia HIDTA describe the increase as significant. Increasing methamphetamine availability in the Northeast Region also is indicated by data that show increases in the number of DEA arrests as well as OCDETF investigations and indictments in the region. According to DEA, the number of arrests for methamphetamine increased from 179 in 2002 to 198 in 2003. Similarly, the number of methamphetamine-related OCDETF case initiations in the Northeast Region increased from 2 in FY2002 to 12 in FY2003. The proportion of OCDETF indictments in which methamphetamine was charged increased from less than 1.0 percent in FY2002 to 12.0 percent in FY2003. Moreover, NCLSS data show that the number of reported methamphetamine laboratory seizures in the Northeast Region increased from 94 in 2002 to 143 in 2003.

NDIC Comment: Anecdotal law enforcement reporting indicates that the increase in methamphetamine availability in the Northeast Region is due primarily to a significant increase in wholesale distribution by Mexican criminal groups. According to DEA, Mexican criminal groups are the predominant wholesale distributors of methamphetamine in the region, and their presence in the region is increasing, particularly in Maryland,

Virginia, and West Virginia. Law enforcement reporting also indicates that methamphetamine availability in the Northeast is being augmented significantly by a sharp increase in methamphetamine production within the region, particularly by individuals producing small quantities of the drug (usually ounce quantities per cook) in low capacity laboratories. NCLSS data indicate that the number of reported methamphetamine laboratory seizures in the Northeast Region increased from 94 in 2002 to 143 in 2003.

Demand

National-level drug prevalence data indicate that rates of past year use for powder methamphetamine have fluctuated but decreased overall since 1999; however, the number of treatment admissions for methamphetamine has increased sharply over the same period. According to TEDS data for 2002, the number of methamphetamine treatment admissions to publicly funded drug treatment facilities increased from 58,795 in 1999, to 66,975 in 2000, to 81,799 in 2001, and 104,481 in 2002.

NDIC Comment: More individuals have independently sought treatment for methamphetamine; however, criminal justice referrals account for the greatest percentage of the increase. In fact, the percentage of treatment admissions for methamphetamine that were the result of criminal justice referrals now appears to account for most treatment admissions for methamphetamine (52.6%)—a rate much higher than for cocaine (26.1%) or heroin (13.0%). TEDS data indicate that the proportion of treatment admissions for abuse of methamphetamine/amphetamine (primarily methamphetamine) resulting from individuals requesting treatment increased from 26.8 percent in 1999 to 27.3 percent in 2000, but has since decreased to 26.0 percent in 2001 and 24.0 percent in 2002. Over the same period, the proportion of treatment admissions for methamphetamine/amphetamine based on criminal justice referrals decreased from 45.6 percent in 1999 to 45.0 percent in 2000 but then increased to 47.8 percent in 2001 and 52.6 percent in 2002.

Production

There are no conclusive estimates regarding methamphetamine production in Mexico; however, methamphetamine production appears to have increased sharply in Mexico since 2002. According to DEA, Mexican criminal groups, particularly those based in Colima, Michoacán, Jalisco, and Nayarit, have increased the number and size of methamphetamine laboratories they operate in Mexico. Supporting the assertion of increased methamphetamine production in Mexico is an increase in the amount of methamphetamine seized in Mexico and at land POEs along the Southwest Border. Data from the International Narcotics Control Strategy Report (INCSR) indicate that the amount of methamphetamine reported seized in Mexico increased from 400 kilograms in 2001, to 457 kilograms in 2002, and 652 kilograms in 2003. Furthermore, 2003 EPIC data show that the amount of methamphetamine seized along the Southwest Border increased from 1,130 kilograms in 2002, to 1,733 kilograms in 2003, and 1,168 kilograms through July 2004.

NDIC Comment: Mexican criminal groups appear to be producing greater quantities of methamphetamine in Mexico for distribution in the United States because they have greater access in Mexico to bulk quantities of precursor chemicals, particularly ephedrine and pseudoephedrine. According to law enforcement reporting, Mexican criminal groups purchase bulk quantities of pseudoephedrine tablets, often more than 1 ton per shipment, from sources in China. Law enforcement reporting further indicates that many of the laboratories established during the past 2 years in Mexico are capable of producing multi-hundred-pound quantities of methamphetamine per production cycle. By comparison, NCLSS data indicate that the largest reported methamphetamine laboratory seized in the United States in 2003 was capable of producing 50 pounds per production cycle.

Transportation

Drug seizure data indicate that methamphetamine smuggling from Mexico into the United States via the Arizona–Mexico border appears to

have increased significantly. The amount of methamphetamine seized at or between Arizona POEs has increased from 168 kilograms in 2001, to 313 kilograms in 2002, and 640 kilograms in 2003. In fact, the amount of methamphetamine seized at or between POEs in Arizona in 2003 exceeded seizures at or between POEs in California (593 kg), Texas (484 kg), and New Mexico (16 kg).

NDIC Comment: The sharp increase in the amount of methamphetamine seized at or between POEs in Arizona is more likely an indication of an overall increase in methamphetamine smuggling from Mexico into the United States than a shift in smuggling routes in favor of Arizona POEs rather than California, New Mexico, or Texas POEs. EPIC data show that since 2002—the year law enforcement reporting indicates methamphetamine production began to increase significantly in Mexico—methamphetamine seizures at or between POEs in California and Texas increased sharply, although not to the extent of the increases in Arizona. From 2002 to 2003 seizures at or between POEs in California and Texas increased from 478 to 593 kilograms and from 305 to 484 kilograms, respectively. Methamphetamine seizures at or between POEs in New Mexico were much lower than the other states along the U.S.–Mexico border in 2002 (33.53 kg) and 2003 (16.15 kg).

Distribution

Ice methamphetamine distribution has increased significantly since 2001 in many of the largest domestic methamphetamine markets. Anecdotal law enforcement reporting indicates that ice distribution has increased sharply in Honolulu, Houston, Denver, Los Angeles, Phoenix, San Diego, San Francisco, Seattle, and St. Louis since 2001. In some methamphetamine markets ice is now considered the preferred form of the drug, supplanting powder methamphetamine as the predominant type. For example, DEA and HIDTA reporting indicate that ice methamphetamine now is the type most often distributed locally in Phoenix and San Diego, two of the Primary Market Areas for methamphetamine.

NDIC Comment: Ice distribution has increased in these cities because of a sharp increase in ice production and distribution by Mexican criminal groups seeking the higher profit margins associated with ice distribution. The costs associated with ice production are slightly higher than those of powder methamphetamine, and ice production requires greater knowledge and experience; accordingly, ice methamphetamine often is sold at prices much higher than those of powder methamphetamine (see Table 5).

Table 5. National Price Ranges, Methamphetamine, in Dollars, 2003

	Pound	Ounce	Gram
Powder	1,600–45,000	270–5,000	20–300
Ice	6,000–70,000	500–3,100	60–700

Source: Drug Enforcement Administration.

Availability

There are no conclusive estimates as to the total amount of methamphetamine available in the United States because of limitations in laboratory and drug seizure data and unsubstantiated or unknown laboratory capacity estimates in source areas. However, in attempting to quantify the

amount of methamphetamine available in the United States, the interagency Methamphetamine Availability Working Group established an estimated range of 120.2 to 167.4 metric tons of pure methamphetamine in 2001, the only year for which such data are available. These estimates are

derived from analysis of limited data and, as such, have a high degree of uncertainty.

Powder methamphetamine is the predominant type available in the United States, and law enforcement reporting as well as drug survey data indicates that, nationally, powder methamphetamine availability is increasing. Every HIDTA and 20 of 21 DEA Field Divisions report increasing availability of powder methamphetamine. According to DEA and HIDTA reporting, powder methamphetamine is readily available throughout the Pacific, Southwest, and West Regions as well as in most areas of the Midwest. Law enforcement reporting also indicates that the drug's availability has increased significantly in the Southeast to the point that methamphetamine is now readily available in many areas throughout the region. Availability also has increased notably in the Northeast Region, where the drug previously was unavailable or available only in limited amounts.

The availability of ice methamphetamine has increased in the past year, but overall this form of the drug is not as widely available in the United States as powder methamphetamine. Of the 21 DEA Field Divisions, 19 report that ice methamphetamine is available and that availability is increasing. Similarly, 14 HDTAs report that ice methamphetamine is increasing in their areas. DEA and HIDTA reporting further indicate that in Arizona and northern California as well as in some areas of Atlanta, Dallas, Houston, Los Angeles, and Seattle, ice methamphetamine has supplanted powder methamphetamine as the predominant type available.

The availability of methamphetamine tablets produced in Asia (primarily Burma) appears to be very limited; such tablets are available primarily in northern California. According to DEA, individuals of Hmong and Laotian ethnicity in northern California receive methamphetamine tablets from Burma for personal use and for limited distribution. However, there are no data available to establish reliable estimates as to the amount of Burma-produced methamphetamine tablets available in the United States.

NDTS data indicate that methamphetamine availability has increased significantly over the past 3 years. The percentage of state and local law enforcement agencies reporting methamphetamine availability as high or moderate in their areas increased from 58.8 percent in 2002, to 64.6 percent in 2003, and 65.0 percent in 2004. In 2004 low methamphetamine availability was reported by 28.7 percent of agencies, and only 4.7 percent reported that methamphetamine was not available in their areas. Regionally, the highest percentage of agencies that reported high or moderate methamphetamine availability in 2004 was in the Pacific Region (99.0%), followed by the West (98.5%), Southwest (89.4%), Southeast (78.7%), Midwest (63.5%), and Northeast Regions (23.2%).

The amount of methamphetamine seized annually has fluctuated since 2001, but the data may suggest an increase in the availability of Mexico-produced methamphetamine. According to FDSS, the amount of methamphetamine seized by federal agencies decreased significantly from 4,050 kilograms in 2001 to 2,475 kilograms in 2002, but then increased sharply to 3,845 kilograms in 2003. Of the methamphetamine seized since 2001, EPIC data show that an increasing amount was seized at or between POEs along the Southwest Border, an indication of increased smuggling of Mexico-produced methamphetamine into the United States. For example, EPIC data show that the combined amount of methamphetamine seized at or between POEs in Arizona, California, New Mexico, and Texas decreased slightly from 1,214 kilograms in 2001 to 1,130 kilograms in 2002 but has since increased sharply to 1,733 kilograms in 2003 and 1,168 kilograms through July 2004.

DEA data regarding methamphetamine-related arrests show significant decreases overall since 2000; however, the data support anecdotal law enforcement reporting and survey data that indicate methamphetamine availability is increasing in the Northeast Region. DEA arrests for methamphetamine-related offenses decreased steadily from 7,700 in 2000 to 4,595 in 2003 (see Figure 15 on page 26). This decline is due primarily to a shift

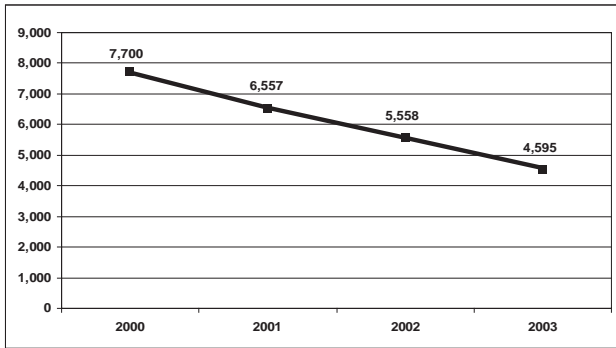


Figure 15. Methamphetamine-related arrests, United States, 2000–2003.

Source: Drug Enforcement Administration.

in DEA strategy to arrest fewer but higher priority targets. Despite the decrease nationally, however, methamphetamine-related arrests have increased recently in the Northeast Region from 179 in 2002 to 198 in 2003, suggesting an increase in methamphetamine availability in that region, although the number of DEA methamphetamine-related arrests in the Northeast remains much lower than in other regions (see Figure 16).

National-level drug purity data indicate that average methamphetamine purity has increased sharply since 2001, particularly because of increased availability of high purity ice methamphetamine. According to DEA, the average purity of methamphetamine samples tested increased from 40.0 percent in 2001, to 43.8 percent in 2002, and 57.4 percent in 2003.

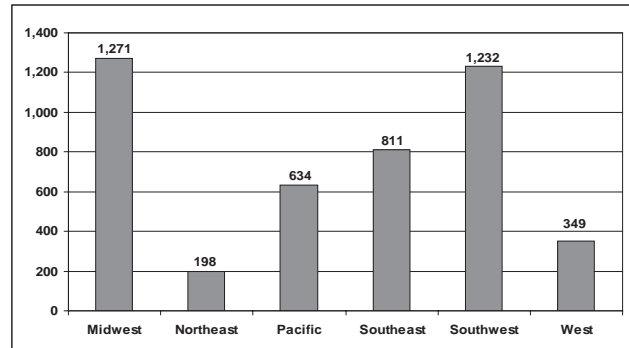


Figure 16. Methamphetamine-related arrests, by region, 2003.

Source: Drug Enforcement Administration.

There are no national-level data regarding average prices for powder methamphetamine, and therefore the only available data are not a reliable independent indicator of rising or falling availability of the drug. According to DEA, price ranges for wholesale (pound) and midlevel (ounce) quantities of powder methamphetamine have expanded since 2001. However, the price range for retail (gram) quantities was the same in both 2001 and 2003, despite a rise in price in 2002 (see Table 6).

As with powder methamphetamine, there are no national price averages for ice methamphetamine. Moreover, DEA price data for ice (reported as national price ranges) are mixed, indicating neither an increase nor a decrease in availability (see Table 7).

Table 6. Powder Methamphetamine Prices, in Dollars, 2001–2003

	Pound	Ounce	Gram
2001	3,000-23,000	300-2,200	20-300
2002	6,000-45,000	100-6,000	20-600
2003	1,600-45,000	270-5,000	20-300

Source: Drug Enforcement Administration.

Table 7. Ice Methamphetamine Prices, in Dollars, 2001–2003

	Pound	Ounce	Gram
2001	8,000-13,000	800-14,000	60-600
2002	6,000-73,000	500-3,000	120-500
2003	6,000-70,000	500-3,100	60-700

Source: Drug Enforcement Administration.

Forms of Methamphetamine

Powder methamphetamine is the most common form of the drug in the United States. Clandestinely produced powder methamphetamine is crystalline in texture, bitter-tasting, soluble in water, and is produced in several colors including white, pink, red, tan, and brown, depending on the production method employed. Powder methamphetamine usually is injected or snorted but also can be ingested orally or smoked.

Ice methamphetamine is a highly pure, very addictive form of methamphetamine resembling shards of ice or chunks of rock salt. Produced primarily in Guam, Hawaii, and Mexico, ice is the product of the process of recrystallizing powder methamphetamine in a solvent such as water, methanol, ethanol, isopropanol, or acetone to remove impurities. Ice typically is smoked using either a glass pipe, an empty aluminum can, a piece of aluminum foil, or a light bulb.

Methamphetamine tablets are produced primarily in Burma and usually contain a combination of powder methamphetamine and caffeine. Methamphetamine tablets found in the United States typically are green or orange-red in color, imprinted with a variety of symbols (most commonly WY or R), and are approximately the size of a pencil eraser. Methamphetamine tablets typically are ingested orally and often are flavored and scented like candy (grape, orange, or vanilla). Tablets also are smoked by placing the tablet on a piece of aluminum foil and passing a heat source under the foil until the tablet melts and vapors (which are inhaled) are released. Methamphetamine tablets also can be crushed and snorted or mixed with water and injected.

Types of Methamphetamine

l-methamphetamine (levo-methamphetamine) is produced commercially and is the active ingredient in over-the-counter products sold in the United States. It does not have substantial addictive qualities.

dl-methamphetamine (dextro-levo-methamphetamine) is clandestinely produced using the P2P method, the preferred methamphetamine production method in the late 1970s and early 1980s (see Methamphetamine Production Methods text box on page 31). Although limited, production and use of dl-methamphetamine, which is less potent than d-methamphetamine, have reemerged.

d-methamphetamine (dextro-methamphetamine) is clandestinely produced using ephedrine/pseudoephedrine reduction methods (see Methamphetamine Production Methods). Highly addictive, d-methamphetamine is the most potent, widely abused form of methamphetamine.

Demand

National-level rates of use for methamphetamine are lower than those for many illicit drugs primarily because the drug is largely unavailable to significant portions of the population, such as those in the Northeast (the most populous region in the country) and in large cities such as Chicago, Detroit, and Miami. According to 2003 NSDUH data, the rate of past year use for methamphetamine among persons aged 12 or older (0.6%) was lower than that for marijuana

(10.6%), cocaine (2.5%), and MDMA (0.9%) but higher than for heroin (0.1%).

Predominant User Groups

National drug prevalence data regarding rates of use for methamphetamine among various age groups are mixed and do not clearly indicate a predominant age group for methamphetamine use. For example, NSDUH 2003 data indicate that the rates of past year use for methamphetamine were much higher among young adults

aged 18 to 25 (1.6%) than among adolescents aged 12 to 17 (0.7%) or adults 26 or older (0.4%). However, MTF 2003 data indicate that the rates of past year use for methamphetamine among tenth (3.3%) and twelfth graders (3.2%) are higher than rates among young adults aged 19 to 28 (2.7%) or college students aged 19 to 22 (2.6%). As is typical of most illicit drugs, the lowest rates of past year use for methamphetamine (2.5%) were reported by eighth graders.

Males are slightly more likely to use methamphetamine than females; however, at younger ages, females appear to use methamphetamine at higher rates than males. According to NSDUH 2003 data, the rate of past year use for methamphetamine among males was 0.7 percent compared with 0.4 percent for females. But MTF data for 2003 show that rates of past year methamphetamine use were higher among eighth and tenth grade females than males. Among all other age

groups, past year use was higher among males than females (see Table 8).

Drug prevalence data indicate that adolescent methamphetamine use appears to be highest among White and Hispanic adolescents. MTF 2003 ethnicity data—available only for eighth, tenth, and twelfth graders—show that rates of past year methamphetamine use among White students were 2.7, 4.2, and 3.5 percent for eighth, tenth, and twelfth graders, respectively, similar to rates among Hispanic eighth (3.2%), tenth (4.6%), and twelfth (3.4%) graders. By comparison, rates of past year methamphetamine use among Black students were 0.8, 0.6, and 1.4 percent for eighth, tenth, and twelfth graders, respectively.

Methamphetamine use appears to be higher in rural areas than in large metropolitan areas. MTF data for 2003 show that the rate of past year methamphetamine use among students and adults in rural areas was higher than rates in large metropolitan areas (see Table 9).

Table 8. Percentage of Past Year Use of Methamphetamine, by Gender, 2003

	Male	Female
Eighth Graders	2.0	3.0
Tenth Graders	3.0	3.7
Twelfth Graders	3.6	2.9
Adults (ages 19-30)	3.3	1.8

Source: Monitoring the Future.

Table 9. Percentage of Past Year Use of Methamphetamine, by Population Density, 2003

	Rural Areas	Metropolitan Areas
Eighth Graders	3.4	2.0
Tenth Graders	3.7	2.3
Twelfth Graders	5.3	1.8
Adults (ages 19-30)	3.4	2.5

Source: Monitoring the Future.

Trends in Use

According to MTF, past year use of methamphetamine among adults fluctuated but declined overall from 1999 to 2003 (see Figure 17). NSDUH data are available for 2002 and 2003 only and cannot be analyzed for longitudinal trends in rates of use; however, according to the data, rates of past year use for methamphetamine among adults were unchanged at 0.4 percent in both 2002 and 2003.

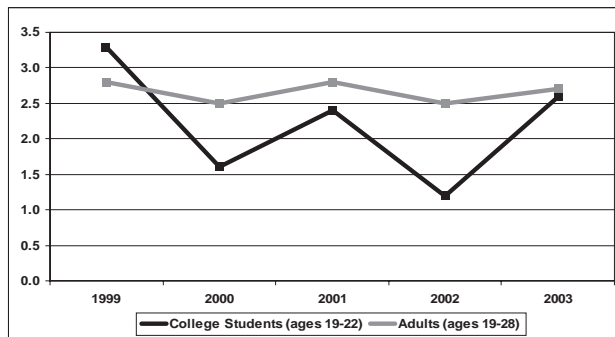


Figure 17. Adult trends in percentage of past year use of methamphetamine, 1999–2003.

Source: Monitoring the Future.

Data regarding methamphetamine use among adolescents also show downward trends overall since 1999. According to MTF 2004 data, the most notable trend in past year use was among eighth graders, who have reported a sharp decline from 1999 to 2004 (see Figure 18). NSDUH data show a decrease in past year methamphetamine use for adolescents aged 12 to 17 from 0.9 percent in 2002 to 0.7 percent in 2003.

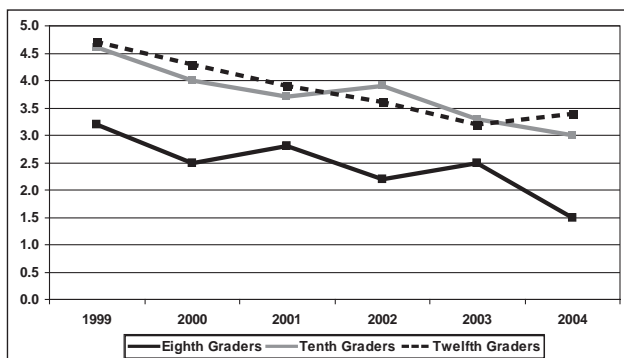


Figure 18. Adolescent trends in percentage of past year use of methamphetamine, 1999–2004.

Source: Monitoring the Future.

Perceptions of Use

PATS data indicate that most teens perceive great risk in using methamphetamine and that the proportion of teens perceiving risk associated with methamphetamine use has increased overall since 1996 (see Figure 19). The percent of teens who believe there is great risk in people taking methamphetamine regularly has increased slightly from 77 percent in 1996 to 79 percent in 2003. The percentage of teens who believe there is great risk in taking methamphetamine once or twice increased from 41 percent in 1996 to 51 percent in 2003.

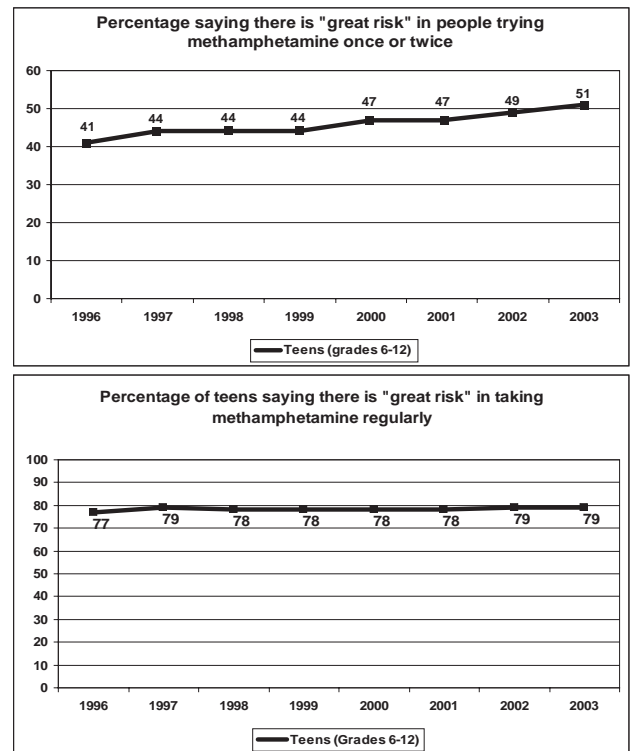


Figure 19. Trends in perceived harmfulness of methamphetamine, teens, 1996–2003.

Source: Partnership Attitude Tracking Study.

Data regarding the perception of risk associated with the use of ice methamphetamine among older teens and adults are mixed. While the percentages of college students and adults saying there is great risk in people trying ice methamphetamine increased overall from 1992 to 2003, data for twelfth graders are less encouraging. The percentage of twelfth graders perceiving great risk in people trying ice fell

more than 10 percent from 1992 to 2003 (see Figure 20).

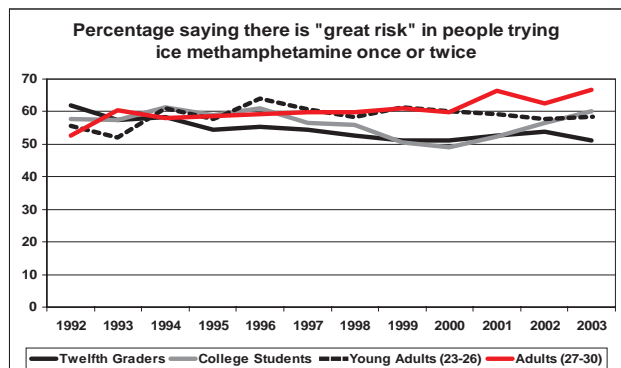


Figure 20. Trends in perceived harmfulness of ice methamphetamine, selected groups, 1992–2003.

Source: Partnership Attitude Tracking Study.

Trends in Consequences of Use

The consequences of methamphetamine use as evidenced by ED mentions and treatment admissions are trending upward. DAWN data show that the estimated number of ED mentions for methamphetamine fluctuated but increased overall from 15,933 in 1995 to 17,696 in 2002 (see Figure 21). TEDS data show that the number of methamphetamine-related admissions to publicly funded treatment facilities nearly doubled from 47,683 in 1995 to 81,799 in 2001 and increased again to 104,481 in 2002 (see Figure 22).

ADAM data for 2003 indicate that the median percentage of adult males testing positive for methamphetamine (4.7%) was fourth behind the percentages testing positive for marijuana

Production

Illegal methamphetamine production occurs in countries throughout the world; however, only methamphetamine produced in the United States, Mexico and, to a lesser extent, Southeast Asia is available in any significant quantity in the United States. There are no conclusive worldwide methamphetamine production estimates, nor are there conclusive production estimates for the three

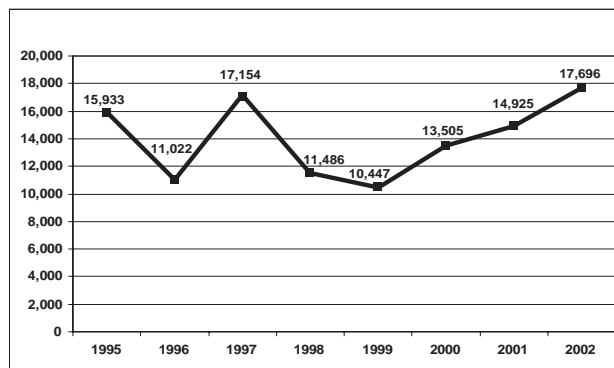


Figure 21. Methamphetamine-related emergency department mentions, estimated number, 1995–2002.

Source: Drug Abuse Warning Network.

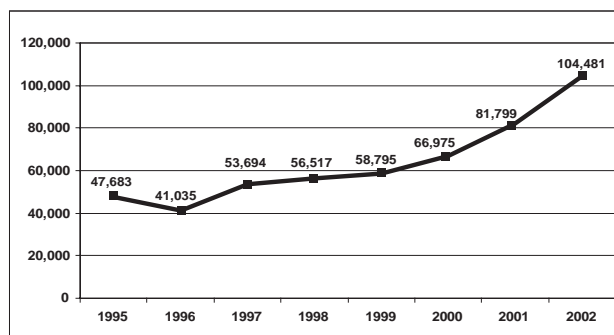


Figure 22. Methamphetamine-related admissions to publicly funded treatment facilities, number, 1995–2002.

Source: Treatment Episode Data Set.

(44.1%), powder cocaine (30.1%), and heroin (5.8%). ADAM data also show that the median percentage of adult males reporting past year methamphetamine use was 7.7 percent.

principal methamphetamine source areas that supply U.S. drug markets. Nevertheless, laboratory seizure data suggest expanded domestic methamphetamine production, while law enforcement reporting and limited laboratory seizure data indicate a significant increase in methamphetamine production in Mexico.

Methamphetamine Production Methods

Ephedrine/Pseudoephedrine Reduction

Hydriodic acid/red phosphorus. The principal chemicals are ephedrine or pseudoephedrine, hydriodic acid, and red phosphorus. This method can yield multipound quantities of high quality d-methamphetamine.

Iodine/red phosphorus. The principal chemicals are ephedrine or pseudoephedrine, iodine, and red phosphorus. The required hydriodic acid in this variation of the hydriodic acid/red phosphorus method is produced by the reaction of iodine in water with red phosphorus. This method yields high quality d-methamphetamine and typically is used when hydriodic acid supplies are limited.

Iodine/hypophosphorous acid. The principal chemicals are ephedrine or pseudoephedrine, iodine, and hypophosphorous acid. The required hydriodic acid in this variation of the hydriodic acid/red phosphorus method is produced by the reaction of iodine in water with hypophosphorous acid. Known as the hypo method, this method results in a high yield of d-methamphetamine and usually is used only when the producer is unable to acquire red phosphorus, although it can be used also when hydriodic acid is in limited supply. The iodine/hypophosphorous acid method is particularly dangerous, often resulting in fires and explosions because of phosphine gas produced during the methamphetamine production process.

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

Phenyl-2-propanone

P2P. The principal chemicals are phenyl-2-propanone, aluminum, methylamine, and mercuric chloride. This method yields lower quality dl-methamphetamine, has been associated with outlaw motorcycle gangs (OMGs), and is commonly referred to as the P2P method.

New Mexico Laws Targeting Methamphetamine Production Enacted

On July 1, 2004, two New Mexico State laws that are intended to reduce methamphetamine production and the exposure of children to methamphetamine laboratory hazards went into effect. The first, House Bill (HB) 112, allows for a child abuse charge against anyone who exposes a child to the production of a controlled substance or allows a child to enter or remain in any building containing chemicals and equipment used to produce a controlled substance. Suspected violators will be charged with a third-degree felony on the first offense and a second-degree felony on the second or subsequent offense. If such exposure results in bodily harm or death of the child, the individual will be charged with a first-degree felony. The second law, HB 111, provides the Board of Pharmacy with the authority to add substances to the list of drug precursors and increases penalties for possession, manufacture, or transportation of drug precursors without a license from a misdemeanor to a fourth-degree felony on the first offense.

Source: New Mexico State Legislature.

Domestic Production

Domestic methamphetamine production occurs in clandestine laboratories that range in capacity from a few ounces to 50 pounds per production cycle. Low capacity laboratories are operated throughout the United States primarily by local independent methamphetamine users; the

number of such laboratories appears to be increasing. Large-scale laboratories that yield bulk quantities of methamphetamine are typically operated by Mexican criminal groups in California.

NDTS data indicate expanding methamphetamine production. According to NDTS 2004 data, 49.6 percent of state and local law enforcement

agencies nationwide describe the level of methamphetamine production in their areas as high or moderate, up slightly from 48.8 percent in 2003. At the same time, the percentage of agencies reporting that methamphetamine is not produced in their areas decreased from 23.2 percent in 2003 to 21.5 percent in 2004. A much higher percentage of agencies in the Pacific (76.1%), Southwest (75.1%), West (74.3%), and Southeast Regions (67.1%) report high or moderate methamphetamine production in their areas than agencies in the Midwest (46.4%) or Northeast (9.9%) Regions.

NCLSS data also indicate widespread domestic methamphetamine production. According to NCLSS, methamphetamine laboratory seizures were reported in 46 states in 2003; more laboratory seizures were reported in the Midwest Region (3,038) than in the Southeast (2,847), Southwest (1,874), Pacific (1,460), West (820), or Northeast Regions (143). NCLSS data further show that there has been a steady increase in the number of reported laboratory seizures since 1999 (see Figure 23) and that reported seizures increased in eastern states but decreased in many western states. From 2002 to 2003 the number of reported methamphetamine laboratory seizures increased in the Southeast (1,906 to 2,847), Midwest (2,540 to 3,038), and Northeast Regions (94 to 143) but declined in the Pacific (1,738 to 1,460) and West Regions (1,078 to 820).

Reported seizures of high capacity superlabs, those capable of producing 10 or more pounds of methamphetamine per production cycle, have decreased, likely contributing to the decline in total methamphetamine laboratory seizures in western states. NCLSS data show that reported seizures of superlabs decreased sharply from 246 in 2001, to 144 in 2002, and 133 in 2003. Despite declines in reported laboratory seizures in the Pacific, most seizures of superlabs still occur in that region, particularly in California. Of the 133 reported superlab seizures in 2003, 128 were reported in California.

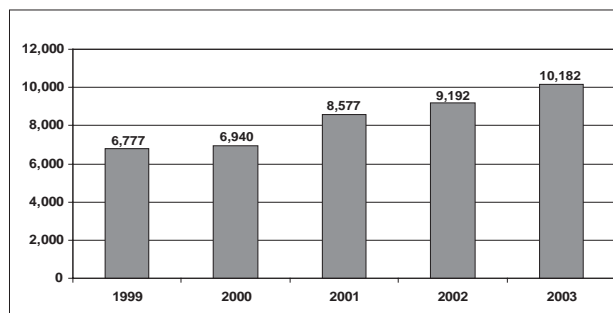


Figure 23. Methamphetamine laboratory seizures, number reported, 1999–2003.

Source: National Clandestine Laboratory Seizure System.

Law enforcement reporting and laboratory seizure data indicate that most superlabs in California are controlled by California- and Mexico-based criminal groups and are located in southern and central California. According to Los Angeles HIDTA reports, four southern California counties (Los Angeles, Orange, Riverside, and San Bernardino) accounted for 55.8 percent (475 of 851) of the reported methamphetamine laboratory seizures in California in 2003 including 43.0 percent (55 of 128) of reported superlab seizures. The Central Valley HIDTA reports that nine central California counties (Fresno, Kern, Kings, Madera, Merced, Sacramento, San Joaquin, Stanislaus, and Tulare) accounted for 20.6 percent (175 of 851) of the reported methamphetamine laboratory seizures in California including 42.9 percent (55 of 128) of reported superlab seizures.

HIDTA reporting indicates that Mexican criminal groups, some based in the Los Angeles area, often travel to rural or remote areas of southern and central California to produce methamphetamine, subsequently returning to the Los Angeles area to distribute the drug. Many of the groups maintain close family and social ties with individuals in Culiacán and Michoacán, Mexico, to recruit laboratory workers who come to California for a few months to produce methamphetamine and then return to Mexico.

Methamphetamine Superlab Seized

On February 7, 2004, agents from the Stanislaus Drug Enforcement Agency, California Multijurisdictional Methamphetamine Enforcement Team, and Central Valley HIDTA arrested five Mexican nationals and seized an operational methamphetamine laboratory located in a residence in Modesto. Authorities had received information that several men who were staying at the residence had acquired large amounts of chemicals used to manufacture methamphetamine. Agents observed the residence for about a week and, after observing several men taking supplies commonly used to produce methamphetamine into the residence, obtained a search warrant. Shortly after the warrant was obtained, agents observed a suspect loading garbage bags into the backseat of his car before leaving the residence. The suspect was followed until he was away from the residence, when officers stopped his vehicle. A search of the vehicle revealed two garbage bags containing 80 pounds of ephedrine. The driver was arrested and charged with manufacturing methamphetamine and possession of a controlled substance for sale. After his arrest, agents prepared to serve the search warrant on the residence. Just prior to entering the residence, four suspects were observed fleeing. Three suspects were captured, arrested, and charged with manufacturing methamphetamine, criminal conspiracy, and resisting arrest. The fourth suspect was found in a trailer located on the property; he was arrested and charged with manufacturing methamphetamine, criminal conspiracy, battery on a police officer, and resisting arrest. Inside the residence agents found evidence of methamphetamine manufacture in every room. They seized over 300 gallons of alcohol, 96 pounds of red phosphorus, 80 pounds of ephedrine, and several weapons. This laboratory was the largest ever seized in Stanislaus County.

Source: Stanislaus County Sheriff's Department.

Low capacity laboratories, those capable of producing less than 1 pound per production cycle, represent an even greater proportion of seized laboratories since the number of superlab seizures has declined in recent years. For example, low capacity laboratories accounted for 83.4 percent (7,667 of 9,192) of all seized laboratories in 2002 and 91.3 percent (9,297 of 10,182) in 2003.

Law enforcement reporting indicates that most methamphetamine production in central and eastern states occurs in low capacity laboratories operated by independent producers using the Birch or red phosphorus methods. NCLSS 2003 data show that of the 6,028 methamphetamine laboratories seized in the Midwest, Northeast, and Southeast Regions, 94 percent were small, mobile laboratories capable of producing less than 9 ounces of methamphetamine per production cycle. Every HIDTA office in the Midwest, Northeast, and Southeast Regions, with the exception of the Puerto Rico/U.S. Virgin Islands HIDTA, reports that most local methamphetamine production is conducted by local independent producers using either the Birch or red phosphorus methods.

Only the Philadelphia/Camden HIDTA reported that OMGs in its area produce methamphetamine via the P2P method as well.

Foreign Production

Law enforcement reporting and seizure data show that methamphetamine produced in Mexico and Southeast Asia as well as in Canada is available to varying degrees in U.S. drug markets; however, only Mexican methamphetamine is smuggled into the United States in quantities adequate for national-level distribution.

Mexico. Mexico is the principal source of foreign-produced methamphetamine available in the United States. There are no conclusive estimates as to the amount of methamphetamine produced in Mexico; however, an interagency working group estimated that the amount of Mexico-produced methamphetamine seized in the United States was 0.97 metric ton in 2001 and 1.1 metric tons in 2002, the most recent year for which such data are available. Law enforcement reporting indicates that methamphetamine production in Mexico is considerable, and there is wide consensus among

law enforcement agencies that production in Mexico has increased significantly since 2002, yet few data are available to confirm this assertion other than an apparent increase in methamphetamine seizures at or between land POEs along the Southwest Border (see Transportation section on page 35). According to DEA, most methamphetamine production in Mexico occurs in the southwestern states of Colima, Michoacán, Jalisco, and Guerrero and in the northern states of Baja California and Sonora. The hydriodic acid/red phosphorus method is the primary method of production in Mexico; however, the P2P method is also commonly used.

Southeast Asia. Southeast Asian criminal groups produce large quantities of ice methamphetamine in laboratories located primarily in China and, to a lesser extent, the Philippines, Taiwan, and South Korea. According to DEA, Chinese criminal groups manufacture multikilogram quantities of ice per production cycle in mobile laboratories located in eastern and southeastern provinces of China. Most ice produced in China is intended for domestic distribution; China-produced ice also supplies drug markets in other Asian countries and the United States, particularly in the Philippines, Hawaii, and Guam.

Burmese criminal groups are the principal producers of methamphetamine tablets in Southeast Asia. Intelligence reports indicate that Burmese criminal groups produce several hundred million methamphetamine tablets annually for distribution in drug markets in Thailand, China, and India. According to DEA, some shipments of methamphetamine tablets from Burma have been received by ethnic Hmong and Laotian individuals, primarily in the Sacramento area. However, there are no reliable seizure data regarding Burma-produced methamphetamine tablets en route to the United States or any reliable estimates as to the amount of Burma-produced methamphetamine tablets available in the United States. Methamphetamine tablet production also has been reported in Malaysia and Fiji; however, there are no estimates as to the amount of methamphetamine tablets produced in those countries, nor are

there specific reports of methamphetamine tablets produced in Malaysia or Fiji available in the United States.

Canada. The amount of methamphetamine produced in Canada is relatively low compared with the United States; however, production levels in Canada may be increasing. According to the Royal Canadian Mounted Police (RCMP), the amount of methamphetamine produced in Canada primarily by Canada-based OMGs, Asian criminal groups, and independent traffickers is increasing, as evidenced by an increase in the number of reported methamphetamine laboratory seizures in Canada from 13 in 2001, to 25 in 2002, and 39 in 2003. RCMP reporting also indicates that the amount of Canada-produced methamphetamine seized en route to the United States has increased since 1998; however, there are no quantifiable data to support this assertion. In fact, EPIC data show that the amount of methamphetamine seized at or between POEs along the Northern Border is low and decreased from 3.3 kilograms in 2002 to 0.2 kilogram in 2003.

Precursor Chemicals

Most operators of high capacity methamphetamine laboratories in the United States and Mexico produce the drug by utilizing ephedrine or pseudoephedrine, precursor chemicals produced in China, the Czech Republic, Germany, Hong Kong, India, Switzerland, Thailand, and the United Arab Emirates. Ephedrine and pseudoephedrine are shipped from these production countries throughout the world including to the United States, Canada, and Mexico for legitimate use. However, some ephedrine and pseudoephedrine is diverted from intended legitimate purposes by criminal groups for use in illicit methamphetamine production, particularly in California and Mexico.

Since the late 1990s, most operators of domestic superlabs have produced methamphetamine using bulk quantities of ephedrine or pseudoephedrine tablets diverted from Canada. Middle Eastern (Armenian, Jordanian, Lebanese, Syrian, and Yemeni) criminal groups and other

individuals based in Canada and the United States purchase pseudoephedrine tablets in bulk—often in the millions—from legitimate wholesale chemical distributors in Canada and smuggle the tablets across the Northern Border in private and commercial vehicles through or between land POEs such as Detroit and Port Huron in Michigan. The tablets usually are transported to stash sites in the United States before being distributed to methamphetamine producers for use in high capacity laboratories, particularly those located in central and southern California. Pseudoephedrine diversion groups also transport smaller shipments of diverted ephedrine and pseudoephedrine from Canada to methamphetamine producers in the United States via mail services and, to a lesser extent, couriers on commercial flights.

Recent anecdotal law enforcement reporting indicates that more domestic superlabs are producing methamphetamine using ephedrine or pseudoephedrine diverted from Asia. According to DEA, recent legislation in Canada designed to reduce ephedrine and pseudoephedrine diversion appears to have led many methamphetamine laboratory operators in the United States—particularly operators of high capacity laboratories—to begin using bulk quantities of ephedrine and pseudoephedrine obtained from sources in Asia but usually smuggled into the United States via Mexico. Moreover, several law enforcement operations have been successful in reducing the

availability of pseudoephedrine tablets smuggled into the United States from Canada. In fact, law enforcement reporting indicates that seizures of Asia-produced pseudoephedrine products at methamphetamine superlabs in California have increased. For example, the Los Angeles County Regional Criminal Information Clearinghouse reports that pseudoephedrine products manufactured in Hong Kong have been seized at several clandestine methamphetamine laboratory sites in California since 2002. In addition, in February 2004 the Stanislaus Drug Enforcement Agency discovered a methamphetamine laboratory with three large trash bags containing empty 1,000-tablet bottles of Asia-produced pseudoephedrine. Such seizures previously were very uncommon.

Asian pseudoephedrine products also are used at methamphetamine laboratories in Mexico. Law enforcement reporting indicates that multiton quantities of ephedrine and pseudoephedrine are transported each year to Mexico and that some are illegally distributed to methamphetamine producers by criminal groups. For example, law enforcement reporting indicates that between April 2002 and July 2004 nearly 80 undocumented shipments of pseudoephedrine and ephedrine were transported from Hong Kong to Mexico via the United States, Panama, or Europe for subsequent distribution to methamphetamine producers in southwestern Mexico.

Transportation

Methamphetamine is transported by numerous criminal groups using a wide range of conveyances. Mexican criminal groups, local independent dealers, street gangs, OMGs, and Asian criminal groups smuggle methamphetamine into and transport it within the United States. Most methamphetamine is transported via private vehicles although some, particularly tableted methamphetamine, is transported via commercial vehicles, mail services, couriers aboard commercial flights, and maritime conveyances.

Routes From Foreign Source Areas

Most methamphetamine transported from foreign sources is smuggled into the United States overland via private and commercial vehicles. According to EPIC seizure data, the amount of methamphetamine seized at or between land POEs from 2001 through 2003 was 4,081 kilograms, compared with approximately 85 kilograms seized from commercial flights and 5 kilograms seized from maritime conveyances.

Mexico. Mexican criminal groups based in Mexico smuggle bulk quantities of methamphetamine via couriers traveling in private and commercial vehicles, usually equipped with hidden compartments, or by foot through and between land POEs along the Southwest Border. These criminal groups also smuggle small shipments (2 kg to 4 kg) via couriers aboard commercial flights and mail services. Methamphetamine shipments often are transported to stash sites and staging areas, primarily in California and Arizona, before the drug is distributed locally, regionally, or nationally.

Methamphetamine transported from production areas in Mexico to the Southwest Border typically has been smuggled through and between POEs in California; however, recent data indicate that more methamphetamine may now be smuggled through or between POEs in Arizona than other Southwest Border states. According to EPIC seizure data, the combined amount of methamphetamine seizures from 2001 through 2003 at or between POEs in California (1,725 kg) was much higher than the amount seized at or between POEs in Texas (1,145 kg), Arizona (1,120 kg), or New Mexico (60 kg). However, in 2003 the amount seized in Arizona (640 kg) surpassed seizures in the other Southwest Border states including California (593 kg), Texas (484 kg), and New Mexico (16 kg) possibly because of specific law enforcement operations conducted in Arizona (see Figure 24).

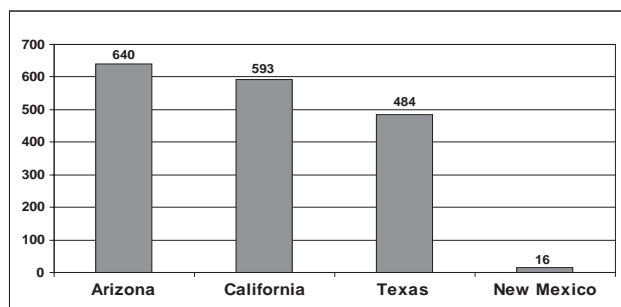


Figure 24. Methamphetamine seizures at or between ports of entry, in kilograms, 2003.

Source: El Paso Intelligence Center.

There are seven principal POEs through which methamphetamine is smuggled from Mexico into the United States: Calexico, Otay Mesa,

and San Ysidro in California; Nogales in Arizona; and Hidalgo, Laredo, and Pharr in Texas. EPIC seizure data show that from 2001 through 2003 more methamphetamine was seized at the San Ysidro POE (845 kg) than any other, although seizures during the same period at Nogales (645 kg), Calexico (382 kg), Otay Mesa (195 kg), Laredo (136 kg), Hidalgo (133 kg), and Pharr (129 kg) were significant.

Once inside the United States, methamphetamine is transported from principal POEs to drug markets throughout the country, particularly to the Primary Market Areas of Los Angeles, Phoenix, San Diego, and San Francisco.

Southeast Asia. Law enforcement reporting indicates that Asian DTOs, including ethnic Cambodian, Chinese, Filipino, Japanese, Korean, Laotian, Thai, and Vietnamese, transport ice methamphetamine to the Pacific Region from source countries in Asia via mail services and passengers on commercial flights to California and Hawaii. Tabled methamphetamine also is transported to the United States from Southeast Asia, particularly Thailand and Laos, via mail services and couriers on commercial flights. EPIC data show that Honolulu, Los Angeles, and San Francisco International Airports are the primary POEs for methamphetamine tablets smuggled into the United States. Seizure data further show that methamphetamine tablet seizures for 2001 through 2003 combined were slightly higher in San Francisco (33,490 tablets) than in Honolulu (33,470 tablets); seizures in both cities were much higher than in Los Angeles (18,416 tablets). The Louisville POE in Kentucky reported the most methamphetamine tablets seized (111,650) in 2003; however, these tablets were seized in a single incident.

Canada. Methamphetamine smuggling from Canada through and between POEs along the Northern Border occurs at a very low level, and seizure data do not indicate any principal POEs along this border. EPIC data show that from 2001 through 2003, less than 4 kilograms of methamphetamine were seized at or between POEs along the Northern Border.

Routes from Domestic Source Areas

California is the only state with methamphetamine production sufficient to supply wholesale quantities to regional and national markets. Methamphetamine produced in California typically is

transported via private vehicle to Primary Market Areas and other significant methamphetamine markets including those in the central and eastern United States.

Distribution

Powder methamphetamine and, increasingly, ice methamphetamine are distributed to a varying degree throughout the country. Law enforcement reporting indicates that powder methamphetamine distribution is widespread in the Midwest, Pacific, Southwest, and West Regions, moderate and increasing in the Southeast Region, and limited but increasing in the Northeast Region. Law enforcement reporting indicates that Mexican criminal groups control most wholesale distribution of powder methamphetamine in the Pacific, Southwest, and West as well as in many areas of the Midwest, Southeast, and Northeast Regions where wholesale quantities of Mexican methamphetamine are distributed. Mexican criminal groups also control most midlevel distribution of powder methamphetamine throughout the country, particularly in the Pacific, Southwest, and Western Regions, and supply other Mexican criminal groups, OMGs, and independent Caucasian and Hispanic midlevel distributors in all regions of the country. Retail powder methamphetamine distributors include Caucasian independent dealers, Hispanic street gangs, and OMGs; Caucasian independent dealers control most retail distribution in rural areas, which often consists of distributing small amounts of methamphetamine that they produce.

The distribution of ice methamphetamine, once limited to Guam, Hawaii, the Northern Mariana Islands, and Samoa, now is pervasive throughout the Pacific and Southwest Regions and in many areas of the Midwest and West Regions. Ice distribution is comparatively limited in the Southeast and Northeast but has increased in these regions since 2002. California- and Mexico-based Mexican criminal groups control most wholesale distribution of ice methamphetamine in

the United States; however, Asian criminal groups (including ethnic Cambodian, Chinese, Filipino, Japanese, Korean, Laotian, Thai, and Vietnamese) distribute wholesale amounts of the drug to a limited number of drug markets in the Pacific Region. Retail ice distributors include Caucasian independent dealers, Hispanic street gangs, and OMGs.

Primary Market Areas

Los Angeles, Phoenix, San Diego, and San Francisco are the Primary Market Areas for methamphetamine because these cities have very high levels of methamphetamine abuse and are among the leading regional- or national-level methamphetamine distribution centers. Several other significant markets for methamphetamine either exhibit high levels of consumption or serve as distribution centers for the drug, although not to the extent of the four Primary Market Areas. For example, methamphetamine use in Seattle appears to be considerable as evidenced by a high number of ED mentions for methamphetamine; however, drug seizure data do not substantiate Seattle as a distribution center for methamphetamine at a level comparable with the Primary Market Areas. Conversely, Dallas appears to be a significant distribution center for methamphetamine based on EPIC drug seizure data; however, methamphetamine consumption in Dallas appears to be much lower than in the Primary Market Areas.

Methamphetamine use and distribution are extensive throughout the central United States and in many areas of the Southeast; however, the data indicate that no city in central or southeastern states has demonstrated a level of methamphetamine consumption or distribution comparable with that of the Primary Market

Areas. Law enforcement agencies in states such as Alabama, Arkansas, Georgia, Illinois, Iowa, Kentucky, Minnesota, Mississippi, Missouri, Nebraska, Oklahoma, Tennessee, and Texas report widespread distribution; however, this distribution usually entails the sale of small amounts among friends and family members who produce methamphetamine in low capacity laboratories. To the extent that wholesale methamphetamine distribution occurs in these states, it usually involves the distribution by members of Mexican criminal groups of methamphetamine produced in Mexico or California superlabs. Despite limited data regarding methamphetamine consumption for most of the states listed above, the data that are available indicate significantly lower use in central and southeastern states than in the Primary Market Areas. For example, DAWN data for 2002 show that the number of methamphetamine-related ED mentions was much lower for Minneapolis (319), Atlanta (246), St. Louis (150), Dallas (98), and Chicago (42) than for Los Angeles (1,713), San Francisco (727), San Diego (598), and Phoenix (501).

Los Angeles. Methamphetamine use in Los Angeles is very high as evidenced by more ED mentions than any other DAWN reporting city. According to DAWN, the estimated number of methamphetamine-related ED mentions for Los Angeles (1,713) was much higher than the next highest city, San Francisco (727).

Methamphetamine distribution is pervasive throughout the Los Angeles area. According to the Los Angeles HIDTA, 63 of 110 identified criminal organizations in the Los Angeles area distribute methamphetamine. Mexican criminal groups control most wholesale and midlevel methamphetamine distribution within the Los Angeles area and also control most wholesale distribution of the drug from Los Angeles to other markets throughout the country. Hispanic street gangs including 18th Street, Mara Salvatrucha, and Southside Gang as well as prison gangs such as Mexican Mafia control most retail methamphetamine

distribution in the Los Angeles area; however, local independent dealers also distribute the drug at the retail level.

EPIC drug seizure data indicate that Los Angeles is likely the largest distribution center for methamphetamine in the United States. Combined EPIC Pipeline, Convoy, and Jetway drug seizure data for 2002 and 2003 show that law enforcement reported 78 methamphetamine seizure events on domestic highways, railways, and at airports in which the Los Angeles area was identified as the city of origin for the methamphetamine shipment. Moreover, significantly more methamphetamine was seized in 2002 and 2003 that originated in the Los Angeles area (259 kg) than any other city. Drug seizure data also show that methamphetamine is distributed from the Los Angeles area to other significant markets including Atlanta, Denver, Des Moines and Davenport (IA), Kansas City (KS), Kansas City (MO), and San Francisco.

Phoenix. Methamphetamine use in Phoenix is high and increasing as evidenced by a high number of ED mentions and an increase in methamphetamine-related deaths. According to DAWN data for 2002, Phoenix ranked fifth among DAWN reporting cities in the estimated number of ED mentions for methamphetamine (501) behind Los Angeles (1,713), San Francisco (727), San Diego (598), and Seattle (541). DAWN mortality data show that the number of methamphetamine-related deaths in Phoenix has increased steadily, more than doubling from 60 in 1998 to 132 in 2002.¹² Moreover, the proportion of methamphetamine-related deaths to all drug-related deaths increased from 15.3 percent in 1999 to 25.5 percent in 2002.

Mexican DTOs and criminal groups control most wholesale methamphetamine distribution in Phoenix, supplying midlevel and retail quantities to Hispanic street gangs such as Wetback Power and Sureños, OMGs such as Hells Angels, and Caucasian and Mexican independent dealers. Phoenix-based independent producers also

12. DAWN mortality data include information on drug-induced and drug-related deaths identified and submitted by death investigation jurisdictions participating in DAWN.

distribute retail quantities of the methamphetamine that they produce.

EPIC Pipeline, Convoy, and Jetway data indicate that Phoenix is a significant distribution center for methamphetamine. Combined EPIC data for 2002 and 2003 show that law enforcement officials reported 19 methamphetamine seizure events in which Phoenix was identified as the city of origin for the shipment. Only Los Angeles (78) and San Francisco (22) were identified more often than Phoenix as the city of origin for methamphetamine shipments destined for domestic drug markets. Furthermore, more methamphetamine was seized in 2002 and 2003 that originated in Phoenix (69 kg) than any other city with the exception of Los Angeles (259 kg). EPIC data indicate that methamphetamine is distributed to several significant drug markets in the Midwest, Northeast, and Pacific Regions including Akron (OH), Detroit, Kansas City (MO), Las Vegas, Minneapolis, New York, Philadelphia, and Rapid City (SD).

San Francisco. The level of methamphetamine consumption in San Francisco is very high compared with most other cities. According to DAWN data, the estimated number of methamphetamine-related ED mentions in San Francisco increased from 611 in 2001 to 727 in 2002, second only to Los Angeles (1,713).

Mexican criminal groups control most wholesale and midlevel distribution of powder and ice methamphetamine in San Francisco, although Hawaiian, Filipino, and other Asian DTOs control the distribution of the ice they produce, particularly within Asian communities. Independent dealers and street gangs such as Mara Salvatrucha, 19th Street, Sureños, Trece, and Eddy Street Mob are the primary retail distributors of methamphetamine in the San Francisco area.

EPIC Pipeline, Convoy, and Jetway drug seizure data show that the San Francisco area is among the leading methamphetamine distribution centers. Combined EPIC data for 2002 and 2003 indicate that law enforcement officials reported 22 powder methamphetamine seizure events on domestic highways, railways, and at airports in

which the San Francisco area was identified as the origin for the methamphetamine shipment. In fact, only Los Angeles (78) was identified more often than San Francisco as the city of origin for methamphetamine seizure events. Furthermore, more methamphetamine was seized that originated in the San Francisco area (54 kg) than any other city, with the exception of Los Angeles (259 kg) and Phoenix (69 kg). EPIC seizure data indicate that methamphetamine is distributed from the San Francisco area to drug markets throughout the country including Anchorage, Des Moines (IA), Dutch Harbor (AK), Lihue (HI), Lynn Haven (FL), Memphis, New York, Omaha, Rupert (ID), and Sioux City (IA).

San Diego. Methamphetamine use in San Diego is very high. According to DAWN, the estimated number of methamphetamine-related ED mentions for San Diego (598) was surpassed only by Los Angeles (1,713) and San Francisco (727) among DAWN reporting cities in 2002.

Mexican DTOs and criminal groups are the primary wholesale and midlevel distributors of methamphetamine in the San Diego area. Street gangs and local independent dealers, usually supplied by Mexican criminal groups, control most retail distribution; however, independent producers also distribute smaller amounts of the methamphetamine they produce.

EPIC Pipeline, Convoy, and Jetway data indicate that San Diego is among the leading methamphetamine distribution centers. Combined EPIC data for 2002 and 2003 show that law enforcement officials reported 19 powder methamphetamine seizure events on domestic highways, railways, and at airports in which the methamphetamine shipment originated in the San Diego area. In fact, only Los Angeles (78) and San Francisco (22) were identified more often than the San Diego area as cities of origin for methamphetamine shipments. Furthermore, the amount of methamphetamine seized during those events (29 kg) in 2002 and 2003 was exceeded only by the amount seized in Los Angeles (259 kg), Phoenix (69 kg), and the San Francisco area (54 kg). Drug seizure data also show that methamphetamine is

distributed from the San Diego area to regional and national drug markets such as Atlanta, Chicago, Columbus (OH), Dallas, Fort Lauderdale,

Honolulu, Houston, Meridian (MS), Philadelphia, St. Paul (MN), and Washington, D.C.

Outlook

Reported increases in domestic and foreign production of methamphetamine should raise availability levels in domestic markets overall, exposing an increasing number of potential new users to the drug and sustaining the demand among established methamphetamine users. As a result, the consequences of methamphetamine use are likely to continue to rise as more users experience the negative health effects brought on by methamphetamine use.

Anecdotal law enforcement reporting, drug survey data, arrest data, and laboratory seizure data indicate that methamphetamine availability, production, and distribution have increased in the Northeast Region since 2002, a situation likely to continue in the near term. Most of the methamphetamine distributed in the Northeast currently is produced in laboratories in Mexico or California, and increases in availability and distribution likely will be driven by increased distribution by Mexican criminal groups that supply local midlevel and retail dealers. However, local methamphetamine production in low capacity laboratories has been

increasing in the Northeast. Small-scale local production in the Northeast likely will increase sharply in the near term as methamphetamine use in the region increases and established users or initiates to methamphetamine use become familiar with production methods and become their own sources of supply or even small-scale distributors. According to MTF data, past year methamphetamine use in the Northeast Region trended upward from 2002 to 2003 among eighth (0.8% to 1.7%), tenth (1.5% to 2.1%), and twelfth graders (1.6% to 1.8%).

Methamphetamine production in Mexico likely will continue to increase. Reported increases in bulk ephedrine and pseudoephedrine shipments from China to Mexico for use in Mexico-based superlabs and an apparent decrease in the amount of bulk pseudoephedrine diverted from Canada for use in California-based superlabs suggest that Mexican criminal groups will concentrate more large-scale methamphetamine production efforts in Mexico.

National Drug Threat Assessment 2005



Marijuana

Key Findings

- The escalating prevalence of higher potency marijuana such as sinsemilla has resulted in an increase in average marijuana potency; however, high potency marijuana constitutes a relatively small portion of the marijuana available throughout the United States. Commercial-grade marijuana is the most widely available type throughout the country.
- Demand is higher for marijuana than for any other illicit drug; however, marijuana use among eighth, tenth, and twelfth graders as well as college students has declined since peaking in the late 1990s.
- The consequences of marijuana use evidenced in ED mentions and treatment admissions have increased steadily over the last decade; however, three significant underlying factors should be considered when analyzing such increases. First, marijuana often is used with alcohol or other illicit drugs, which obscures the relevance of marijuana as a cause of many ED mentions. Second, a rise in treatment referrals through the criminal justice system has contributed largely to the increase in marijuana-related treatment admissions. Third, increased prevalence of higher potency marijuana has likely resulted in a greater number of individuals experiencing more intense and often unpleasant effects of the drug, leading them to seek medical intervention.
- Domestic marijuana production appears to be increasing, in part because of the rising involvement of U.S.-based Mexican DTOs and criminal groups in large-scale cultivation operations in the United States.
- The size of marijuana shipments smuggled from Canada into the United States has increased largely because of the increasingly for-profit nature of marijuana production in Canada, which the RCMP reports is now dominated by organized crime, most notably Hells Angels OMG and Vietnamese criminal groups. Despite the apparent increase in marijuana smuggling from Canada, Mexico remains by far the principal source area of foreign-produced marijuana in the United States.
- Miami appears to have diminished in its role as a national-level Primary Market Area; however, the South Florida area remains a primary entry point for foreign-produced marijuana smuggled through the Caribbean and is emerging as a regional source of supply for domestic marijuana.

Introduction and Trends

The prevalence of marijuana and the continuing high demand for the drug underlie its stability as one of the foremost drug threats. More than 95 percent of state and local law enforcement agencies describe the availability of the most widely abused illicit drug as high or moderate, and 75 percent of illicit drug users aged 12 or older report current use of marijuana. The steady supply of and demand for marijuana overall and the strong, stable market for its distribution often

allow for the financial stability of drug traffickers, many of whom traffic marijuana to bankroll other criminal activity, such as producing or distributing other illicit drugs like methamphetamine and cocaine. Marijuana sales yield high, steady profits for producers and distributors, yet the drug is relatively inexpensive for users.

Nationally, the threat associated with marijuana trafficking has declined and lags behind

that associated with methamphetamine and cocaine, including crack. According to NDTs data, the percentage of state and local law enforcement agencies identifying marijuana as their greatest drug threat has declined each year from 2002 to 2004 (20.4% to 13.1% to 12.0%). Moreover, current data indicate that the percentage of agencies identifying marijuana as their greatest drug threat is considerably less than the percentage identifying methamphetamine or cocaine (see Figure 3 on page xv).

Such data indicate that despite the volume of marijuana trafficked and used in this country, for many in law enforcement marijuana is much less an immediate problem than methamphetamine, for example, which is associated with more tangible risks such as violent users and toxic production sites. Bearing this out, NDTs data also indicate that only 4.6 percent of state and local law enforcement agencies across the country in both 2003 and 2004 identified marijuana as the drug that most contributes to violent crime. Asked to identify the drug that most contributes to property crime, 9.5 percent of agencies nationwide identified marijuana in 2004, more than twice the response for violent crime, but less than reported in 2003 (11.8%).

While trying to effectively allocate resources to combat marijuana in addition to other, more socially disruptive drugs, U.S. law enforcement is challenged to overcome the perception that marijuana is a drug that does little harm. In 2002 an estimated 94 million persons aged 12 or older reported trying marijuana or hashish at least once in their lifetime. Many of these users likely suffered no severe ill effects and have assumed from their unscathed experiences that marijuana use is harmless. For example, according to a 2003 news release from the Parents' Resource Institute for Drug Education (PRIDE), while 73 percent of nonusers believe marijuana is very harmful to one's health, only 11 percent of current users believe so. The perception that marijuana use is not harmful—common among users and shared to some extent among nonusers—is vital to ongoing local and state-level grassroots attempts to legalize marijuana under the guise of creating

sensible law enforcement priorities and providing compassionate care for those with medical needs.

Such views aside, in reality marijuana is not harmless. Marijuana's effects can include those problems attendant to cigarette smoking as well as problems with distorted perception and loss of coordination, which can contribute to household, occupational, or vehicular accidents. For example, in 2001 an estimated 38,000 U.S. high school seniors reported that they had crashed a vehicle while driving under the influence of marijuana. Other effects include problems with memory and learning, difficulty in thinking and problem solving, and increased heart rate. According to one study, fewer heavy users of marijuana completed college and more had household incomes of less than \$30,000 as compared with a control group, despite similar educational and economic backgrounds. (In this study, heavy users smoked marijuana a mean of 18,000 times and no less than 5,000 times, while control group subjects smoked at least once but no more than 50 times in their life). NIDA reports that another study has indicated that a user's heart attack risk quadruples in the first hour after smoking marijuana.

The production of marijuana also can harm the environment. The by-products of outdoor grows can potentially contaminate waterways or destroy vegetation and wildlife habitat through the use of chemical fertilizers and pesticides or from the trash and human waste left behind at large cultivation site encampments such as those on public lands. Outdoor cultivators also are known to start fires to clear timber or ground cover to prepare large sites. Indoor cultivation, too, can result in potentially harmful situations in areas surrounding the cultivation site, such as an increased risk of fire or electrocution posed by rewiring or jury-rigged electrical bypasses in grow houses and potential exposure to toxic molds that result from the high levels of relative humidity found in grow houses.

Availability

The escalating prevalence of higher potency marijuana such as sinsemilla appears to have resulted in an increase in average potency levels.

Samples of marijuana testing at 9 percent or higher THC (delta-9-tetrahydrocannabinol) increased more than 600 percent from 1994 (104 of 3,281 samples) to 2002 (545 of 2,378 samples), according to data from the Potency Monitoring Project.¹³ Yet the increase in the average potency of tested marijuana and sinsemilla during that period was less dramatic. Average THC levels for both types rose approximately 50 percent, from 3.50 to 5.11 percent THC for marijuana and from 7.49 to 11.43 percent THC for sinsemilla.

NDIC Comment: Marijuana potency has increased; however, it is unlikely that average potency levels will reach 20 or 30 percent THC in the near term. Even with the advances in indoor cultivation techniques or marijuana production methods used throughout the United States and Canada where much of the higher potency marijuana is produced, THC levels remain, typically, under 15 percent. Growers can and do produce marijuana with potency levels over 20 percent; however, not all growers have the capability or the determination either to produce top-quality marijuana or to achieve the highest potential yield from their crops. The trend toward larger grows controlled by organized crime groups in Canada and, to a lesser extent, in the United States should help stabilize or further slow the rise in average potency levels. The interests of DTOs and criminal groups are in marijuana's profitability, and they are unlikely to invest the care required to mass-produce top-quality marijuana, particularly in the drying, manicuring, and curing stages of production. Thus, average THC levels likely will continue to increase only gradually or remain relatively stable.

Demand

The consequences of marijuana use evidenced in ED mentions and treatment admissions have increased steadily over the last decade. Marijuana-related ED mentions increased nearly 200 percent from 1994 to 2002. Marijuana-related treatment admissions increased 100 percent during the same period.

NDIC Comment: The dramatic increases in marijuana-related ED mentions and treatment admissions often are viewed with concern, and while these increases may be attributable in part to the higher potency marijuana available today, this hypothesis has yet to be confirmed. Polydrug use and integrating treatment services in the disposition of minor cases of marijuana possession are two significant underlying factors to consider when assessing the consequences of marijuana use. Marijuana very often is used sequentially or concurrently with alcohol or other illicit drugs. In fact, only 28 percent of marijuana-related ED episodes in 2002 involved marijuana alone, so the presence of alcohol or other illicit drugs undoubtedly obscures the relevance of marijuana as a cause of many ED visits. Also, a rise in treatment referrals through the criminal justice system (such as through drug courts begun in the early 1990s) has contributed largely to the increase in marijuana-related treatment admissions. According to SAMHSA, treatment admissions referred by the criminal justice system were more likely to report marijuana as a primary substance of abuse than admissions referred by all other sources (24% vs. 10%). This is not to suggest that marijuana use is not harmful or that providing treatment as an alternative to arrest is a flawed policy, but these underlying factors do have bearing on analysis of marijuana's consequences.

Production

Domestic marijuana production appears to be increasing. Production estimates for the United States remain widely uncertain and there are as yet no agreed-upon trend data for comparison; however, law enforcement reporting indicates increasing cultivation throughout the country, noting in particular large-scale cultivation in the Pacific Region.

NDIC Comment: Contributing to increasing domestic marijuana production is the rising involvement of DTOs and criminal groups in large-scale cultivation operations in the United States. For example, U.S.-based Mexican DTOs

13. The Potency Monitoring Project analyzes samples of marijuana seized by federal and state law enforcement agencies. The Project is funded by NIDA and is conducted at the University of Mississippi.

control large outdoor operations in California and Oregon, and law enforcement reporting further indicates that these DTOs are increasingly involved in commercial indoor cultivation in California's Central Valley. The establishment of Mexican DTO-controlled operations in the United States has been documented for a few years, and the U.S. Department of Agriculture (USDA) Forest Service reports that at least five separate Mexican DTOs currently are linked with cultivation operations on California public lands. Reporting suggests that Mexican DTOs set up operations within the United States to avoid increased border security and higher transportation fees after September 11, 2001.

Transportation

The size of marijuana shipments smuggled from Canada into the United States has increased. Amounts smuggled overland across the Northern Border typically have ranged from personal use quantities to the 40- to 100-pound quantities carried in duffel bags; however, traffickers are increasingly transporting marijuana in private and commercial vehicles—for example, the trash trucks that frequently cross from Canada into Michigan—and overland shipments now are frequently 200 pounds or more. Also, marijuana shipments seized from noncommercial vessels and private aircraft in 2003 were two to three times larger than shipments seized from those transportation modes in previous years.

NDIC Comment: The increase in the size of marijuana shipments smuggled from Canada is due largely to the increasingly commercial nature of marijuana production in Canada, which the RCMP reports is now dominated by organized crime, most notably Hells Angels and Vietnamese criminal groups. Typical cultivation operations in British Columbia and Ontario involve residential homes of 2,000-plus square feet that are totally converted to the grow operation, and RCMP reports that multithousand-plant operations are no longer uncommon.

Distribution

Miami appears to have diminished in its role as a national-level Primary Market Area; however, the South Florida area remains a primary entry point for foreign-produced marijuana smuggled through the Caribbean and is emerging as a regional source of supply for domestic marijuana. Law enforcement reporting and seizure data indicate that Florida, particularly the southern portion of the state, continues to be a focal point for maritime smuggling of marijuana from source areas such as Colombia and Jamaica. But in the past few years, as seizures specifically at the Port of Miami have declined, reporting indicates that shipments are entering the state at various points along its Atlantic Coast, particularly from Miami to Port St. Lucie, and at the southern tip. Also, indoor cultivation in South Florida has increased to such an extent in recent years that locally produced, usually hydroponic, marijuana is supplying not only a strong local market (Miami-Dade, Broward, Palm Beach Counties) but also markets out of state where it sells for a higher price.

NDIC Comment: Except for reporting from law enforcement in markets along the East Coast that has cited Miami as a significant source of marijuana to their areas, there is little quantifiable data to show national-level wholesale distribution of marijuana specifically from Miami. Moreover, law enforcement in Florida believes that much of the marijuana produced locally or smuggled into the state, through the Caribbean or overland from Mexico, is consumed locally and that distribution of foreign or local marijuana from the area is not as significant. This situation is unlike that in Primary Market Areas such as Phoenix/Tucson or Chicago, for example, where reporting indicates that as much as half or more of the marijuana transported to those areas is destined for other markets.

Availability

Given the consensus reporting from federal, state, and local law enforcement and public health agencies over many years, marijuana's widespread and ready availability in the United States is certain; however, the amount available remains less so. Preliminary interagency estimates suggest that anywhere from 12,000 to 25,000 metric tons of marijuana, including domestic and foreign, were available in the United States in 2002, up from an estimated 10,000 to 24,000 metric tons in 2001. These estimates are speculative. While current estimates are not precise, these ranges nevertheless underscore the magnitude of marijuana's availability in the United States and indicate that the amount available is increasing.

All DEA Field Divisions and HIDTA offices report that marijuana is readily, widely, or the most available illicit drug in their areas. Reports of increased availability largely concerned higher potency or Canadian Bud (also referred to as BC (British Columbia) Bud) marijuana reported by Field Divisions and HIDTA offices whose jurisdictions include the northern half of the country. Such reporting likely implicates Canadian marijuana, although higher potency marijuana is produced domestically, particularly in the Pacific Region, and the term Canadian Bud has been used to identify any marijuana consisting of buds and is not necessarily an accurate indicator of the country of origin. Areas where increased marijuana availability was identified include Detroit, North Dakota, South Dakota, Oregon, Washington, New Hampshire, Vermont, Colorado, Utah, Montana, and Wyoming. There were no reports of a trend toward decreased availability, although DEA Newark attributed a recent shortage in marijuana supplies to law enforcement actions in late 2003.

NDTS 2004 data show that 97.8 percent of state and local law enforcement agencies describe the availability of marijuana as high or moderate, little deviating from the percentages reported for 2003 (98.2%) and 2002 (96.9%). The percentage of agencies reporting high or moderate availability in 2004 ranged narrowly from a low of 97.1

percent in the Southeast to a high of 99.5 percent in the West. Although law enforcement agencies throughout the country identify marijuana as the most prevalent illicit drug in their areas, few consider it a significant threat to public health and safety, hence its relatively low ranking as the greatest drug threat.

Another indication that marijuana's availability is not declining is that federal seizures of marijuana have increased slightly overall since 2001. As illustrated in Figure 25, however, while marijuana seizures have increased, the amounts seized over the 4-year period shown have not varied significantly, nor has the location of most federal seizures. FDSS data show that from 2000 to 2003, seizures in the four border states of Texas, Arizona, California, and New Mexico accounted for an average of 92 percent of all marijuana seized through incidents in which federal agencies participated. In 2004 seizures in Texas and Arizona alone accounted for 76 percent of total federal marijuana seizures.

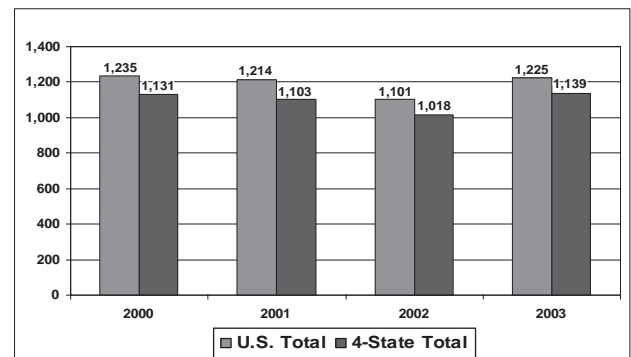


Figure 25. Federal-wide drug seizures, marijuana, U.S. and 4-state total for Texas-Arizona-California-New Mexico, in metric tons, 2000–2003.

Source: Federal-Wide Drug Seizure System.

Contrary to reports of increased availability and amounts seized, marijuana-related arrests have been declining, probably reflecting law enforcement's focus on more socially disruptive drugs, such as methamphetamine or crack, as well as the challenges posed by state and local laws inconsistent with federal laws governing marijuana. For example, the number of DEA

arrests that involved marijuana declined overall from 7,096 in 2000 to 4,655 in 2003. At least 80 percent of DEA marijuana-related arrests in each year from 2000 through 2003 involved marijuana of foreign origin.

Potency levels reflect less the actual supply of marijuana available than they do the quality available. Thus the documented rise in marijuana potency (see Table 10) is more a factor of the availability of and demand for better quality marijuana. For example, according to data from the Potency Monitoring Project at the University of Mississippi, 23 percent of submitted samples tested at 9.0 percent THC or higher in 2002, compared with just 3 percent in 1994 (when some 900 more samples were tested than in 2002). The data below also illustrate that despite advances in cultivation techniques that make it possible to produce

marijuana with THC levels of 20 to 30 percent, yields of this strength are not the rule, and high potency marijuana—whether sinsemilla from Canada or the United States—more typically tests between 10 and 15 percent THC.

Marijuana prices typically are not a strong indicator of the drug’s availability. Wide-ranging prices, such as those shown in Table 11, which illustrates wholesale price ranges in some specific primary marijuana markets in 2001 and 2003, indicate the availability of marijuana of varying quality, from commercial-grade (domestic outdoor grown or Mexico-produced) to sinsemilla (domestic indoor grown or Canada-produced). Marijuana prices also are wide-ranging because of factors such as the buyer-seller relationship, the quantity purchased, the purchase frequency, and the market’s distance to the source.

Table 10. Average THC Concentration, Percentage by Year Confiscated, 1994–2002

	1994	1996	1998	2000	2002
Marijuana	3.50	3.87	4.21	4.68	5.11
Sinsemilla	7.49	9.23	12.33	12.71	11.43

Source: Potency Monitoring Project.

Table 11. Marijuana Prices, in Dollars, per Pound, Selected Market Areas, 2001 and 2003

	2001	2003
Los Angeles		
Commercial	300–400	300–1,200
Sinsemilla	2,500–6,000	2,500–6,000
Dallas		
Commercial	400–800	350–1,200
Sinsemilla	900–1,200	1,200–6,000
New York		
Commercial	200–2,500	1,000–2,000
Sinsemilla	1,000–5,000	3,000–5,000

Source: Drug Enforcement Administration.

Demand

Demand is higher for marijuana than for any other illicit drug, and the constancy of this demand over time has ensured marijuana's ready availability and profitability. No less than 75 percent of illicit drug users in the United States aged 12 or older—an estimated 14.6 million persons—reported current use of marijuana in 2003. Such a sizable user population, encompassing persons of wide-ranging ages, both genders, and diverse origins residing in areas urban to rural, equates to steady profits. Past year marijuana use overall is relatively stable, generally showing modest, albeit not always significant, downward trends across most age groups. Conversely, the consequences of marijuana use seen in ED mentions and treatment admissions show no significant changes from year to year yet continue to rise steadily.

Predominant User Groups

MTF prevalence data in the chart below clearly depict the pattern of marijuana use as an arc across the age groups with peak use typically occurring from the late teens through the late twenties (see Figure 26). Although comprising a larger population and different age groups, NSDUH data indicate a similar pattern of the highest rates of use occurring among young adults and adolescents. Past year use was highest in 2003 for those aged 18 to 25 (28.5%), followed by those 12 to 17 (15.0%) and 26 or older (6.9%).

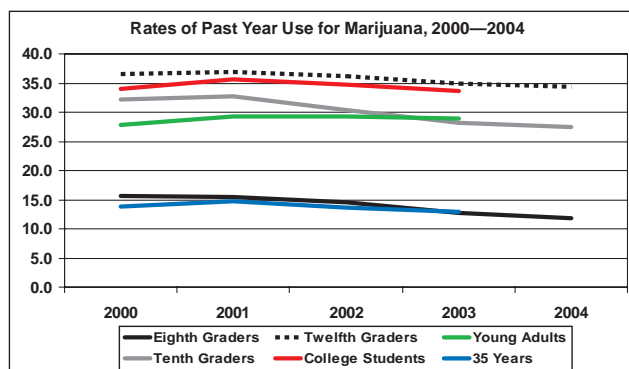


Figure 26. Rates of past year use, marijuana, 2000–2004.

Source: Monitoring the Future.

National drug prevalence data indicate that rates of marijuana use are generally higher among males, although the gender gap is relatively even between the sexes among younger users and widens as marijuana users age. MTF adolescent data for 2003 show past year use was 13.9 percent for males and 11.5 percent for females among eighth graders, 30.0 and 26.4 percent among tenth graders, and 37.8 and 31.6 percent among twelfth graders. According to 2003 MTF data regarding adults, 30.7 percent of males and 24.4 percent of females aged 19 to 30 reported past year marijuana use. Likewise, NSDUH data for 2003 indicate a narrow gender gap between rates of past year use for males and females aged 12 to 17 (15.3% and 14.6%, respectively) that widened among those aged 18 to 25 (33.0% and 24.0%) and 26 or older (9.2% and 4.7%).

Prevalence data further indicate that marijuana use is highest for Whites overall, particularly during years of peak use (late teens and early twenties). According to 2003 MTF data, while 19.1 percent of Hispanic eighth graders reported past year marijuana use compared with 13.0 and 12.6 percent of White and Black students, among older teens past year use was highest for Whites (30.6%), followed by Hispanics (28.8%) and Blacks (25.1%) in tenth grade; this pattern continued in twelfth grade with 37.9, 31.1, and 26.3 percent of Whites, Hispanics, and Blacks, respectively, reporting past year use. NSDUH 2003 data indicate that Whites were the primary marijuana users of these ethnic groups among adolescents and young adults as well. Among older adults, however, use among Blacks surpassed use among Whites (see Table 12 on page 48).

Table 12. Percentage of Past Year Marijuana Use by Age Group, Origin, and Race, 2003

	12–17	18–25	26 or older
White	16.4	31.8	7.3
Hispanic or Latino	13.8	20.8	4.3
Black or African American	11.9	26.6	8.5

Source: National Survey on Drug Use and Health.

Marijuana is readily available across the country from large cities to small towns to rural areas; however, national prevalence data suggest that younger users have easier access to marijuana in less populated areas. According to 2003 MTF data, past year marijuana use was reported by 14.1 percent of eighth graders in Non-MSAs (areas having no town with a population of at least 50,000) compared with 11.5 percent of eighth graders in densely populated Large MSAs. This pattern was the same for tenth graders—higher reported use in Non-MSAs (29.0%) than Large MSAs (27.1%). Marijuana use started to shift by twelfth grade, however, when it was reported by slightly more students in Large MSAs (32.3%) than Non-MSAs (32.2%). Among adults aged 19 to 30, past year use was higher for those in a Very Large City than in Farm/Country areas (29.4% vs. 21.4%). NSDUH data also indicate higher reported marijuana use among young users in less populated areas and among adult users in urban areas. In 2003, 15.2 percent of adolescents in Non-Metro areas reported past year use compared with 14.4 percent in Large Metro areas. Among adults 26.9 percent of those aged 18 to 25 and 5.1 percent of those 26 or older in Non-Metro areas reported past year marijuana use compared with 28.4 and 7.4 percent, respectively, in Large Metro areas.

Trends in Use

Marijuana use among eighth, tenth, and twelfth graders as well as college students has declined each year since peaking in the late 1990s; however, declines have not been substantial

enough to diminish overall high levels of demand. In fact, despite the recent declines, the prevalence of marijuana use among these age groups was still considerably higher in 2003 than in 1991, before rates of use began to rise. Use among young adults increased overall since 1991, not peaking until 2002.

Figure 27 shows the general downward trend in adolescent use of marijuana. In fact, past year and current use for all three grades combined decreased nearly 11 percent from 2001 to 2003. The effects of an antimarijuana campaign launched in 2002 by the Office of National Drug Control Policy (ONDCP) may have bolstered overall declines in adolescent marijuana use, particularly reflected in the younger age groups as past year use decreased among eighth, tenth, and twelfth graders from 2001 to 2004. The latest NSDUH data show that the percentage of adolescents aged 12 to 17 reporting past year use of marijuana was 15.8 percent in 2002 and 15.0 percent in 2003.

Figure 27 also shows relatively stable use among adults in recent years; no changes recorded in MTF data for any adult age group, including college students through those aged 40, were statistically significant. According to the latest NSDUH data, the percentage of adults aged 18 to 25 reporting past year use of marijuana decreased from 2002 (29.8%) to 2003 (28.5%), while the percentages for those aged 26 or older were 7.0 and 6.9 percent in those years.

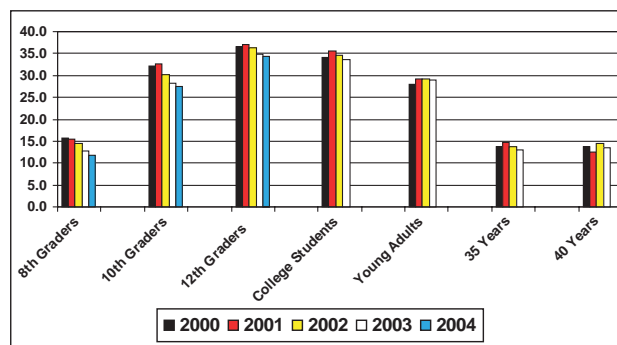


Figure 27. Percentage of past year marijuana use across age groups, 2000–2004.

Source: Monitoring the Future.

Perceptions of Use

Since 1991 the percentages of both adolescents and adults who perceive regular use of marijuana as harmful or who disapprove of smoking marijuana regularly have decreased overall, according to MTF data (see Figures 28 and 29). These data also effectively illustrate a pattern whereby the perception of risk or harm associated with marijuana use declines with age. Not insignificantly, this decline parallels the increase in marijuana use seen in older teens and young adults.

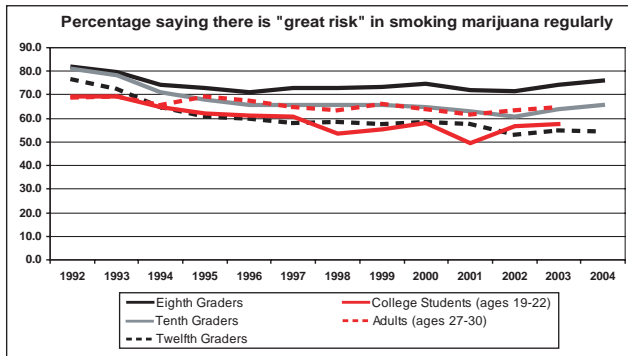


Figure 28. Trends in perceived harmfulness of marijuana, selected groups, 1992–2004.

Source: Monitoring the Future.

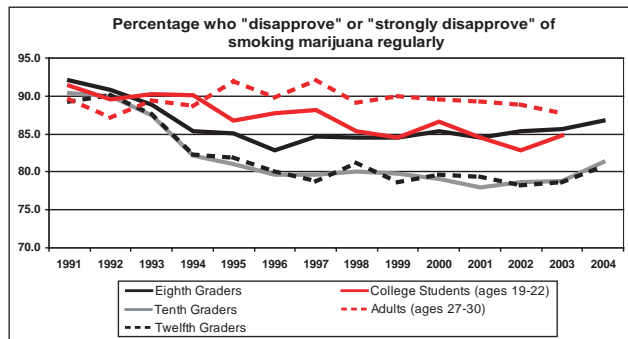


Figure 29. Trends in disapproval of marijuana use, selected groups, 1991–2004.

Source: Monitoring the Future.

According to PATS data, the percentage of teens perceiving great risk in using marijuana regularly has been relatively stable over the past 4 years, with a range of 58 to 60 percent of sixth through twelfth graders reporting each year from 2000 to 2003. PATS data further indicate, however, that while nonusers of marijuana are much more likely to consider regular use as very risky (72% versus 25% for users), there have been

recent declines in the proportions of both nonusers and noncurrent users who associate certain negative consequences (for example, dropping out of school or not getting into a good college) with marijuana use. Such declines suggest a relaxing of teens' attitudes toward marijuana, thus increasing their susceptibility to use of the drug.

Trends in Consequences of Use

Marijuana-related ED mentions and treatment admissions have continued to rise overall; however, a review of relevant data suggests that in recent years some consequences of marijuana use have trended downward. For example, while the total estimated number of ED mentions for marijuana increased significantly (23.9%) from 2000 to 2002, year-to-year increases during that time frame were statistically unchanged (see Figure 30). Also, more cities reported significant decreases than increases in marijuana-related ED mentions. ED mentions decreased significantly from 2000 to 2002 in Dallas (30.5%) and from 2001 to 2002 in Dallas (18.9%), Seattle (13.8%), Washington, D.C., (12.1%), and Chicago (11.5%). DAWN reporting cities with the steepest increases from 2000 to 2002 were Newark (75%) and St. Louis (62.6%); from 2001 to 2002 significant increases in ED marijuana mentions continued only in Newark (45.9%).

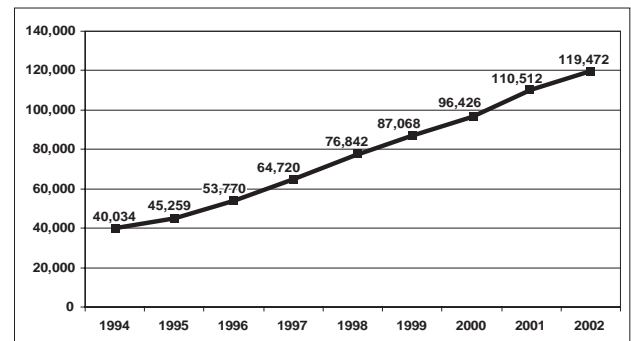


Figure 30. Marijuana-related emergency department mentions, estimated number, 1994–2002.

Source: Drug Abuse Warning Network.

TEDS data show that marijuana-related treatment admissions, too, have increased markedly over time—from 5.9 percent of all drug-related admissions in 1992 to 15.1 percent in 2002. The biggest upswing during that time frame occurred

from 1992 (5.9%) to 1997 (12.3%), however, suggesting that the rise in the proportion of marijuana-related admissions to all drug admissions has slowed in later years.

ADAM data indicate that more adult male arrestees tested positive for marijuana than for any other drug and that the percentage increased overall between 2000 and 2003 from 40.9 to 44.1

percent. In 2003, 9 of 39 ADAM sites reported that 50 percent or more of adult male arrestees tested positive for marijuana compared with just 3 of 35 ADAM sites in 2000. Oklahoma City is the only ADAM site where more than half of male arrestees tested positive for marijuana each year from 2000 to 2003.

Production

Marijuana production levels appear to be increasing despite continuing eradication efforts in this country and abroad. Law enforcement reporting and eradication data indicate increased cultivation in the United States, including increases in the size of large outdoor operations, often located on public lands and controlled by independent growers as well as U.S.-based Mexican DTOs, and in the number of small indoor operations, likely set up by various independent growers or criminal groups. Reporting particularly notes large-scale cultivation in the Pacific Region and increased indoor production in Florida as well as in many areas of the United States and Puerto Rico. Intensifying the situation are reports of increased production in Mexico and Canada. The United States is a significant consumer of the marijuana produced in these two neighboring source areas, where cultivation operations are largely the purview of major DTOs and organized crime.

Domestic Production

Estimating marijuana production has been acknowledged as an imprecise science; rough estimates based on available data and reasonable assumptions suggest that production in the United States could range from 6,000 to 19,000 metric tons annually. Most of this marijuana likely is produced outdoors, and considerable amounts are produced on public lands. One of the largest intelligence gaps in estimating domestic marijuana production concerns indoor cultivation. An accurate estimate of domestic indoor marijuana production remains infeasible largely because of the difficulty in detecting the operations and the lack

of national data available. According to DEA, it is believed that state and local law enforcement agencies seize most indoor grow operations; thus, many go unreported to federal law enforcement.

The cultivation of cannabis plants in order to produce marijuana is extensive in certain areas, most notably in the Pacific and Southeast Regions, as evidenced by Domestic Cannabis Eradication/Suppression Program (DCE/SP) data presented in Table 13 on page 51. Both outdoor and indoor cultivation are common in the Pacific Region, where Hawaii is well known for the quality and quantity of marijuana produced outdoors, Washington and Oregon are principal source areas for top quality marijuana produced indoors, and California is a leading source area for marijuana produced in both outdoor and indoor grows. In the Southeast, outdoor cultivation is predominant. Tennessee and Kentucky are the principal source areas in this region. These areas of extensive cultivation notwithstanding, marijuana production remains a nationwide problem. There are few communities where cannabis is not cultivated for either distribution or personal use.

NDTS data show that state and local law enforcement agencies report the presence of indoor and outdoor cannabis cultivation almost equally. But as illustrated in Table 14 on page 51, while percentages have been similar since 2002, indoor cultivation was reported by more agencies for the first time in 2004. Hydroponic cultivation, although reported far less than general indoor cultivation, also appears to have increased over the last few years, likely resulting from information

Over 30,000 Cannabis Plants Eradicated

On August 18, 2004, officials from the DEA San Jose Resident Office, California Bureau of Narcotic Enforcement, Lake County Sheriff's Department, and Wolf Team of the California National Guard eradicated approximately 32,500 cannabis plants in Upper Lake. The officials learned of the cannabis grow site, which covered four connecting properties, while conducting a related investigation. Law enforcement officials obtained and executed a search warrant at the properties, where they discovered a 40-acre cannabis grow site equipped with a sophisticated irrigation system. The plants ranged in height from less than 1 foot to more than 10 feet. No attempt was made by the growers to conceal the site. The owner of the four properties was arrested on federal charges of possession of marijuana with intent to distribute, conspiracy, and establishing marijuana manufacturing operations. Thirteen other individuals also were arrested on state charges including cultivation of marijuana and possession of marijuana for sale. In addition to the cannabis plants, plastic bags believed to contain processed marijuana, canning jars believed to contain hash oil, and a handgun were seized.

Source: Drug Enforcement Administration; Lake County District Attorney's Office.

Table 13. Top Five States for Cannabis Eradication, 2003

Outdoor Plants		Indoor Plants	
California	1,109,066	California	72,891
Tennessee	678,635	Washington	23,557
Kentucky	519,986	Florida	16,302
Hawaii	388,903	Oregon	15,944
New York	95,385	Texas	11,722
U.S. Total	3,427,923	U.S. Total	223,183

Source: Drug Enforcement Administration Domestic Cannabis Eradication/Suppression Program.

Table 14. Percentage of NDTs Respondents Reporting Methods of Cannabis Cultivation 2002–2004*

	2002	2003	2004
Indoors	73.8	73.1	75.9
Outdoors	74.7	74.0	74.9
Hydroponic	36.0	39.7	43.6
Not Cultivated	10.7	9.7	9.4

* Responses do not add to 100% because respondents could indicate more than one method.

shared among growers and hydroponic materiel accessible via the Internet and print media. Not surprisingly the Pacific Region, which includes central and northern California, as well as Washington and Oregon, had the highest percentage of agencies reporting both indoor and hydroponic cultivation (86.2% and 59.2%, respectively), while the Southeast Region, which includes Tennessee and Kentucky, had the highest percentage reporting outdoor cultivation (85.4%).

A large portion of outdoor marijuana production in the United States occurs on the expansive yet secluded areas offered by public lands. As reported by the United States Department of Agriculture (USDA) Forest Service, use of such

Table 15. Cannabis Plants Eradicated on Public Lands, 2000–2003

		2000	2001	2002	2003
National Forest System Total		733,427	719,985	597,797	729,481
California		433,595	495,536	420,866	442,670
Kentucky		201,227	170,314	102,288	213,451
	Daniel Boone	201,227	170,314	102,288	213,229
Department of the Interior Total		253,000	201,670	168,645	272,811

Sources: U.S. Department of Agriculture Forest Service; U.S. Department of the Interior.

lands also allows marijuana producers to avoid most of the asset forfeiture problems associated with private lands. National forests in California, collectively, and the Daniel Boone National Forest in Kentucky, specifically, are the primary areas of cultivation (see Table 15). As was the case in 2002, 8 of the top 10 national forests for eradication in 2003 were in California, and 6 of the 8 California forests are located in the northern and central portions of the state. Public lands administered by the Department of the Interior (DOI) are no less vulnerable to marijuana producers seeking cultivation sites. Although eradication numbers have been consistently smaller than those for National Forest System (NFS) lands (refer to Table 15), reporting indicates that marijuana cultivation on DOI-administered lands has increased overall since the mid-1990s.

Producers of domestic marijuana are as varied as domestic cultivation operations, which range from outdoor plots to indoor grows, from a few plants grown for personal use (quality) to thousands mass-cultivated by DTOs or other criminal groups (quantity). Local independent growers or criminal groups producing marijuana typically reflect the general population of an area. For example, Cuban American producers normally are identified only in Florida, which has a large Cuban community. Accordingly, law enforcement reporting indicates that most marijuana producers across the country are Caucasians. DEA reports that producers of indoor-grown marijuana in particular are overwhelmingly Caucasians.

U.S.-based Mexican DTOs continue to control large outdoor cultivation operations in California, predominantly on public lands. In fact, five separate Mexican DTOs have been identified as operating on NFS lands in California, one of which has operations in seven forests covering land in nine counties. An increase in U.S.-based Mexican DTO-controlled cultivation operations in California's Central Valley has elevated marijuana production in that area to levels normally associated with counties in Northern California. More than 90 percent of the plants eradicated under the state's Campaign Against Marijuana Planting (CAMP) program in Central Valley counties in 2003 are believed to have been produced in Mexican DTO-controlled operations. Such operations also have been identified on public lands in Oregon, Washington, Idaho, Utah, Arizona, Georgia, and Arkansas. Mexican DTOs usually employ undocumented aliens from Mexico or supply organization members to live in camps at grow sites and tend the plots.

Foreign Production

Mexico has been the principal source area for U.S.-destined foreign marijuana for decades, and already high production levels escalated in 2003. An estimated 13,500 metric tons of marijuana were potentially produced in Mexico in 2003, 70 percent more than in the previous year. For perspective, annual marijuana production in Mexico, although rising steadily since 1999, averaged approximately 7,300 metric tons in the 4 years preceding.

Reportedly contributing to the escalated production in 2003 were favorable rainfall patterns in the western Sierra Madre Mountains,¹⁴ throughout which small cultivation plots are scattered to avoid detection and eradication of the plants. Mexican DTOs control nearly all marijuana production in Mexico, and despite increased drug use in that country in recent years, most of the marijuana produced is believed to be destined for markets in the United States. Given the steep increase in estimated production, it is not surprising that reporting from U.S. law enforcement continues to indicate that marijuana produced in Mexico is the most widely available type.

Current RCMP estimates of Canadian marijuana production are 800 to 2,000 metric tons. Seizure data and law enforcement reporting indicate that multiple metric tons of marijuana are smuggled from Canada into the United States annually. British Columbia has traditionally been the most prolific area for marijuana production; however, production in Ontario and Québec now appears to be at levels similar to those reported in British Columbia (see Table 16).

Table 16. Canadian Marijuana Seizures, 2003

	Plants Eradicated	Processed Marijuana Seized (lb)
British Columbia	460,971	8,345
Ontario	232,060	16,555
Québec	579,381	11,327
Canada Total	1,400,026	47,442

Source: Royal Canadian Mounted Police.

Organized crime is more extensively involved in marijuana production in Canada than in the United States. The RCMP reports that, in general, OMGs control most large-scale outdoor and indoor hydroponic (without soil) operations, while Asian, primarily Vietnamese, criminal groups dominate indoor organic (soil-based)

operations. Both groups are prominent in provinces where marijuana is produced extensively, but Hells Angels OMG is likely dominant in Québec, where RCMP reports a trend toward outdoor grows. More revealing, however, is that Vietnamese criminal groups appear poised to be the dominant indoor marijuana producers in many of Canada's largest cities. According to one report, Vietnamese criminal groups already run nearly every sizable indoor cultivation operation in Vancouver and Toronto, and they are becoming increasingly competitive in Montreal and in the Calgary area.

Cannabis Seed Distribution

For many in the United States who produce marijuana, Canada, along with other countries such as the Netherlands, Switzerland, and the United Kingdom, is a source of cannabis plant seeds. Several retail seed companies, or seed banks, are based in Canada, notably in British Columbia, Ontario, and Québec, where seed sales may be tolerated or may fall through the legal system because there is so little THC in the seeds themselves. Seed banks often describe their product as sold for medicinal purposes, yet advise their customers to pay anonymously via money orders and never to have the seeds sent to the location of their grow site.

Marijuana production in Colombia continues to be reported at 4,150 metric tons, a figure reported every year since 1996. The principal drug-producing regions in Colombia lie in the south central portion of the country, where well-established Colombian DTOs and, to some extent, terrorist insurgent groups likely control marijuana production.

Potential marijuana production has not even been reported since 1997 for Jamaica, where drug traffickers traditionally have paid local farmers to plant and harvest cannabis for distribution in the United States, Canada, and Europe. Marijuana continues to be produced to some extent in

14. Marijuana yields, which are used to develop potential production estimates, are currently under scientific review by the Mexican Government.

Jamaica and shipments continue to be detected departing Jamaica; however, reporting indicates that marijuana from Jamaica has largely been displaced from these traditional export markets by the high quality marijuana produced locally in the

United States, Canada, and Europe. Jamaica does remain the principal source area of hash oil smuggled to Canada, some of which transits the United States en route.

Transportation

The transportation of marijuana from foreign source areas to the United States, as well as the transportation of foreign and domestic marijuana within the United States, occurs overwhelmingly by land. Transportation also occurs by sea and air; however, smugglers continue to exploit the breadth of U.S. land borders with Mexico and Canada, transporting huge amounts of marijuana via official border checkpoints as well as countless unofficial crossing points. Moreover, law enforcement reporting indicates that marijuana smuggling across the Southwest and Northern Borders is increasing.

Transporters of marijuana include DTOs, criminal groups, gangs, and independent smugglers and encompass many racial and ethnic groups. Mexican DTOs and criminal groups and Jamaican criminal groups are the prominent smugglers and transporters of marijuana from Mexico. Vietnamese and Chinese criminal groups and Caucasian traffickers are the primary transporters of marijuana from Canada. Other transporters identified include Hispanics, African Americans, Native Americans, street gangs such as Latin Kings and Ñeta, and OMGs such as Hells Angels and Gypsy Jokers.

To the United States

Marijuana smuggling into the United States via its borders with Mexico and Canada appears to have increased overall; however, the volume of marijuana seized along the Southwest Border dwarfs Northern Border amounts (see Table 17). The increase in seizures along the Northern Border is likely the result of not only increased marijuana production in and smuggling from Canada but also increased law enforcement efforts along that border and the improved capture of data relating to Northern Border seizures.

Table 17. U.S. Arrival Zone Seizures Marijuana in Kilograms, 2001–2003*

	2001	2002	2003
Southwest Border	1,059,037	1,034,635	1,173,128
Northern Border	3,601	8,370	11,183

Source: El Paso Intelligence Center.

* Numbers are rounded.

Law enforcement reporting and seizure data indicate that most of the marijuana smuggled across the Southwest Border is transported by Mexican DTOs and criminal groups through and between POEs primarily in Texas and Arizona, followed by California and New Mexico. Cross-border overland modes of transportation are primarily private and commercial vehicles such as privately owned or rental cars and tractor-trailers. Recreational vehicles, buses, and trains are used as well. Other cross-border transport methods used include mail and express mail services as well as couriers. Couriers hike marijuana through remote areas, walk it through tunnels dug under the border, wade across border waterways with marijuana-laden rafts, or transport the drug on horseback.

EPIC seizure data show that the POEs accounting for most of the marijuana seized along the Southwest Border over the last 3 years are El Paso and Laredo in Texas and San Ysidro, Otay Mesa, and Calexico in California. Approximately 80 percent of the marijuana seized at Southwest Border POEs each year from 2001 to 2003 was seized at these five POEs. The counties account-

ing for most of the marijuana seized between Southwest POEs from 2001 through 2003 are Pima and Santa Cruz Counties in Arizona. The Texas counties of Starr and Hidalgo followed in 2001 and 2002, Zapata County in 2003. Between 50 and 60 percent of the marijuana seized between Southwest Border POEs each year from 2001 to 2003 was seized in these counties. Amounts seized in Pima and Santa Cruz Counties increased each consecutive year as law enforcement agencies along the Arizona–Mexico border reported an increase in marijuana trafficking (see Table 18).

Table 18. Principal Ports of Entry/Counties for Marijuana Seizures Along Southwest Border 2003

POE	Kilograms Seized at POE
El Paso (TX)	83,320
Laredo (TX)	63,732
Otay Mesa (CA)	49,598
San Ysidro (CA)	33,297
Calexico (CA)	20,239
County	Kilograms Seized Between POEs
Pima (AZ)	70,126
Santa Cruz (AZ)	53,304
Zapata (TX)	26,720

Source: El Paso Intelligence Center.

Law enforcement reporting and seizure data indicate that most of the marijuana smuggled across the Northern Border is transported by OMGs such as Hells Angels, Vietnamese and Chinese criminal groups, and Caucasian, Native American, and Indian transporters through and between POEs primarily in Washington, followed by Michigan and New York. Cross-border overland means of transportation are primarily private and commercial vehicles. Recreational vehicles, buses, snowmobiles, and motorcycles also have been used. Other cross-border transport methods

used include watercraft, aircraft (including air-drops), and couriers on foot.

EPIC seizure data show that the POEs accounting for most of the marijuana seized along the Northern Border over the last 3 years are Blaine and Sumas in Washington. More than 50 percent of the marijuana seized at Northern Border POEs each year from 2001 to 2003 was seized at these two POEs. The counties accounting for most of the marijuana seized between POEs from 2001 through 2003 are Whatcom and Okanogan Counties in Washington. More than 70 percent, on average, of the marijuana seized between Northern Border POEs each year from 2001 to 2003 was seized in these two counties (see Table 19).

Table 19. Principal Ports of Entry/Counties for Marijuana Seizures Along Northern Border, 2003

POE	Kilograms Seized at POE
Blaine (WA)	3,210
Sumas (WA)	1,579
County	Kilograms Seized Between POEs
Whatcom (WA)	704
Okanogan (WA)	545

Source: El Paso Intelligence Center.

Looking at seizure data in terms of volume does portray the scale of marijuana smuggling across the Washington-British Columbia border, but this approach fails to illustrate the eastward expansion of marijuana smuggling across the Northern Border. Marijuana is now commonly smuggled into Michigan and New York as well as Idaho, Montana, North Dakota, and Vermont. Marijuana seizures have escalated, particularly in Michigan, where amounts seized increased 1,800 percent from 2001 to 2003. For perspective, however, it is important to remember that just one routine shipment seized on the Southwest Border can equal total annual seizures in Michigan or in Washington (approximately 2,200 kg and 7,020 kg, respectively, in 2003).

Marijuana Smuggling Between POEs

DTOs and criminal groups continue to exploit the remote expanses between POEs, including public lands, located along the Southwest and Northern Borders to smuggle marijuana into the country. For example, in the Southwest large quantities of marijuana are transported by private vehicle through isolated border areas or national forests and parks, areas too vast to adequately patrol or where the drivers of these vehicles can blend in with legitimate park traffic (the late fall marijuana harvest in Mexico coincides with the busier tourist season for parks along the Southwest Border, such as Big Bend National Park). Couriers on foot, easily undetected in such isolated areas, smuggle smaller amounts in marijuana-filled backpacks or duffel bags, typically leaving the bags in designated areas for retrieval by an organization member already in the United States. Seizures of such abandoned loads have been most common in Arizona, in the Coronado National Forest, but recently an increase in abandoned loads has been reported in South Texas in the Del Rio and Eagle Pass areas.

Source: El Paso Intelligence Center; U.S. Department of Agriculture Forest Service; U.S. Department of the Interior.

Marijuana smuggling by sea occurs far less than by land. Seizures from commercial and non-commercial vessels were relatively even in 2003 following declines in commercial seizures and increases in noncommercial seizures in the preceding 2 years. Commercial maritime seizures dropped steadily from 22,574 kilograms in 2001 to 9,471 kilograms in 2003, driven largely by an 86 percent decline in seizures in Miami over that period. Because most commercial maritime marijuana seizures involve containerized cargo, which is difficult to interdict without benefit of prior intelligence, such seizures are often sporadic, and the decline in commercial maritime seizures, such as in Miami, likely does not correlate with decreased use of commercial maritime means to smuggle marijuana. Indeed, Florida remains a prominent entry point for marijuana smuggled into the country from Jamaica, Colombia, and Mexico. EPIC seizure data show that the POEs accounting for most of the marijuana seized from commercial vessels over the last 3 years are primarily in Florida (Miami, Fort Lauderdale, West Palm Beach, Tampa). POEs in South Carolina (Charleston, Wando), and New Jersey (Gloucester City, Port Elizabeth, Newark) followed.

Law enforcement and intelligence reporting indicate that the use of noncommercial vessels to smuggle marijuana is increasing and is a particularly common method along the Atlantic and Gulf Coasts of Florida, around South Padre Island in Texas, in

the San Juan Islands in Washington, and on the St. Lawrence River between New York and Ontario. EPIC seizure data show that marijuana seizures from noncommercial vessels increased overall from 5,539 kilograms in 2001 to 9,660 kilograms in 2003. Seizures occurred most often in Florida (Dade, Monroe, Palm Beach, Broward, and Orange Counties), Texas (Cameron, Willacy, and Nueces Counties), and Washington (San Juan, Whatcom, and Skagit Counties). Of note, shipments seized from noncommercial vessels in Washington in 2003 were two to three times larger than in 2001.

Marijuana smuggling by air appears to be the least used method. Commercial air seizures have been relatively consistent and low over the last 3 years, while seizures from private aircraft, typically low as well, have dropped precipitously. Commercial air seizures held relatively steady from 2001 to 2003, declining less than 3 percent overall during that period (2,352 kg to 2,291 kg). According to EPIC seizure data, the POE accounting for most of the marijuana seized from commercial air over the last 3 years is New York. POEs in the U.S. interior—Memphis, Cincinnati, and Louisville (all hubs for major commercial express mail services)—collectively accounted for the next highest amount, and seizures at these POEs have trended upward. Other POEs for commercial air marijuana seizures were in the border states of Florida (Miami, Fort Lauderdale), California (Los Angeles), and Texas (El Paso, Guthrie, San Antonio).

Tucson Marijuana Smuggling Operation

On August 10, 2004, over 200 officers of the Counter Narcotics Alliance, representing 15 federal, state, and local law enforcement agencies, arrested 23 suspected members of a criminal group that allegedly had smuggled large quantities of marijuana from Mexico to Tucson. The arrests were made following a 1-year investigation. The criminal group allegedly consisted of local residents including business professionals who brokered regular shipments of marijuana—sometimes amounting to 1 ton daily—from Mexican DTOs based in the Mexican state of Sonora to Jamaican DTOs based in the United States. After smuggling the marijuana from Mexico into the United States, the criminal group stored it in residential stash houses in the Tucson area until it was picked up by members of the Jamaican DTOs for transportation and eventual distribution in Denver, Los Angeles, Phoenix and cities in New Jersey, New York, and Ohio. Four other individuals, including a Tucson automobile dealer and two prominent real estate agents, were later arrested for their alleged involvement in the criminal group. The defendants were charged in Arizona state court for various offenses related to the illegal possession and distribution of marijuana. Federal charges are pending. Officials from DEA, FBI, U.S. Postal Service, and ICE also participated in the investigation, which resulted in the seizure of 29 properties, 21 vehicles, \$211,000, and 3,721 pounds of marijuana.

Source: Counter Narcotics Alliance; Tucson Police Department.

Marijuana smuggling by private air appears to have declined dramatically in terms of volume, and use of this method appears to have shifted from Florida to the Northern Border. EPIC seizure data show that marijuana seizures from private aircraft decreased from 1,730 kilograms in 2001 to 159 kilograms in 2003. In 2001 most marijuana seizures from private air (2 of 3) occurred in Florida (Dade and Citrus Counties). But all four seizures in 2002 occurred in Washington (Blaine, Whatcom, Skagit, and Spokane Counties), and the sole recorded private air seizure in 2003 occurred in Wisconsin (Washington County). Additionally, the one shipment in 2003 (159 kg) nearly equaled the total weight of the four shipments seized in 2002 (169 kg)—another indicator of the larger marijuana shipments smuggled from Canada.

In the United States

Inside the United States marijuana is transported overland via interstates and other secondary roadways to cities and towns throughout the country including the Primary Market Areas of Chicago, Dallas, Houston, Los Angeles, Miami, New York, Phoenix/Tucson, San Diego, and Seattle. Private and commercial vehicles such as cars, pickup trucks, minivans, and tractor-trailers are the most common overland modes of transportation. Other

transport methods used within the United States are mail and express mail services, trains, air cargo and, to a much lesser extent, aircraft.

Methods of concealing marijuana transported via U.S. roadways vary to some extent by vehicle type. EPIC seizure data suggest that cars are the most identified mode of marijuana transport on the nation's roadways and that in most cases in 2003 seized marijuana was found in the car's trunk, sometimes inside a duffel bag or luggage in the trunk. In most seizure events involving tractor-trailers the marijuana was found in the trailer, often concealed in cargo or in false compartments. Law enforcement reporting indicates that concealment behind a false wall in the front of the trailer has been encountered frequently over the past year. Concealment in trucks, sport-utility vehicles, and vans appears to trend more toward false compartments, spare tires, gas tanks, or other recesses such as quarter panels, consoles, and doors. The use of buses to transport marijuana appears to have increased over the past year; in most of the seizures involving buses, the marijuana was concealed in duffel bags or luggage.

Law enforcement reporting and seizure data indicate that mail and express mail services are second only to land conveyances in marijuana

transportation. Contrary to law enforcement reporting that transporting marijuana via parcels has increased since September 11, 2001, and continues to grow, data from the U.S. Postal Inspection Service show a steady decline in the number of marijuana parcels as well as the total weight seized since 2000. It is reasonable to assume, however, that traffickers are more likely to use commercial rather than federal and express mail services, and express mail is identified in the majority of mail seizure events recorded in EPIC seizure data. Such data also show that the number of express mail marijuana seizure events and the total weight seized increased from 2002 to 2003.

Reports of marijuana transportation by train are increasing; however, use of this method remains relatively infrequent overall. Reporting from several DEA Field Divisions and HIDTA

offices in the Southwest, Pacific, Midwest, and Northeast Regions now indicates some transportation of marijuana by train or seizures from railcars or train passengers. EPIC seizure data also show that marijuana seizures from trains increased from 2002 to 2003; however, the number of seizure incidents remains comparatively low.

As with the smuggling of marijuana by air into the country, transport of marijuana by private or commercial air within the country is limited. Neither law enforcement reporting nor seizure data suggest that use of this method will increase in the near term. In fact, law enforcement reporting indicates that even the transportation of marijuana to Puerto Rico via couriers on aircraft has declined, while the use of express mail services has increased.

Distribution

The market for marijuana is strong and stable throughout the United States and should remain so given the drug's wide appeal to users and consistent profitability for distributors as well as producers. As in years past marijuana distribution ranges from sales conducted at urban open-air drug markets to hand-to-hand exchanges between friends. Packaging remains consistent, too, with wholesale-level compressed bricks of usually Mexican marijuana wrapped in cellophane, 1-pound quantities of domestic or Canadian marijuana in vacuum-sealed plastic bags, and retail-level marijuana most often packaged in small resealable plastic bags. In many areas, drug distributors sell marijuana along with other drugs such as methamphetamine, crack cocaine, and heroin.

Most DEA Field Divisions and HIDTA offices identify Mexican DTOs or criminal groups either as the primary marijuana wholesalers or as prominent in wholesale marijuana distribution in their areas, which take in every region of the United States. Jamaican criminal groups are primary or prominent wholesalers mainly in the Northeast in such cities as New York, Philadelphia, Boston, and Washington, D.C. Caucasian wholesale mari-

juana distributors are identified primarily in the Pacific, West, Southeast, and Northeast Regions and particularly in Kentucky, Tennessee, Oregon, and Washington. Vietnamese wholesale distributors are most active in the Pacific Region, although they have been identified in areas of the Midwest and Southeast Regions. Other wholesale marijuana distributors identified in various areas of the country include African Americans, Hispanics, Native Americans, and Pacific Islanders as well as members of traditional organized crime, street gangs, and OMGs.

Midlevel marijuana distribution is dominated less by large trafficking organizations and more by criminal groups, street gangs, local independent dealers, and OMGs. According to DEA and HIDTA reporting, Jamaican criminal groups are prominent midlevel distributors, particularly in New York and to some extent in Philadelphia. Local Caucasian criminal groups dominate production as well as all levels of marijuana distribution in Kentucky, Tennessee, and throughout Appalachia. Mexican or other Hispanic criminal groups are active in midlevel distribution in every region of the country. Street gangs (usually identified as

Hispanic or African American), local independent dealers (most often Caucasian), and OMGs are identified as midlevel marijuana distributors throughout the country to varying degrees. Many midlevel distributors of diverse ethnicity or group affiliation travel to Primary Market Areas or other large cities to purchase marijuana that they in turn distribute in their home communities.

The retail distributors of marijuana are much the same as midlevel distributors, although local independent dealers and street gangs are more prevalent at the retail level overall. Local independent dealers, including those who produce their own marijuana through indoor or outdoor grow operations, distribute at the retail level throughout the country but are more prominent in suburban and rural areas. Local independent dealers typically are identified as Caucasian but also include Jamaican, African American, Hispanic (including Mexican), and Asian distributors. Street gangs such as Gangster Disciples, Vice Lords, Latin Kings, and Bloods are more prominent in urban areas. Other retail distributors include prison gangs in the Southwest Region; Vietnamese criminal groups or gangs in the Pacific Region, Colorado, and northern Florida; Pacific Islander criminal groups in Hawaii; and Native American dealers primarily in the West and Northeast Regions.

NDTS data substantiate the heavy involvement of street gangs in marijuana distribution, particularly in the western half of the country. In 2004, 32.9 percent of state and local law enforcement agencies nationwide reported that street gang involvement in marijuana distribution was high or moderate, unchanged from the percentage reporting in 2003 and the highest reporting for any specific drug. Regionally, street gangs are a larger presence in marijuana distribution in the western United States. In 2004 the percentage of agencies that indicated high or moderate street gang involvement in marijuana distribution was highest for those in the Southwest (45.8%) and Pacific Regions (44.4%). Reporting was lowest in the Northeast at 22.4 percent of agencies.

NDTS data further show that OMGs are involved in marijuana distribution to a lesser degree overall but are likewise most prominent in the western half of the country. In 2004, 15.3 percent of state and local law enforcement agencies nationwide reported that OMG involvement in marijuana distribution was high or moderate, up from 14.1 percent reporting in 2003 and second only to methamphetamine in both years. Regionally, the percentage of agencies that indicated high or moderate OMG involvement in marijuana distribution in 2004 was highest for those in the Pacific (22.9%) and West Regions (18.5%). Reporting was lowest in the Southeast at 12.9 percent of agencies.

Primary Market Areas

Primary Market Areas for marijuana include Chicago, Dallas, Houston, Los Angeles, Miami, New York, Phoenix/Tucson, San Diego, and Seattle. These were determined based on the level of distribution through these markets and, in some cases, the type(s) of marijuana distributed. Use was not a determining factor for any marijuana Primary Market Area.

The vast majority of foreign-produced marijuana is transported in bulk via the Southwest Border; consequently, marijuana shipments from markets such as Dallas, Houston, Los Angeles, San Diego, and Phoenix/Tucson are more frequent and often larger. Moreover, seizure data regarding the Southwest Border are the most comprehensive and corroborate extensive law enforcement reporting regarding distribution from these areas. Limiting the discussion to the southwestern United States based on the volume of marijuana distributed, however, would provide an incomplete picture. While the volume of marijuana distributed through Chicago, Miami, New York, and Seattle is small compared with markets in the southwestern United States, these markets typically have played an important role in distribution, particularly of marijuana smuggled across the Northern Border, smuggled through the Caribbean, or produced domestically.

Shipments of marijuana transported to Primary Market Areas usually are delivered to stash houses which, as in Phoenix, often hold 500- to 1,500-pound lots at any given time. At these stash houses, the marijuana is divided into midlevel or retail quantities and repackaged for local, regional, or national distribution.

Chicago. Mexican DTOs and criminal groups are the principal wholesale distributors in Chicago. Street gangs are the principal retail distributors, although they also are involved in some wholesale distribution. Gangster Disciples and Vice Lords control distribution on the west and south sides of Chicago where most open-air drug markets are located. Latin Kings distribute on the north and southeast sides and, according to the Chicago HIDTA, also cultivate cannabis locally. Local independent dealers also cultivate cannabis and distribute marijuana at the retail level. The largest cultivation operations in the metropolitan area have been set up on public lands, mainly in forest preserves.

Some law enforcement estimates indicate that approximately half the bulk marijuana transported to the Chicago area is destined for other markets, most often cities in the Midwest and Southeast Regions such as Detroit, Minneapolis, and Memphis. Combined 2002 and 2003 EPIC Pipeline, Convoy, and Jetway data show that law enforcement reported 12 marijuana seizure events in which Chicago was identified as the city of origin. More than half the shipments seized were less than 1 kilogram; the three largest seizures, ranging from 9 to 45 kilograms, were destined for cities in Florida, Illinois, and Michigan. One explanation for the smaller amounts of marijuana seized coming out of Chicago is that many midlevel and retail dealers from areas surrounding the city make frequent trips to the Chicago area, where bulk amounts of marijuana typically are warehoused, to purchase or take delivery of smaller amounts for distribution in their home communities.

Dallas. Mexican DTOs and criminal groups are the primary marijuana wholesalers in Dallas. Mexican criminal groups are also retail distributors; however, no single group dominates at the retail level. In Dallas, street gangs such as Mara Sal-

vatrucha, Latin Kings, and Vice Lords distribute retail-level marijuana, as do Mexican, Caucasian, Hispanic, and Asian criminal groups and local independent dealers. Local independent dealers and Asian criminal groups produce limited quantities of marijuana locally.

Much of the marijuana transported to Dallas is destined for markets primarily in the Midwest, Southeast, and Northeast Regions. According to EPIC Pipeline, Convoy, and Jetway data, law enforcement reported more than 50 marijuana seizure events in which Dallas was identified as a city of origin in 2003, compared with approximately 90 in 2002. In 2003 only Phoenix/Tucson, Los Angeles, and Houston were identified as cities of origin more than Dallas. Nearly 20 seizure events in which Dallas was identified as a city of origin involved shipments of more than 50 kilograms over both years. Some of the larger, more frequent destinations of marijuana shipments recorded in drug seizure data include Atlanta, Cincinnati, Kansas City (MO), Louisville, Memphis, Shreveport (LA), and Tulsa.

Houston. Mexican DTOs and criminal groups are also the primary marijuana wholesalers in Houston. Mexican criminal groups also distribute at the retail level as do street gangs such as Gangster Disciples, Latin Kings, and Vice Lords, Asian criminal groups, and local independent dealers. Indoor production of marijuana, although still not widespread in the Houston area, appears to be increasing; law enforcement reporting has indicated the involvement of Asian criminal groups in hydroponic grows.

Marijuana transported to Houston is destined for markets in the Midwest, Southeast, and Northeast Regions. Law enforcement reporting has indicated that the level of distribution through the South Texas area to southeastern states, particularly those along the Gulf Coast, has increased notably in the past few years. According to EPIC Pipeline, Convoy, and Jetway data, law enforcement reported approximately 100 marijuana seizure events in which Houston was identified as a city of origin in both 2002 and 2003. In 2003 only Phoenix/Tucson and Los Angeles were identified as cities of origin more than Houston. Nearly 30 seizure events in which Houston was

identified as a city of origin involved shipments of more than 50 kilograms over both years. Some of the larger, more frequent destinations of marijuana shipments recorded in drug seizure data include Atlanta, Baltimore, Baton Rouge (LA), Chicago, Jackson (MS), Kansas City (MO), Louisville, and New Orleans.

Los Angeles. Most wholesale marijuana distributed in Los Angeles is domestically produced and distributed by local independent distributors. Mexican traffickers are the principal wholesale distributors of Mexico-produced marijuana in Los Angeles. Jamaican traffickers in the area also distribute wholesale Mexican marijuana, often supplying Jamaican criminal groups in the eastern United States. Other wholesalers include street gangs, OMGs, and Asian distributors. Street gangs such as Bloods, Crips, 18th Street, and Mara Salvatrucha dominate retail distribution. Local independent dealers, including those who usually produce marijuana in small-scale grow operations (Caucasians, Hispanics, and Asians), also distribute at the retail level.

Much of the foreign and domestic marijuana distributed through Los Angeles is destined for other markets in the Northeast, Southeast, and Midwest Regions. EPIC Pipeline, Convoy, and Jetway data indicate that law enforcement reported approximately 140 marijuana seizure events in which Los Angeles was identified as a city of origin in 2003, compared with more than 150 in 2002. In 2003 only Phoenix/Tucson was identified as the origin of marijuana shipments more than Los Angeles. Approximately 40 seizure events in which Los Angeles was identified as a city of origin involved shipments of more than 50 kilograms over both years. Some of the larger, more frequent destinations of marijuana shipments recorded in drug seizure data include Baltimore, Charlotte, Chicago, Memphis, Minneapolis, New York/Newark, San Juan, Washington, D.C., and cities throughout Florida.

Miami. Wholesale and retail marijuana distributors in Miami are usually Hispanic (including Colombian, Cuban, Dominican, and Puerto Rican), Haitian, or African American. Cuban American

criminal groups and independent cultivators often run indoor, usually hydroponic, cultivation operations and distribute the marijuana that they produce.

Marijuana distributed from Miami typically is destined for markets along the East Coast. Combined 2002 and 2003 EPIC Pipeline, Convoy, and Jetway data show that law enforcement reported 12 marijuana seizure events in which Miami was identified as the city of origin. Only two seizure events involved marijuana shipments of more than 50 kilograms; both occurred in 2002. According to law enforcement reporting and drug seizure data, destinations of marijuana shipments distributed from Miami include New York, Philadelphia and various cities in Virginia, the Carolinas, and Florida. Indoor cannabis cultivation in the Miami-Dade area has increased in recent years to such an extent that limited quantities of the high potency marijuana produced locally have been distributed outside the area to New York, Massachusetts, Georgia, the Carolinas, and the Bahamas.

New York. Jamaican criminal groups are the most prominent marijuana distributors overall, particularly for wholesale and midlevel quantities; however, no single group dominates any distribution level. Persons associated with traditional organized crime and Mexican traffickers also are involved in wholesale and midlevel marijuana distribution. Retail distributors include street gangs such as Bloods and Latin Kings, Jamaican criminal groups, and local independent dealers of diverse ethnicities. OMGs distribute primarily in outlying areas.

Marijuana distributed from New York is destined primarily for markets along the East Coast, although seizure data do record some incidents of marijuana shipments moving from New York to the West Coast. Combined 2002 and 2003 EPIC Pipeline, Convoy, and Jetway data show that law enforcement reported 20 marijuana seizure events in which New York or one of the city's five boroughs was identified as the city of origin. Only three seizure events involved marijuana shipments of more than 50 kilograms over both years. According to drug seizure data, destinations of marijuana shipments distributed from New York

include Baltimore, Charlotte (NC), Houston, Roanoke (VA), West Palm Beach, Charlotte Amalie in the U.S. Virgin Islands, and various smaller towns in New York State.

Phoenix/Tucson. Mexican DTOs and criminal groups are the principal wholesale distributors in both cities. Jamaican criminal groups are prominent wholesalers in Phoenix, often supplying Jamaican distributors in the eastern United States. Retail distributors in the area include street gangs such as Wetback Power 21st Street in Phoenix and South Park Family Gangsters in Tucson, as well as Caucasian, Jamaican, Hispanic, and African American criminal groups or local independent dealers, and OMGs. Local independent dealers from other areas of Arizona and from outside the state frequently travel to Phoenix to purchase marijuana for their own use and for small-scale retail distribution in their home communities. Local production of marijuana in Phoenix/Tucson is relatively limited.

Most of the marijuana distributed through Phoenix/Tucson is destined for markets primarily in the Midwest, Southeast, and Northeast Regions. EPIC Pipeline, Convoy, and Jetway data indicate that law enforcement reported nearly 350 marijuana seizure events in which either Phoenix or Tucson was identified as a city of origin in 2003, more than any other Primary Market Area and more than twice the number of events in 2002, when either Phoenix or Tucson was identified as a city of origin in approximately 150 marijuana seizure events. Almost 100 seizure events in which either Phoenix or Tucson was identified as a city of origin involved shipments of more than 50 kilograms over both years. Some of the larger, more frequent destinations of marijuana shipments recorded in drug seizure data include Atlanta, Baltimore, Chicago, Detroit, Indianapolis, Miami, New York/Newark, Philadelphia, and Washington, D.C.

San Diego. Mexican traffickers are the principal wholesale distributors of Mexico-produced marijuana in San Diego. Jamaican traffickers in the area also distribute wholesale Mexican marijuana, often supplying Jamaican criminal groups in the eastern United States. Other wholesalers include

street gangs, OMGs, and Asian distributors. Street gangs such as Black Mob, Neighborhood Crips, Lomas, and Diablos dominate retail distribution. Local independent Caucasian and Hispanic dealers, including those who usually produce marijuana in small-scale grow operations, are retail distributors as well.

Much of the foreign and domestic marijuana distributed through San Diego is destined for other markets, primarily those in the Northeast, Southeast, and Midwest Regions. EPIC Pipeline, Convoy, and Jetway data indicate that law enforcement reported nearly 50 marijuana seizure events in which San Diego was identified as a city of origin in 2003, compared with more than 100 in 2002. In 2003 only Phoenix/Tucson, Los Angeles, Houston, and Dallas were identified as the origin of marijuana shipments more than San Diego. Fewer than 20 seizure events in which San Diego was identified as a city of origin involved shipments of more than 50 kilograms over both years. Some of the larger, more frequent destinations of marijuana shipments recorded in drug seizure data include Atlanta, Baltimore, Louisville, the New York/Newark metropolitan areas, Philadelphia, and St. Louis.

Seattle. Wholesale marijuana distributors in the Seattle area include Caucasians, Hispanics, Vietnamese, and OMGs. Wholesalers of locally produced marijuana are usually Caucasian local independent dealers/producers. Caucasian and Vietnamese criminal groups and OMGs are the primary wholesalers of Canadian marijuana. Mexican criminal groups distribute wholesale Mexican marijuana. Retail marijuana distributors include Caucasian, Hispanic, Asian, and African American independent dealers as well as street gangs such as 74 Hoover Crips, Black Gangster Disciples, and Varrio Locos.

Marijuana distributed through Seattle appears destined for various markets throughout the country. Combined 2002 and 2003 EPIC Pipeline, Convoy, and Jetway data show that law enforcement reported nine marijuana seizure events in which Seattle was identified as the city of origin. Only two seizure events involved shipments of more than 50 kilograms; both occurred in 2003, suggestive of

the increasingly larger marijuana shipments smuggled across the Northern Border. According to drug seizure data, destinations of marijuana shipments distributed from Seattle include Chicago, Denver,

Honolulu, Houston, St. Louis, and Washington, D.C. Additional destinations identified through law enforcement reporting include Florida, Minnesota, Montana, Nevada, North Carolina, and Virginia.

Outlook

Marijuana production within the United States should increase as DTOs and criminal groups continue to establish or expand large-scale domestic cultivation operations. In addition, local independent growers in many of the principal U.S. production areas will continue to exploit state medical marijuana initiatives that permit cultivation, while others will start or continue to produce their own marijuana, aided by information and equipment available locally and via the Internet. The flow of marijuana across U.S. borders will increase, particularly from Mexico, given estimates of a 70 percent increase in marijuana production in that country in 2003. While it is unlikely that all the increased production will make it to U.S. markets, marijuana smuggling and seizures at the Southwest Border should only intensify in 2004.

Law enforcement reporting from the Southwest Border indicates that as cross-border marijuana smuggling has increased, so too has the frequency of violent incidents, again a situation that should only intensify with increased production in and smuggling from Mexico. Reporting further indicates a trend toward increased armed confrontations between law enforcement and marijuana growers, particularly in California,

resulting in 2003 being cited as the most violent year in the 20-year history of that state's eradication program. In addition, DCE/SP data indicate that the number of weapons seized during outdoor and indoor eradication operations nationwide has trended upward, rising nearly 30 percent from 2001 to 2003. Other harmful situations in which residential homes are rendered unsafe or uninhabitable because of damage caused by marijuana grow operations are likely to increase in areas like Florida where indoor cultivation continues to increase.

An increased supply of marijuana likely will result in increased exposure to the drug and consequently more new users, since initiates to drug use are more likely to start with a drug that is as readily available and easily obtainable as marijuana. Indeed, reporting from some areas has suggested that marijuana is easier for youths to obtain than alcohol or cigarettes. Among established users, particularly among older teens and young adults, the general softening of attitudes regarding the risks associated with and the disapproval of marijuana use, combined with increased availability of the drug, should presage a rise in consumption.

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National Drug Threat Assessment 2005



Heroin

Key Findings

- The availability of Southwest Asian heroin appears to have increased slightly in 2003 attributable partly to participation by certain groups—for example, Nigerian and Russian traffickers—in heroin transportation and wholesale distribution. However, compared with other types of heroin available in domestic markets, relatively little Southwest Asian heroin is destined for the United States, and preliminary 2004 data indicate that the availability of Southwest Asian heroin may be declining to pre-2003 levels.
- Despite stable demand for heroin in the United States, the number of primary heroin treatment admissions continues to increase. Because heroin abusers typically abuse the drug for several years before seeking treatment, the increase likely is due to individuals seeking treatment who began abusing the drug in the mid- to late 1990s when the demand for heroin increased significantly in the United States.
- Heroin use in Chicago suburban areas has increased, resulting in a rise in the consequences of heroin abuse in Chicago, a Primary Market Area for multiple types of heroin. This increase is most evident among suburban users, particularly those under 25 years of age, who are experimenting with and becoming addicted to heroin.
- After decreasing significantly from 2000 to 2001, worldwide illicit opium production increased in 2002, 2003, and 2004, attributable overwhelmingly to increases in production in Afghanistan. However, heroin produced in Afghanistan primarily is destined for markets in Asia and Europe.
- The smuggling of South American heroin across the Southwest Border—particularly through Texas—increased significantly in 2003. According to DEA EPIC data, the amount of South American heroin seized in the U.S. Arrival Zone in Texas surpassed the amount seized in New Jersey, historically the state reporting the third highest amount of South American heroin seized, after New York and Florida.

Introduction and Trends

While the demand for heroin is significantly lower than for other drugs such as cocaine, methamphetamine, and marijuana, the consequences of heroin abuse are such that its abuse poses a significant drug threat. Less than 9.0 percent of state and local law enforcement agencies nationwide describe heroin as their greatest threat, lower than those who identify crack cocaine (26.5%), methamphetamine (39.6%), and marijuana (12.0%). Moreover, slightly more than 314,000 persons aged 12 or older report past year heroin use in 2003, considerably lower than the number of individuals who report past year use of marijuana (25.2 million), cocaine (5.9 million), and methamphetamine (1.3

million). However, national-level studies indicate that the consequences of heroin abuse such as ED mentions, treatment admissions, and overdose deaths compare to and, in some cases, exceed those associated with drugs with much higher rates of use such as cocaine, marijuana, and methamphetamine.

Heroin is readily available in most major metropolitan areas in the United States, and availability remains relatively stable. Nonetheless, law enforcement reporting indicates that heroin availability continues to increase in rural and suburban areas, albeit at a much slower pace than in the past several years. The increase is most notable in the Northeast Region of the United States. Law

enforcement reporting from that region indicates that increasing rates of heroin abuse have put a strain on law enforcement resources, requiring small, local police departments to deal with a problem that historically has been confined to large metropolitan areas. Moreover, many rural and suburban communities lack the extensive drug treatment facilities to accommodate the increasing number of individuals seeking treatment.

Abuse of heroin, a highly addictive drug, can result in serious health consequences including fatal overdose, spontaneous abortion, collapsed veins, and infectious diseases including HIV (human immunodeficiency virus) and hepatitis. Moreover, heroin may have additives that do not readily dissolve and can clog blood vessels that lead to the lungs, liver, kidneys, or brain and cause infection or death of small patches of cells in vital organs. Results from a 33-year study conducted by the University of California, Los Angeles (UCLA) Drug Abuse Research Center highlight the pervasive public health and public safety consequences of heroin use. Of 581 heroin addicts who participated in the study, nearly half had died by the completion of the study when they would have been between 50 and 60 years of age. The most common cause of death was drug overdose, followed by chronic liver disease. The study also found that nearly half of those who survived continued to use heroin, evidence of the significant addictive nature of heroin. Initially, tolerance develops with regular heroin use. As a result, users must use more heroin to achieve the same effect. Tolerance eventually leads to physical dependence and addiction. Once an individual is physically dependent on heroin, he or she will experience withdrawal symptoms if use is reduced or stopped.

Heroin abuse generally is associated with property or nonviolent crime. Heroin abusers frequently resort to crimes such as shoplifting, petty theft, burglary, and prostitution to support their overwhelming need for the drug. Law enforcement reporting indicates, however, that heroin

distribution is increasingly associated with violent crime. Heroin distributors—particularly members of street gangs—often engage in violent crimes such as assaults and homicides to establish or maintain control of distribution in a certain area. According to the NDTs 2004, 12.3 percent of state and local law enforcement agencies nationwide identify heroin as the drug that most contributes to property crime in their areas, up from 10.9 percent in 2003. The data also show that 5.8 percent of state and local law enforcement agencies nationwide identify heroin as the drug that most contributes to violent crime in their areas, up from 4.6 percent in 2003.

Availability

The availability of Southwest Asian heroin in the United States appears to have increased slightly in 2003. According to EPIC, wholesale Southwest Asian heroin seizures in the U.S. Arrival Zone in FY2003 exceeded the amount of Mexican heroin seizures, making Southwest Asian heroin second only to South American heroin in the amount seized within the U.S. Arrival Zone—an indication of the increased availability of Southwest Asian heroin. However, although anecdotal law enforcement reporting indicates that, nationally, Mexican heroin remains much more widely available. Moreover, the amount of heroin identified as Southwest Asian by the DEA Heroin Signature Program (HSP)¹⁵ increased from 7 percent of the total heroin analyzed by weight in 2001 to 10 percent of the total heroin analyzed by weight in 2002. Finally, reporting from DEA Field Divisions in Chicago, St. Louis, and New York indicates that the availability of Southwest Asian heroin has increased in their jurisdictions.

NDIC Comment: Law enforcement reporting indicates that the increased availability of Southwest Asian heroin in 2003 was attributable partly to participation by certain groups in heroin transportation and wholesale distribution. For example, West African traffickers, primarily Nigerians, are responsible for resurgence in the availability

15. Under the HSP, the DEA Special Testing and Research Laboratory analyzes heroin samples from POE seizures, as well as a random sample of other seizures and purchases submitted to DEA laboratories, to determine source areas. Although HSP results do not directly correspond to an assessment of the market share in the United States, they provide indicators of market trends.

of Southwest Asian heroin in Chicago. According to DEA, arrests and seizures over the past few years have significantly interrupted Nigerian and other West African traffickers' ability to transport Southeast Asian heroin to Chicago. As a result, these traffickers more frequently obtain heroin in Pakistan, increasing the availability of Southwest Asian heroin. According to the DEA St. Louis Field Division, at least some of the Southwest Asian heroin available in its jurisdiction is transported to the area from Chicago. The DEA New York Division reports that the increasing availability of Southwest Asian heroin in its jurisdiction is due partly to Russian and East European trafficking organizations. These organizations are able to obtain Southwest Asian heroin at a price lower than that at which their counterparts can obtain South American heroin, and they can rely on an increasingly dependable network of distributors in some areas of New York City.

Despite the data and anecdotal reporting that show increased availability of Southwest Asian heroin in the United States during 2003, preliminary 2004 data indicate that availability of Southwest Asian heroin may be receding to pre-2003 levels.

Demand

National-level drug prevalence studies indicate that the overall demand for heroin in the United States is relatively stable; however, the number of primary heroin treatment admissions continues to increase. According to TEDS data, the number of primary heroin treatment admissions increased steadily each year since 1992 and increased from 277,911 in 2001 to 285,677 in 2002.

NDIC Comment: The increase in treatment admissions for heroin despite stabilizing demand may be due to the fact that heroin abusers typically abuse the drug for several years before seeking treatment. Thus, many individuals currently seeking treatment likely began abusing the drug in the mid- to late 1990s when the demand for heroin increased significantly in the United States. According to TEDS data, the average number of years of heroin use for clients entering treatment for the first time in 2000 and 2001 was 12.9 and 12.3 years, respectively, for abusers whose primary

route of administration was injection and 11.1 and 11.6 years for users whose primary route of administration was inhalation.

Production

After decreasing significantly from 2000 to 2001, worldwide illicit opium production increased in 2002 and 2003; the production in 2003 (3,757 mt) was nearly double that in 2002 (2,237 mt). Likewise, potential heroin production decreased from 522.2 metric tons in 2000 to 132.6 metric tons in 2001 before increasing to 244.7 metric tons in 2002 and 426.9 metric tons in 2003. Moreover, 2004 estimates indicate a significant increase in illicit opium production and potential heroin production.

NDIC Comment: The significant increases in potential worldwide opium and heroin production estimates for 2002, 2003, and 2004 are attributable overwhelmingly to increases in production in Afghanistan. Potential opium production in Afghanistan increased from 63 metric tons in 2001, to 1,278 metric tons in 2002, to 2,865 metric tons in 2003, and 4,950 metric tons in 2004. Potential heroin production estimates for Afghanistan increased from 7 metric tons in 2001, to 150 metric tons in 2002, to 337 metric tons in 2003, and 582 in 2004. Conversely, potential opium and heroin production estimates for Burma—the primary source of Southeast Asian heroin—have decreased each year since 2000. As a result of these changes, the predominant source of Asian heroin in the United States appears to be shifting from Southeast Asia to Southwest Asia. However, the market for white powder heroin will likely continue to be dominated by heroin from South America. In fact, the increased heroin production in Afghanistan is not likely to result in increased heroin availability in the United States because only a small amount of Southwest Asian heroin is transported to the United States for subsequent distribution

Transportation

The amount of South American heroin seized in the U.S. Arrival Zone along the Southwest Border—particularly Texas—increased significantly in 2003. According to EPIC, the amount of South American heroin seized in the U.S. Arrival

Zone in Texas surpassed the amount seized in New Jersey, historically the state reporting the third highest amount of South American heroin seized, after New York and Florida.

NDIC Comment: South American heroin typically is smuggled into the United States by couriers aboard commercial flights to international airports in New York and Miami. However, law enforcement reporting indicates that traffickers are transporting increasing amounts of South American heroin across the Southwest Border. Law enforcement reporting indicates that Colombian DTOs are increasingly relying on Mexican DTOs and criminal groups to transport South American heroin to the United States much as they rely on Mexican DTOs to transport cocaine. Most of the South American heroin transported across the Southwest Border likely is destined for markets in the eastern United States including Chicago and New York.

Distribution

Heroin distribution in Chicago, a Primary Market Area for multiple types of heroin, has expanded to many outlying communities, resulting in an increase in the consequences of heroin abuse in the Chicago area. In fact, national-level consequence data indicate that rates of heroin-

related treatment admissions, ED mentions, and deaths in Chicago are among the highest in the nation and continue to increase.

NDIC Comment: A primary factor contributing to increasing consequences of heroin abuse in Chicago is the increase in the number of suburban users, particularly those under age 25, who are experimenting with and becoming addicted to heroin. The number of suburban users began to increase in the early 1990s when high purity South American heroin became available in Chicago. Because of the high purity, new users were able to snort the drug, avoiding the stigma and health consequences associated with injection drug use. However, TEDS data show that injection drug use increased significantly in the Chicago Metropolitan Statistical Area from 1997 through 2000, possibly the result of these suburban users transitioning to injection. Although the majority of injection drug users were over age 35, the largest increase in the rate of injection drug use was for those aged 24 and younger. Injection drug use results in serious health consequences that have contributed and will continue to contribute to the increasing number of heroin-related treatment admissions, ED mentions, and deaths in the Chicago area.

Availability

There are no conclusive estimates of the total amount of heroin available in the United States largely because of unsubstantiated or unknown laboratory capacity and yield estimates in source areas and limitations in seizure data. However, in attempting to quantify the amount of heroin available in the United States, the interagency Heroin Availability Working Group established a preliminary estimate in 2002 of 16.1 metric tons of pure heroin; the estimate falls within the estimated range for 2001 of 13 to 18 metric tons of pure heroin.

Heroin is readily available in most major metropolitan areas in the United States, and availability appears to be relatively stable. Nearly all DEA Field Divisions and HIDTA offices report that heroin is readily available: only two HIDTAs—

North Texas and Rocky Mountain—report that heroin is not readily available throughout the HIDTA area. In addition, the New England HIDTA reports that heroin availability is increasing, and the Hawaii HIDTA reports that heroin availability is decreasing. Over the past several years, heroin has become increasingly available, particularly in the Northeast Region of the United States. This likely is not an indication that the amount of heroin available in the United States is increasing but rather an indication that heroin is available in more areas, particularly rural and suburban areas. Law enforcement reporting indicates that heroin availability continues to increase in rural and suburban areas, albeit at a much slower pace than in the past several years.

NDTS 2004 data indicate that heroin availability has increased since 2002. The percentage of state and local law enforcement agencies nationwide reporting that heroin availability was high or moderate in their areas increased from 33.0 percent in 2002, to 38.0 percent in 2003, and 41.3 percent in 2004. In 2004 more agencies in the Northeast Region (74.2%) reported heroin availability as high or moderate than agencies in the Pacific (55.8%), Midwest (37.6%), Southwest (32.8%), West (19.5%), or Southeast Regions (17%). NDTs 2004 data show that the percentage of state and local law enforcement agencies nationwide reporting that heroin availability was low in their areas decreased from 52.3 percent in 2002, to 50.5 percent in 2003, and 47.1 percent in 2004. The percentage of agencies reporting that heroin was not available in their areas increased from 8.1 percent in 2003 to 9.0 percent in 2004.

FDSS data show that after 4 consecutive years of increases, the amount of heroin seized through incidents in which federal agencies participated decreased in 2003 (see Figure 31). The decrease in federal heroin seizures appears to be due primarily to a decrease in the amount of heroin seized in New York from 2002 (1,064.3 kg) to 2003 (628.8 kg). Despite the decrease, over half the total amount of heroin seized in 2003 was seized in New York or Florida (608.1 kg). Large quantities of heroin also were seized in Texas (281.5 kg) and California (150.8 kg).

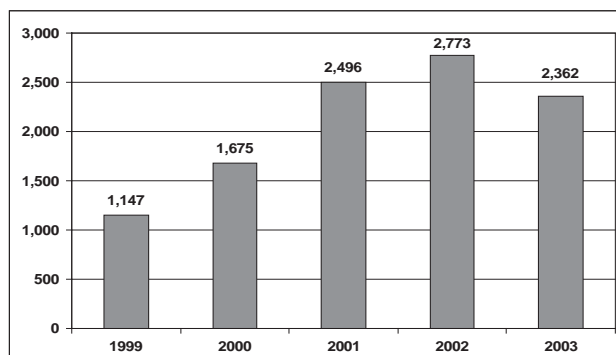


Figure 31. Federal-wide drug seizures, heroin, in kilograms, 1999–2003.

Source: Federal-Wide Drug Seizure System.

South American and Mexican heroin are the most prevalent types of heroin available in the country, and availability of these types varies regionally. According to DEA, heroin produced in South America dominates the white powder heroin market east of the Mississippi River, and black tar heroin and brown powder heroin produced in Mexico dominate the market west of the Mississippi River. According to the DEA Domestic Monitor Program (DMP), nearly 95 percent of all qualified heroin samples—those for which price, purity, and geographic source data were available—were classified as South American or Mexican heroin in 2002.¹⁶ Of 614 qualified samples, 341 were classified as South American heroin, and 241 were classified as Mexican heroin.

Southeast and Southwest Asian heroin also are available in the United States, albeit to a lesser extent than Latin American (South American and Mexican) heroin. According to DMP, only 32 retail-quantity qualified heroin samples were classified as either Southwest or, to a lesser extent, Southeast Asian heroin in 2002. Over twice as many retail-quantity samples were classified as Southwest Asian heroin (22) than Southeast Asian heroin (10). In 2002 Southeast Asian heroin was purchased in Atlanta, Chicago, Dallas, and Washington, D.C. Southwest Asian heroin was purchased in Atlanta, Baltimore, Chicago, Detroit, New Orleans, New York City, and Washington, D.C.

In 2002, for the eighth consecutive year, the majority (80%) of the heroin analyzed by weight under the HSP was identified as South American heroin. During that same year, 10 percent of the heroin analyzed by weight was identified as Southwest Asian heroin, 9 percent as Mexican heroin, and 1 percent as Southeast Asian heroin. In 2001, 56 percent of the heroin analyzed by weight was South American, 30 percent was Mexican, 7 percent was Southwest Asian, and 7 percent was Southeast Asian. The decrease in the percentage of Mexican heroin by weight in 2002 is due to a decrease in the weight of individual seizures. In 2001 eight seizures of Mexican heroin ranged from 12 to 74 kilograms each; however, in 2002 single-seizure amounts

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

generally ranged from just 1 to 5 kilograms. The total number of Mexican heroin samples analyzed was the same (101) in both years.

The number and rate of DEA arrests involving heroin decreased steadily over the last 3 years; however, this decrease is not an indication of decreasing availability of the drug but rather a reflection of a change in DEA investigation strategy to target fewer but higher priority targets. The number of DEA arrests involving heroin decreased from 3,220 in 2001, to 2,613 in 2002, and 2,069 in 2003; the rate of heroin arrests also decreased from 13.1, to 12.2, to 10.7 percent of all arrests during that same period.

Heroin purity levels vary considerably based on several factors including the type of heroin, the location of the market, and the quantity purchased. According to DMP data, the average retail-level purity of South American heroin purchased in 13 metropolitan areas in 2002 was 46.0 percent, considerably higher than that of Mexican, Southeast Asian, or Southwest Asian heroin. Mexican heroin purchased in 10 metropolitan areas averaged 27.3 percent pure, while Southeast and Southwest Asian heroin purchased in four and seven metropolitan areas, respectively, averaged

23.9 percent and 29.8 percent pure. The highest individual purity levels were recorded in New York City (South American 96.0%), San Diego (Mexican 71.2%), Atlanta (Southeast Asian 61.4%), and Detroit (Southwest Asian 72.5%).

The price of heroin also varies considerably throughout the country and is dependent on a number of factors including the type of heroin, location of the market, buyer-seller relationships, quantity purchased, and purity. DEA illicit drug price data—reported as a national price range for heroin—indicate that heroin prices generally have decreased from 2001 through 2003 with some fluctuations. According to DEA, the national price range in 2003 was \$52,000 to \$90,000 per kilogram, \$2,000 to \$3,100 per ounce, and \$60 to \$200 per gram for South American heroin; \$18,000 to \$50,000 per kilogram, \$700 to \$2,000 per ounce, and \$90 to \$110 per gram for Mexican heroin; \$40,000 to \$80,000 per kilogram, \$2,700 to \$3,000 per ounce, and \$60 to \$200 per gram for Southeast Asian heroin; and \$60,000 to \$70,000 per kilogram, \$2,000 to \$4,000 per ounce, and \$200 to \$400 per gram for Southwest Asian heroin.

Demand

The overall demand for heroin in the United States is relatively stable at levels lower than those for other major drugs of abuse such as cocaine, marijuana, methamphetamine, and MDMA. According to 2003 NSDUH data, 314,000 persons aged 12 or older used heroin in the past year, considerably lower than the number of individuals who used cocaine (5,908,000), marijuana (25,231,000), methamphetamine (1,315,000), or MDMA (2,119,000).

Predominant User Groups

National drug prevalence data indicate that rates of heroin use are relatively low among all user groups. Nonetheless, NSDUH 2003 data indicate that rates of past year heroin use were higher among persons aged 18 to 25 (0.3%) than

any other age group including those aged 12 to 17 (0.1%) and 26 or older (0.1%). According to 2003 MTF data, rates of past year use were highest among eighth graders (0.9%), followed by twelfth (0.8%) and tenth graders (0.7%); rates of past year use were lowest among college students aged 19 to 22 (0.2%) and young adults aged 19 to 28 (0.4%).

Overall, males are more likely to use heroin than females, although female rates of use are higher for some age groups. According to NSDUH 2003 data, twice as many males (0.2%) report using heroin in the past year than females (0.1%). However, among persons aged 12 to 17, rates of use were higher among females (0.2%) than males (0.1%). Among persons aged 18 to 25, rates of use

were higher among males (0.4%) than females (0.2%). MTF 2003 data show that past year rates of heroin use among eighth grade females (0.9%) were higher than rates among eighth grade males (0.8%), while rates of use among tenth and twelfth grade males (0.8% for both grades) were higher than rates among tenth and twelfth grade females (0.7% and 0.5%, respectively). MTF data also show that rates of past year heroin use among males aged 19 to 30 (0.5%) were higher than rates among females (0.3%).

Drug prevalence data regarding rates of heroin use among different ethnic groups are limited; however, available data indicate no significant differences in the rates among different ethnic groups. MTF 2003 ethnicity data—available only for eighth, tenth, and twelfth graders—show that rates of past year heroin use were higher among Hispanics for eighth graders (2.7%) than among Whites (1.5%) and Blacks (1.0%). For tenth graders, rates among Hispanics and Whites (even at 1.8%) were higher than among Blacks (0.5%), and for twelfth graders, rates of use were higher among Whites (1.6%) than among Hispanics (1.8%) and Blacks (1.0%).

Drug prevalence data regarding the proportion of individuals in large metropolitan areas who use heroin compared with the proportion of users in rural areas suggest that there are no significant differences in the rates. According to 2003 MTF data, the rate of past year use for heroin among persons aged 19 to 30 was 0.5 percent for those in Very Large Cities and 0.4 percent for those in Farm/Country areas. Among adolescents, rates were slightly higher for those living in Non-MSAs than Large MSAs. MTF 2003 data show that in Non-MSAs 1.2, 0.9, and 0.9 percent of eighth, tenth, and twelfth graders, respectively, report past year heroin use compared with 0.8, 0.6, and 0.7 percent in Large MSAs.

Trends in Use

Rates of heroin abuse among adults increased slightly after trending downward over the past few years. According to MTF data, past year use rates among college students declined each year from 2000 to 2002 before increasing slightly in

2003. Use rates among young adults increased in 2003 after declining significantly from 2001 to 2002. Only 2 years of NSDUH data are available, and therefore the data are not sufficient to show definitive trends. Nevertheless, NSDUH data indicate that rates of past year heroin use were relatively stable from 2002 to 2003 for adults aged 18 to 25 and 26 or older (see Figure 32).

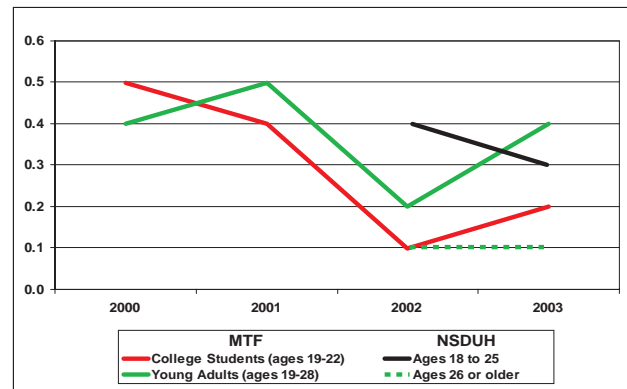


Figure 32. Adult trends in percentage of past year use of heroin, 2000–2003.

Source: Monitoring the Future; National Survey on Drug Use and Health.

Among adolescents, MTF data show that past year rates of heroin use declined overall—with some fluctuations—since 1999 for eighth, tenth, and twelfth graders. From 2002 to 2003, the rate of use for tenth graders declined significantly but then trended upward in 2004. During that same period, past year use rates remained stable for eighth graders and twelfth graders. According to NSDUH, data also show very low and declining rates of past year heroin use among adolescents from 2002 to 2003, the only years for which such data are available (see Figure 33 on page 72).

Perceptions of Use

National prevalence data show that adolescents generally perceive heroin use as risky behavior. According to MTF data, the rates at which eighth, tenth, and twelfth graders perceive great risk in people using heroin once or twice without a needle have remained relatively stable at high levels since 1995, while perceptions of risk among younger and older adults have trended upward over the last 10 years (see Figure 34 on page 72). MTF data also indicate that most adolescents and younger and older adults

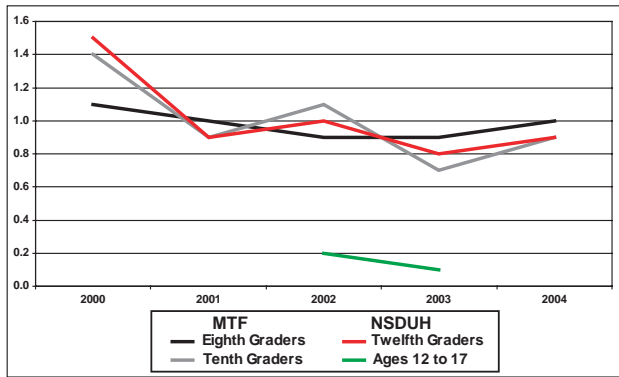


Figure 33. Adolescent trends in percentage of past year use of heroin, 2000–2004.

Source: Monitoring the Future; National Survey on Drug Use and Health.

disapprove of people using heroin (see Figure 35). PATS data indicate that while teenagers generally perceive heroin use as risky behavior, those perceptions have lessened slightly over the past few years. In 2003, 76 percent of teenagers agreed that “heroin was a dangerously addictive drug” compared with 77 percent in 2002 and 79 percent in 2001. In addition, the number of teenagers who agreed that “heroin can wreck your life” decreased from 86 percent in 2001 to 84 percent in 2002 to 83 percent in 2003.

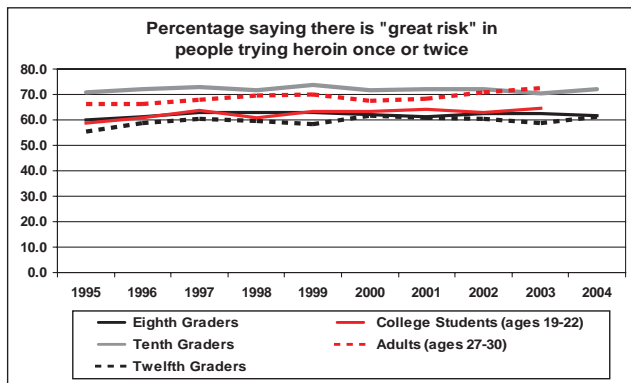


Figure 34. Trends in percentage of perceived harmfulness of heroin, selected groups, 1995–2004.

Source: Monitoring the Future.

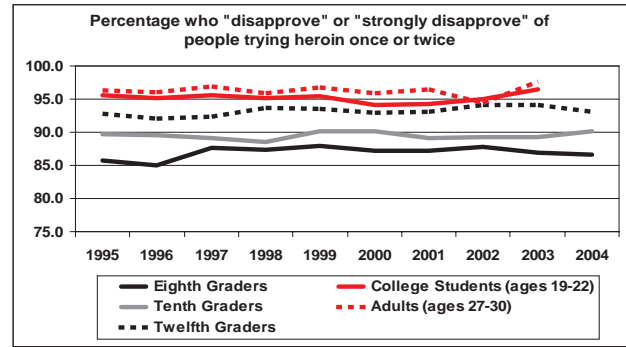


Figure 35. Trends in disapproval of heroin use, 1995–2004.

Source: Monitoring the Future.

Trends in Consequences of Use

Data regarding the consequences of heroin use are mixed. After a considerable increase in the number of ED mentions for heroin between 1996 and 2000, the total number of ED mentions for heroin remained relatively stable in 2001 and 2002 (see Figure 36). DAWN cities with the highest rates in 2002 were Chicago (220 per 100,000 population), Newark (214 per 100,000), and Baltimore (203 per 100,000), while the DAWN cities with the lowest rates were Dallas (10 per 100,000), Minneapolis (16 per 100,000), and Atlanta (20 per 100,000).

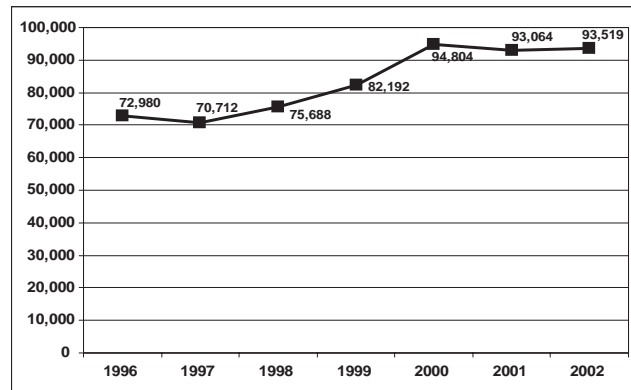


Figure 36. Heroin-related emergency department mentions, estimated number, 1996–2002.

Source: Drug Abuse Warning Network.

TEDS data show that heroin accounted for 15.2 percent of all treatment admissions in 2002, exceeding the proportion of admissions for primary cocaine abuse for the fourth consecutive year. The number of admissions for which heroin was identified as the primary substance of abuse increased steadily since 1992 and increased from

277,911 in 2001 to 285,667 in 2002 (see Figure 37 on page 73). Approximately two-thirds (68.5%) of all admissions were male and nearly half (47.9%) were Caucasian. Most (71.9%) primary heroin admissions were aged 30 years or older, and the average age at admission for primary heroin admissions was 36. Most (61.9%) primary heroin admissions reported injection as their primary method of administration, followed by inhalation (32.9%) and smoking (2.5%). Slightly more than 80 percent of primary heroin abusers report using heroin daily.

ADAM data show that the median percentage of adult male arrestees who tested positive for opiate use (usually heroin) in 2003 was 5.8. More males tested positive in Rio Arriba (NM) (28.4%) than in any other ADAM site. Other sites where positive rates were high include Chicago (24.9%), Boston (17.3%), New York City (15.0%) and Portland (OR) (15.0%). Sites with the lowest rate of males testing positive for opiate abuse in 2003

Production

Heroin is produced from opium cultivated in Latin America (Mexico and South America, primarily Colombia), Southeast Asia (primarily Burma), and Southwest Asia (primarily Afghanistan). In 2003 potential worldwide opium production and heroin production increased significantly. Potential worldwide illicit opium production in 2003 was estimated at 3,757 metric tons compared with 2,237 metric tons in 2002. Worldwide heroin production was estimated at 426.9 metric tons in 2003 compared with 244.7 metric tons in 2002 (see Table 20 on page 74).

Latin America. Potential opium production in Latin America increased from 126 metric tons in 2002 to 164 metric tons in 2003, accounting for less than 5 percent of worldwide production. However, nearly all the Latin American opium produced is refined into heroin destined for the U.S. market. The increase from 2002 to 2003 primarily is due to an increase in poppy cultivation in Mexico. According to the Crime and Narcotics Center (CNC), there were an estimated 4,800 hectares

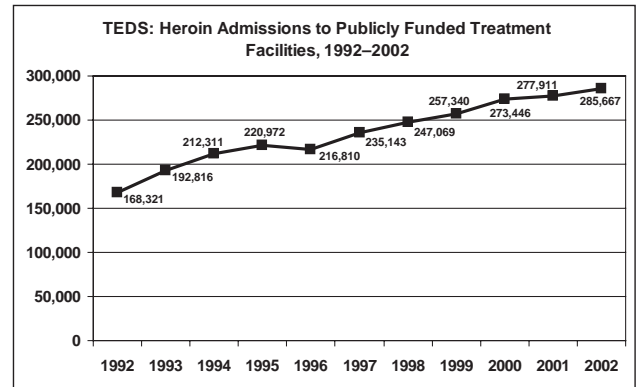


Figure 37. Heroin-related admissions to publicly funded treatment facilities, number, 1992–2002.

Source: Treatment Episode Data Set.

were Woodbury (IA) (1.6%), Charlotte (NC) (2.0%), and Los Angeles (2.0%). Overall, only a small number of male arrestees report using heroin in the past year. Of those arrestees who report they had used the drug in the past year, the median average number of days that they report using heroin in the past 30 days was 9.6.

under cultivation in Mexico in 2003 that potentially could have produced 101 metric tons of opium compared with 2,700 hectares under cultivation in 2002 that potentially could have produced 58 metric tons of opium. Potential heroin production in 2003 is estimated at 11.9 metric tons, an increase from 6.8 metric tons in 2002. Most of the heroin produced in Mexico is black tar and, to a lesser extent, brown powder heroin. Limited law enforcement and intelligence reporting indicate that white heroin is being produced in Mexico, although the extent of that production is largely unknown. Poppy cultivation in Colombia decreased slightly in 2003 likely due to a continued aerial-spraying eradication campaign. According to CNC, there were an estimated 4,400 hectares under cultivation in 2003 that potentially could have produced 63 metric tons of opium compared to 4,900 hectares under cultivation in 2002 that potentially could have produced 68 metric tons of opium. Potential heroin production in 2003 is estimated at 7.8 metric tons, a slight decrease from 8.5 metric tons in 2002.

Table 20. Potential Worldwide Heroin Production, in Metric Tons, 1999–2003

	1999	2000	2001	2002	2003	2004
Mexico	8.8	4.5	10.7	6.8	11.9	NA*
Colombia	8.7	8.7	11.4	8.5	7.8	NA*
Afghanistan	218.0	365.0	7.0	150.0	337.0	582.0
Burma	104.0	103.0	82.0	60.0	46.0	28.0
Laos	13.0	20.0	19.0	17.0	19.0	5.0
Pakistan	4.0	19.0	0.5	0.5	5.2	NA*
Thailand	0.6	0.6	0.6	0.9	NA	NA*
Vietnam	1.0	1.4	1.4	1.0	NA	NA*
Total	358.1	522.2	132.6	244.7	426.9	NA*

Source: Crime and Narcotics Center.

*Estimates for 2004 are not completed

Southeast Asia. Poppy cultivation in Burma decreased for the fifth consecutive year but, unlike previous years, weather was not a major factor affecting the decline in cultivation levels. According to CNC, a major factor contributing to the decline was Rangoon's enforcement of opium poppy-growing bans. In 2004 there were an estimated 30,900 hectares under cultivation in Burma that potentially could have produced 292 metric tons of opium compared with 47,130 hectares under cultivation in 2003 that potentially could have produced 484 metric tons of opium. Potential heroin production in Burma was estimated at 28 metric tons in 2004 compared with 46 metric tons in 2003. Opium cultivation and heroin production occur to a much lesser extent in Laos. In 2004 an estimated 10,000 hectares were under cultivation in Laos that potentially could have produced 49 metric tons of opium compared with 18,900 hectares under cultivation in 2003 that potentially could have produced 200 metric tons of opium. Potential heroin production in 2004 is estimated at 5 metric tons compared with 19 metric tons in 2003. Heroin produced in Burma and Laos primarily is destined for markets in China, Southeast Asia, and the Asian Pacific Rim (including Australia); limited quantities are available in the United States.

Southwest Asia. Afghanistan remained the world's largest producer of opium in 2004. According to CNC, poppy cultivation in Afghanistan increased from 61,000 hectares in 2003 to 206,700 hectares in 2004. Likewise, potential opium and heroin production increased from 2,865 metric tons and 337 metric tons, respectively, in 2003 to 4,950 metric tons and 582 metric tons, respectively, in 2004. Opium poppy cultivation also increased in Pakistan in 2003, the latest year for which such data are available, albeit to very low levels after being all but eliminated in 2001. In 2003 an estimated 1,714 hectares were under cultivation that potentially could have produced 44 metric tons of opium compared with 213 hectares under cultivation in 2002 that potentially could have produced 4.3 metric tons of opium. Potential heroin production is estimated at 5.2 metric tons in 2003 compared with 0.5 metric ton in 2002. Heroin produced in Afghanistan and Pakistan primarily is destined for European, Eurasian, and West Asian markets. As with Southeast Asian heroin, limited quantities are available in the United States.

Transportation

Heroin is smuggled into the United States primarily from South America and Mexico but also from Southeast and Southwest Asia. Law enforcement reporting indicates that heroin typically is smuggled into the United States by couriers on commercial flights from source or transit countries or concealed in private and commercial vehicles driven across the Southwest Border and, to a lesser extent, the Northern Border. Heroin also is smuggled into the United States via maritime conveyances and mail services. Once inside the United States, heroin is transported primarily overland in private and commercial vehicles often equipped with hidden compartments but also by couriers traveling on commercial flights and via mail services.

According to EPIC seizure data for 2001, 2002, and 2003, seizures of heroin arriving from foreign source areas have occurred overwhelmingly from commercial air followed by land and maritime conveyances. In 2003, 1,312 kilograms of heroin were seized from commercial air compared to 1,589 kilograms in 2001 and 1,766 kilograms in 2002. Significantly less heroin was seized at POEs, between POEs, at checkpoints, or resulting from traffic stops or investigations along the Southwest and Northern Borders. In 2003, 291.5 kilograms of heroin were seized along the Southwest Border compared with 372.0 kilograms in 2001 and 252.7 kilograms in 2002. In 2003 nearly half (47%) of the heroin seized along the Southwest Border was seized at checkpoints or as the result of traffic stops compared with 2001 when nearly three-quarters (74%) of the heroin was seized at POEs. The Southwest Border POE recording the largest amount of heroin seized in 2003 was El Paso (TX) (70.7 kg). Small quantities of heroin also were seized at the Calexico, Otay Mesa, and San Ysidro POEs in California; the Nogales and San Luis POEs in Arizona; and the Brownsville, Del Rio, El Paso, Hidalgo, and Laredo POEs in Texas. Along the Northern Border, a total of 4.8 kilograms of heroin was seized in 2001 at POEs in Detroit and Niagara Falls (NY), and less than 1 kilogram of heroin

was seized in 2002 through an investigation in Washington State. No heroin was seized along the Northern Border in 2003. In 2003, 111 kilograms of heroin were seized from commercial maritime vessels compared with 222 kilograms in 2001 and 102 kilograms in 2002. In 2003 commercial maritime seizures were made in California, Delaware, Florida, Louisiana, New Jersey, Puerto Rico, South Carolina, Texas, and the U.S. Virgin Islands.

Mexico. Mexican DTOs and criminal groups with ties to Mexico and the United States smuggle Mexican heroin—primarily black tar but also brown powder—into the United States overland across the Southwest Border. Law enforcement reporting indicates that Mexican heroin seized along the Southwest Border primarily is seized from private vehicles often equipped with hidden compartments. Mexican heroin also is smuggled into the United States in commercial vehicles and by couriers who walk across the Southwest Border at or between POEs. Couriers typically conceal heroin taped to their bodies or hidden in their shoes or in carried baggage.

Seizure data indicate that the amount of Mexican heroin seized along the Southwest Border decreased significantly from 2002 to 2003. According to EPIC data, only 55 kilograms of heroin seized in the Southwest Border Arrival Zone (in the United States up to approximately 150 miles from Mexico) in FY2003 was reported to be or was analyzed as Mexican black tar or brown powder heroin. This represents a significant decrease from FY2002 when 338 kilograms of heroin reported to be or analyzed as Mexican heroin were seized in the Southwest Border Arrival Zone; however, the high seizures in FY2002 were primarily the result of one law enforcement operation during that period. Most of the Mexican heroin seized in the Southwest Border Arrival Zone in FY2003 was seized at POEs in California (29 kg) followed by POEs in Texas (20 kg).

The Primary Market Area for Mexican heroin is Los Angeles. Mexican heroin is transported in private and commercial vehicles from the Southwest Border to Los Angeles via interstate highways. Some Mexican heroin also is transported to Chicago, a Primary Market Area for heroin. Traffickers transport Mexican heroin from the Southwest Border to Chicago in commercial and private vehicles.

South America. Colombian DTOs and criminal groups control the transportation of South American heroin to the United States. South American heroin typically is smuggled into the United States by couriers aboard commercial flights to international airports in New York and Florida. Couriers take direct or indirect flights from international airports in Colombia to John F. Kennedy or La Guardia International Airports or Miami International Airport. Indirect flights involve a stopover at a transit country prior to arriving in the United States. Transit countries include those in Central America, the Caribbean, or South America such as Argentina or Chile. Single flights, direct or indirect, may involve several couriers. Couriers employ a variety of concealment methods that include swallowing latex-wrapped heroin pellets, taping packages of heroin to their bodies, or secreting heroin in clothing in luggage. In addition, couriers continue to smuggle heroin-saturated clothing into the United States. The amount of heroin smuggled by individual couriers aboard commercial flights has increased over the past few years, now ranging between 5 to 8 kilograms per trip.

Seizure data indicate that South American heroin is increasingly smuggled overland through and between POEs along the Southwest Border. In fact,

in FY2003 the amount of heroin seized in the Southwest Border Arrival Zone that was reported to be or was analyzed as South American heroin exceeded the amount of heroin seized that was reported to be or was analyzed as Mexican heroin. According to EPIC data, most of the South American heroin was seized at the El Paso POE and at the U.S. Highway 281 Border Patrol checkpoint located near Falfurrias (TX). In FY2003 Texas was ranked third behind New York and Florida for the largest amount of heroin reported to be or analyzed as South American, a rank historically held by New Jersey. According to EPIC, the most common concealment method for South American heroin seized along the Southwest Border was sewing the heroin into jacket linings.

South American heroin also is smuggled into the United States aboard commercial vessels. The heroin typically is smuggled by passengers or crew members aboard cruise ships that arrive in Florida or Puerto Rico. South American heroin also is smuggled by crew members on cargo vessels—direct from Colombia or through transshipment areas in Central America, primarily Panama—arriving at East Coast and, occasionally, West Coast ports as well as U.S. ports in the Gulf of Mexico. South American heroin is increasingly smuggled into the United States commingled with cocaine in commercial shipping containers. In 2003, 109.9 kilograms of heroin, most of it South American, were seized aboard commercial vessels in the U.S. Arrival Zone, an increase from 94.1 kilograms in 2002. As of March 2004 more than 100 kilograms of South American heroin had been seized aboard commercial vessels.

Over 60 Pounds of Heroin Seized

On March 29, 2004, U.S. Customs and Border Protection (CBP) officials seized 62 pounds of Mexican black tar heroin and 6 pounds of methamphetamine at the San Luis POE in Arizona and arrested a 41-year-old male Mexican resident alien from California who was driving a pickup truck. A CBP officer conducting a routine inspection of the pickup truck became suspicious after tapping the truck's gasoline tank and noticing that it was unusually dense. The officer used a density meter to confirm that the gasoline tank contained solid substances. Officers removed and dismantled the tank and discovered multiple individual packages of heroin and methamphetamine wrapped in plastic. The driver of the pickup truck was arrested and charged with two counts of possession of a controlled substance and two counts of importation with intent to distribute a controlled substance.

Source: U.S. Customs and Border Protection.

The Primary Market Areas for South American heroin are New York and Chicago. Although a significant amount of South American heroin is transported directly to New York by couriers aboard commercial flights, some is transported first to Miami via couriers aboard commercial flights or aboard commercial maritime vessels, then transported from Miami to New York in private and commercial vehicles. South American heroin is transported in private and commercial vehicles to Chicago from the Southwest Border or from New York.

Southeast Asia. Ethnic Chinese criminal groups, principally the Fukinese, and West African criminal groups, principally Nigerians, are the primary transporters of Southeast Asian heroin to the United States. Limited amounts of Southeast Asian heroin are smuggled into the United States via couriers on commercial flights, containerized maritime cargo, and express mail services.

Couriers on commercial flights primarily transport Southeast Asian heroin to international airports in New York as well as to other international airports

in cities such as Atlanta and Chicago. Law enforcement reporting indicates that Southeast Asian heroin also is transported via commercial air to Montreal, Québec and subsequently is transported by Middle Eastern DTOs and criminal groups in private and commercial vehicles to a limited number of United States drug markets.

Seizure data indicate that Southeast Asian heroin is rarely seized from commercial maritime vessels—the last significant seizure (62 kg) occurred in January 2001. However, law enforcement reporting indicates that traffickers continue to transport Southeast Asian heroin to the United States using this mode. According to DEA, Southeast Asian heroin is transported from Southeast Asia through Asian countries or Pacific islands to the United States via containerized cargo, typically across the Pacific Ocean to maritime POEs in Vancouver, British Columbia, or California. Although intelligence is limited regarding the smuggling of Southeast Asian heroin from Canada into the United States, two scenarios are likely. First, Southeast Asian heroin may be smuggled from Vancouver through POEs in the western United States before being further transported east across the United States to domestic drug markets, primarily New York. Second, Southeast Asian heroin smuggled into Vancouver initially may be transported east across Canada before being smuggled into the United States through POEs in New York.

The Primary Market Areas for Southeast Asian heroin are New York and Chicago. Southeast Asian heroin is transported either directly to New York or indirectly from the West Coast and Canada as described above. Southeast Asian heroin is transported to Chicago also by couriers on commercial aircraft directly to Chicago or via Canada and by package delivery services. Southeast Asian heroin also is transported to Chicago from New York and Los Angeles in private and commercial vehicles and by couriers on buses and trains.

Southwest Asia. Pakistani traffickers are the primary transporters of Southwest Asian heroin to the United States; however, East European, Middle Eastern, Russian, and West African criminal groups also transport Southwest Asian heroin to the United

States. Southwest Asian heroin is transported to the United States primarily by couriers on commercial aircraft but also via air cargo and express mail services. It often is smuggled through Central Asia and Europe. The primary POE for Southwest Asian heroin is New York City. Southwest Asian heroin also is transported via commercial air to other U.S. cities including Atlanta, Chicago, Detroit, and Washington, D.C. Nigerian criminal groups transport small quantities of Southwest Asian heroin to and through Atlanta. Nigerian criminal groups also transport Southwest Asian heroin to Chicago using couriers aboard commercial flights. Middle Eastern criminal groups transport some Southwest Asian heroin into Canada via commercial air before transporting it in

private and commercial vehicles to Detroit. According to the DEA Washington Field Division, West African traffickers obtain Southwest Asian heroin from Pakistani sources that use couriers of Asian descent to transport Southwest Asian heroin to the Washington-Baltimore area.

The Primary Market Areas for Southwest Asian heroin are New York and Chicago. Southwest Asian heroin is transported directly to New York and Chicago as described previously. Southwest Asian heroin also is transported to Chicago via Canada and from New York and Los Angeles in private and commercial vehicles.

Distribution

The distribution of heroin occurs throughout the country primarily in major metropolitan areas and increasingly in rural and suburban areas—the rate of increase in rural and suburban areas is lower than in the past several years. Distribution in rural and suburban areas, particularly in the eastern United States, is facilitated by drug traffickers based in major metropolitan areas who supply distributors and abusers located in rural and suburban markets. In some cases, abusers from suburban and rural areas travel to major metropolitan areas to purchase retail quantities of heroin for personal use or for low-level retail distribution. Conversely, distributors from major metropolitan areas relocate from inner-city neighborhoods into outlying smaller cities and rural areas to attract new customers and increase profits.

Colombian DTOs are the primary wholesale distributors of heroin in the eastern United States where South American heroin is the predominant type available. Dominican criminal groups also are predominant wholesale heroin distributors of South American heroin, particularly in the New England states. Several other trafficking groups distribute wholesale quantities of heroin in the eastern United States, although to a lesser extent than Colombian and Dominican traffickers. Puerto Rican and African American traffickers distribute wholesale quantities of South American heroin; Chinese and Nigerian traffickers distribute Southeast Asian heroin; and Nigerian, Pakistani, Lebanese, and Russian traffickers distribute Southwest Asian heroin.

Heroin Distribution Organization Dismantled

On February 13, 2004, the Office of the Bronx County District Attorney announced the arrests and indictment of 12 members of a Dominican wholesale heroin distribution organization. The arrests and indictment are the result of an 8-month investigation conducted by the District Attorney's Office and the New York Police Department (NYPD) Bronx Narcotics Division Major Case Unit. According to prosecutors, the organization used a Bronx apartment as a stash house and a Manhattan restaurant as a meeting place. Both sites were used as distribution areas from which members of the organization supplied approximately 850 grams of heroin per week to retail-level distributors in the Bronx and Washington Heights sections of Upper Manhattan. The investigation culminated on January 21, 2004, when officers from the NYPD Bronx Narcotics Division Major Case Unit executed search warrants at four locations used by the organization. The officers seized approximately 55 grams of heroin, 2 grams of cocaine, and 2 pounds of a substance purported by one of the suspects to be crystal methamphetamine. An NYPD laboratory currently is analyzing this substance. Officers also seized four vehicles—one equipped with an electronically activated hidden compartment and two with makeshift hidden compartments—and \$6,987. An additional 600 grams of heroin were seized when a courier attempted to deliver the drugs after smuggling them into the United States from the Dominican Republic. All 12 defendants have been charged with conspiracy in the second degree for allegedly trafficking in heroin, and 7 of the 12 have been indicted on additional charges including criminal sale and criminal possession of a controlled substance in the first degree. Other charges included criminal sale of a controlled substance in the second and third degrees.

Source: Bronx County District Attorney; New York City Police Department.

In the western United States where Mexican heroin is the predominant type available, Mexican DTOs and criminal groups are the primary wholesale heroin distributors. Members of Mexican DTOs and criminal groups are either U.S. citizens with familial ties to the United States or Mexico or Mexican nationals who have illegally entered the United States. Mexican DTOs and criminal groups that distribute wholesale quantities of Mexican heroin often are polydrug organizations that distribute any of a number of other drugs including cocaine, methamphetamine, and marijuana. Law enforcement reporting indicates that Mexican DTOs and criminal groups also distribute wholesale quantities of South American heroin in locations such as Michigan and New York.

A wide range of criminal groups, gangs, and independent dealers distribute heroin at the retail level, dependent largely on the type of heroin and the location of the market. In the Northeast Region of the United States, Dominican criminal groups are the predominant retail distributors of South American heroin, particularly in cities such as New York, Boston, and Philadelphia. Other

retail-level heroin distributors in the Northeast include African American, Caucasian, Colombian, and Puerto Rican criminal groups in Boston; African American dealers who are usually members of "crews" in Washington, D.C.; and Puerto Rican and African American criminal groups in Philadelphia. In the Southeast Region of the United States, retail heroin distributors include Dominican and Puerto Rican criminal groups in Puerto Rico; African American, Dominican, Haitian, and Puerto Rican criminal groups in Florida; and Colombian, Dominican, and Mexican criminal groups in Atlanta. In the Midwest Region of the United States, retail heroin distributors include Hispanic and African American criminal groups in Ohio and African American criminal groups in Michigan. In the Pacific, Southwest, and West Regions of the United States, criminal groups that distribute retail quantities of heroin include African American, Guatemalan, Honduran, and Mexican criminal groups.

Law enforcement reporting indicates that local independent dealers and street gang members—primarily from African American and Hispanic

gangs but also Asian gangs—distribute retail quantities of heroin to varying degrees in every region of the country. According to NDTs 2004 data, 11.2 percent of state and local law enforcement officials nationwide report that street gang involvement in heroin distribution is high or moderate in their areas. Law enforcement reporting indicates that members of OMGs distribute heroin at the retail level as do members of prison gangs, particularly prison gangs in states along the Southwest Border.

Primary Market Areas

Chicago, Los Angeles, and New York are the three Primary Market Areas for heroin distributed throughout the United States because abuse levels are high in these cities, and wholesale quantities of heroin are distributed from these cities to heroin markets throughout the country. Other cities that are not Primary Market Areas but are significant markets in terms of abuse or distribution include Baltimore, Detroit, Miami, Newark, Philadelphia, San Francisco, Seattle, and Washington, D.C. Boston also is a very significant heroin market and previously was designated a Primary Market Area for the drug; however, Boston does not appear to be a heroin distribution center equal to Chicago, Los Angeles, and New York. In fact, law enforcement reporting indicates that most wholesale and midlevel heroin distributors in New England states are supplied directly by New York City-based wholesale distributors rather than Boston-based wholesalers.

Chicago. The consequences of heroin abuse in Chicago and the surrounding area are reflected in high rates of ED mentions, heroin-related overdose deaths, treatment admissions, and arrestees testing positive for opiates. The total number of ED mentions in Chicago also increased, although not significantly, from 11,902 in 2001 to 12,982 in 2002. DAWN mortality data show that heroin/morphine was involved in 352 of 854 drug deaths in Chicago in 2001 and 376 of 861 drug deaths in 2002. Heroin/morphine was involved in 78 of 303 single-drug deaths in 2001 and 83 of 312 single drug deaths in 2002. The number of treatment admissions for heroin in Chicago increased 23

percent from 21,755 in 2002 to 26,739 in 2003. ADAM data show that 24.9 percent of male arrestees tested positive for opiates—usually heroin—in Chicago in 2003, second only to the rate in Rio Arriba (NM) (28.4%).

Chicago serves as a Primary Market Area for heroin distributed throughout cities in the Midwest Region. South American heroin is the primary type available; however, Asian heroin—Southeast and Southwest—and, to an even lesser extent, Mexican heroin also are available. Colombian DTOs and criminal groups are the primary transporters and wholesale distributors of South American heroin in Chicago, although they increasingly rely on Mexican DTOs and criminal groups to transport and distribute wholesale quantities of the drug. Nigerian criminal groups are the primary transporters and wholesale distributors of Southeast Asian and, increasingly, Southwest Asian heroin.

Colombian and Mexican DTOs and criminal groups and Nigerian criminal groups distribute heroin to Hispanic and African American street gang members who are the dominant retail heroin distributors in Chicago. Members of street gangs, including Gangster Disciples, Vice Lords, Almighty Latin King Nation, Black Peace Stone Nation, and Black Disciples, distribute retail quantities of heroin at numerous open-air drug markets in West Side and South Side neighborhoods. Users travel from as far as southern Wisconsin or northwestern Indiana to purchase heroin in these neighborhoods. Chicago also serves as a distribution point for heroin that is transported to other cities throughout Illinois such as Springfield and to other states including Indiana, Iowa, Ohio, Michigan, Minnesota, Missouri, New York, Tennessee, and Wisconsin. In addition, law enforcement officials in Cleveland, Dayton, Pittsburgh, and St. Louis report that Chicago is a source for heroin available in their jurisdictions.

Los Angeles. Although Los Angeles historically has demonstrated high levels of heroin abuse, some data indicate that the effects of heroin abuse have lessened over the past several years. After increasing from 1999 (2,923) to 2000 (3,177), the total number of ED mentions decreased in 2001 (2,878) and 2002 (2,525).

DAWN mortality data show that heroin was involved in 644 of 1,887 drug deaths in Los Angeles in 1999 and 473 of 1,192 drug deaths in 2000, the latest year for which data are available. Heroin/morphine was involved in 76 of the 295 single-drug deaths in 2000. ADAM data show that 2.0 percent of male arrestees tested positive for opiates—usually heroin—in Los Angeles in 2003 compared with 5.9 percent in 2002.

Los Angeles is a Primary Market Area for Mexican black tar and, to a lesser extent, brown powder heroin. Mexican heroin is transported via land routes across the Southwest Border to Los Angeles from where it is transshipped to locations in the Pacific, Southwest, and West Regions of the United States. Mexican DTOs and criminal groups are the primary transporters and wholesale distributors of Mexican heroin in Los Angeles as well as throughout the Pacific, Southwest, and West Regions. Independent Hispanic groups are the primary retail distributors of Mexican heroin in Los Angeles; however, members of African American and Hispanic street gangs such as Crips, Bloods, Mara Salvatrucha, and F Troop also purchase Mexican heroin from Mexican criminal groups and distribute the drug at the retail level.

EPIC Pipeline, Convoy, and Jetway drug seizure data indicate that Los Angeles is a primary distribution point for heroin destined for locations primarily in the western United States. Combined EPIC data for 2002 and 2003 show that shipments of heroin seized that originated in Los Angeles were destined for locations including Chicago, Compton (CA), El Paso, Eugene (OR), Honolulu, Las Vegas, New York, Portland (OR), and Salem (OR). Law enforcement reporting also indicates that Los Angeles is a source city for heroin destined for Denver, New Orleans, Seattle, St. Louis, and Salt Lake City.

New York. The negative effects of heroin abuse are significant in New York as evidenced by emergency department, mortality, treatment, and arrest data. The total number of ED mentions remained relatively unchanged from 2001 (10,644) to 2002 (10,397). DAWN mortality data indicate that heroin/morphine was involved in 224 of 894 drug deaths in New York in 2002

(2001 data are not available) and was involved in 3 of 202 single-drug deaths. According to the New York Office of Alcohol and Substance Abuse Services (OASAS), there were 21,773 primary heroin admissions in New York City in 2002, considerably higher than the number of primary treatment admissions for cocaine (14,697) and marijuana (13,400). ADAM data show that 15.0 percent of male arrestees tested positive for opiates—usually heroin—in New York in 2003. Only four other sites reported rates equal to or higher than New York.

New York is a Primary Market Area for South American and Southeast and Southwest Asian heroin, and the city serves as a distribution center for heroin available throughout the eastern United States. Colombian DTOs and criminal groups are the primary transporters and wholesale distributors of South American heroin in New York. Dominican DTOs and criminal groups and, increasingly, Mexican criminal groups also are significant transporters and wholesale distributors of South American heroin. Ethnic Chinese and West African criminal groups are the primary transporters and wholesale distributors of Southeast Asian heroin, and Pakistani criminal groups are the primary transporters and wholesale distributors of Southwest Asian heroin in New York.

A wide range of criminal groups, gangs, and independent dealers distribute heroin at the retail level in New York. Dominicans are the primary retail-level heroin distributors, particularly of South American heroin. Other retail-level distributors include members of African American, Jamaican, Puerto Rican, and Caucasian criminal groups as well as independent dealers and members of street gangs such as Ñeta, Latin Kings, Five Percenters, and Bloods.

EPIC Pipeline, Convoy, and Jetway drug seizure data indicate that New York is a primary distribution center for heroin distributed throughout the Midwest, Northeast, and Southeast Regions of the United States. Combined EPIC data for 2002 and 2003 show that shipments of heroin seized that originated in New York were destined for locations throughout these regions including Chicago, Durham (NC), Orlando, Wilmington

(NC), and Washington, D.C. Law enforcement reporting indicates that New York also is a source city for heroin distributed in Atlanta, Baltimore,

Boston, Newark, New Orleans, Philadelphia, Michigan, and Ohio.

Outlook

The demand for heroin, currently stabilized, will remain lower than the demand for other major drugs of abuse such as cocaine, marijuana, and methamphetamine. An overall high perception of risk associated with heroin use is an indication that rates of heroin use, particularly among adolescents and young adults, will remain stable. However, the consequences of heroin abuse will remain comparable to or exceed the consequences of other major drugs of abuse as those individuals already addicted to heroin experience the negative health effects that result from their addictions.

The 73.3 percent increase in potential worldwide heroin production from 2002 to 2003, though cause for concern, will not likely result in a significant increase in heroin availability in U.S. drug markets. The net increase in potential worldwide heroin production from 2002 to 2003 (181.6 mt) is attributable to an increase of 187 metric tons in Afghanistan and 5.1 metric tons in Mexico—increases offset somewhat by a 13.9 metric ton decrease in Southeast Asian heroin production

and a 1.1 metric ton decrease in Colombia. Moreover, sharp increases in Southwest Asian heroin production will likely have little effect on U.S. drug markets because relatively little Southwest Asian heroin is intended for U.S. drug markets but rather primarily for Asian and European drug markets. Nevertheless, sustained increases in Mexican heroin production could lead to increases in domestic heroin availability because nearly all heroin produced in Mexico is intended for distribution in U.S. drug markets. However, there is no indication that production in Mexico has increased to levels sufficient to substantially affect availability of the drug in the United States or that the current level of production is sustainable. In fact, heroin production estimates for Mexico have fluctuated greatly since 1999 and currently are only slightly higher than 2001 estimates (see Table 20 on page 74).

National Drug Threat Assessment 2005



MDMA

Key Findings

- The availability of MDMA has decreased significantly nationwide since peaking in 2001, most likely the result of increased interdiction efforts and the effective dismantling of large MDMA trafficking organizations.
- More adolescents perceive harm in using MDMA than ever before, likely because of drug abuse prevention educational programs and antidrug campaigns that have focused on reducing MDMA abuse since the height of the drug's popularity in 2001.
- Although most MDMA available in the United States is produced in Europe, the number of MDMA laboratories seized in the United States increased slightly in 2004.
- Shifts in transportation routes have resulted in a decrease in the amount of MDMA smuggled into the United States directly from the Netherlands and Belgium.
- Asian criminal groups are increasingly involved in MDMA trafficking in all regions of the United States and may surpass Israeli and Russian criminal groups as the dominant transporters and wholesale distributors of the drug in the near term.

Introduction and Trends

The trafficking and abuse of MDMA (3,4-methylenedioxymethamphetamine, also known as ecstasy) pose a moderate threat to the United States. Most federal, state, and local law enforcement agencies report that MDMA is readily available and abused in their areas; however, levels of availability and abuse appear to be declining. Law enforcement reporting indicates that MDMA federal seizures and arrests have decreased each year since peaking in 2001. And demand for MDMA, while still relatively high, appears to be declining among adolescents and adults overall.

NDTS data for 2004 indicate that just 0.6 percent of state and local law enforcement agencies nationwide identified MDMA as their greatest drug threat, declining from 0.9 percent in 2002. Regionally, more state and local agencies in the Northeast (1.3%), Midwest (0.6%), and Southwest Regions (0.6%) identify MDMA as their greatest

drug threat than agencies in the Pacific (0.2%), Southeast (0.1%), and West Regions (0.0%).

MDMA abuse results in numerous adverse psychological and physiological effects and can lead to serious consequences. MDMA abusers may experience confusion, depression, anxiety, sleeplessness, drug craving, and paranoia as well as muscle tension, involuntary teeth clenching, nausea, blurred vision, faintness, tremors, rapid eye movement, and sweating or chills. Abusers of MDMA are at risk of dehydration, hyperthermia, heart or kidney failure, and even brain damage. Research indicates that MDMA use can lead to the depletion of neurotransmitters in the brain, including serotonin, dopamine, and norepinephrine, which are critical to normal functioning of the brain, including thought and memory processes.

MDMA abuse and trafficking typically are not associated with property crime or violent

crime; however, MDMA-related criminal incidents appear to be increasing. NDTs data indicate that the percentage of state and local law enforcement agencies nationwide identifying MDMA as the drug that most contributed to property crime in their areas remained stable at 0.1 percent in both 2003 and 2004. Likewise, only 0.2 percent report that MDMA most contributed to violent crime in their areas in both years. Although NDTs data indicate that MDMA-related criminal acts have remained stable nationwide, law enforcement reporting indicates that crime related to MDMA distribution has increased in areas such as Florida and California as well as Dallas and Seattle because of the introduction of poly-drug traffickers distributing MDMA.

Availability

The availability of MDMA has decreased significantly nationwide since peaking in 2001. According to seizure statistics and arrest data, MDMA availability was at its highest level in 2001 and has decreased since that time. Data from DEA's System to Retrieve Information from Drug Evidence (STRIDE) also reveal a decrease in availability—the number of dosage units submitted for testing peaked at 5,472,435 dosage units in 2001 but has since decreased to 1,477,758 dosage units in 2003.¹⁷ Likewise, MDMA-related OCDETF investigations and indictments were at their highest level in 2001 and have decreased in each of the following years. MDMA-related arrests also decreased after peaking in 2001, dropping from 2,015 in 2001 to 1,124 in 2003.

NDIC Comment: The decrease in MDMA availability since 2001 likely is due to increasing interdiction efforts and the effective dismantling of large MDMA trafficking organizations. Law enforcement efforts have decreased or fractured MDMA trafficking networks through the arrests of key members. In the past 3 years, DEA has successfully dismantled several significant MDMA trafficking organizations—particularly Israeli and

Asian organizations—that had distribution networks throughout the United States.

Demand

More adolescents perceive harm in using MDMA than ever before. MTF data show that the percentage of students in eighth, tenth, and twelfth grade perceiving harm in using MDMA increased in 2001—the most recent year for which such data are available. PATS 2003 data also show a rising percentage of teens that perceive risk in trying MDMA or using MDMA occasionally.

NDIC Comment: The perceived harm associated with MDMA use is increasing, most likely because of drug abuse prevention educational programs and antidrug campaigns that have focused on reducing MDMA abuse since the height of the drug's popularity in 2001. For example, in February 2002 the Partnership for a Drug-Free America launched a national MDMA education campaign that consisted of television and print advertising, as well as a web site devoted to alerting and educating adolescents and young adults to the dangers of MDMA use. NSDUH 2002 data indicate that the rates of past year illicit drug use, including MDMA, were lower for youths who had seen or heard drug or alcohol prevention messages at school in the past year than for youths who had not seen or heard such messages at school.

Production

Although most MDMA available in the United States is produced in Europe, the number of MDMA laboratories seized in the United States increased slightly in 2004. According to EPIC data, reported seizures of MDMA laboratories in the United States decreased from 2000 (8) to 2003 (3); however, law enforcement reports that 12 MDMA laboratories were seized within the first 8 months of 2004.

NDIC Comment: MDMA production in the United States is very limited in comparison with other countries but may be increasing in the wake

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

of increased security and interdiction efforts at U.S. POEs. MDMA production in the United States is typically small-scale; however, a few laboratories have been capable of producing multithousand-tablet quantities of MDMA. For example, law enforcement reports that of the 12 MDMA laboratories seized in the first 8 months of 2004, 10 were capable of producing less than 8 ounces of MDMA (up to 2,000 tablets, but typically about 500), according to EPIC. However, one laboratory seized in New York was capable of producing 2 to 9 pounds (up to 40,000 tablets) of MDMA, and the largest laboratory, seized in Wisconsin, was capable of producing 10 to 20 pounds (up to 90,000 tablets) of MDMA.

Transportation

The smuggling of MDMA coming directly from European source areas into the United States appears to have dropped dramatically in the past 3 years. EPIC reports that the number of MDMA dosage units seized arriving directly from the Netherlands and Belgium now represents a lower proportion of all MDMA tablets smuggled into the United States. EPIC data reveal that just 218,000 of 948,000 tablets and 70 of 152 kilograms of the seized MDMA that was destined for the United States in 2003 originated in the Netherlands or Belgium.

NDIC Comment: MDMA laboratories in the Netherlands and Belgium still produce most of the MDMA available in the United States; however, traffickers typically are not transporting the drug directly to the United States from these countries. While in recent years most MDMA was transported direct from source areas to the United States by couriers on commercial flights, increased interdiction efforts have caused a shift in

transportation routes to avoid detection or seizure. For example, EPIC data for 2003 show that a significant amount of MDMA was transported on commercial flights originating in other European countries such as France, Italy, Germany, Portugal, Spain, and Switzerland. In addition, MDMA shipments originating in the Netherlands and Belgium are increasingly transiting the Caribbean, Mexico, and Canada en route to the United States.

Distribution

Asian criminal groups are increasingly involved in MDMA trafficking in all regions of the United States, and they may surpass Israeli and Russian criminal groups as the dominant transporters and wholesale distributors of the drug in the near future. Asian criminal groups typically smuggle powder MDMA from Europe into Canada, where it is pressed into tablets. These groups then smuggle the MDMA tablets across the Northern Border, typically by private vehicle, supplying networks of Asian traffickers operating throughout the United States.

NDIC Comment: The involvement of Asian traffickers in MDMA transportation and distribution within the United States has been rising in recent years. Federal, state, and local law enforcement agencies report that Asian traffickers including Cambodian, Indo-Chinese, Korean, Laotian, Thai, and Vietnamese criminal groups are involved to varying degrees in MDMA distribution. However, Vietnamese and Chinese criminal groups appear to be most active in the smuggling of Europe-produced MDMA from Canada into the United States. According to law enforcement reporting, Asian traffickers distribute significant quantities of MDMA in cities including Houston, Los Angeles, and New Orleans.

Availability

The estimated quantity of MDMA available in the United States is unknown; data limitations concerning the extent of worldwide production, seizure amounts, and consumption levels preclude a precise calculation of the amount available to

U.S. drug markets. However, law enforcement reporting and survey data indicate that MDMA availability appears to be stable to decreasing overall. Survey data and some law enforcement reporting show that MDMA availability was

nearly unchanged in recent years. Other law enforcement reports of declining MDMA availability correspond with a nationwide decrease in the number of seizures and arrests since 2001.

MDMA is available to varying degrees in all regions of the country, and law enforcement reporting indicates that availability is relatively stable overall. Most DEA Field Divisions report that MDMA is readily available in their areas; however, five Field Divisions (Dallas, Houston, Phoenix, San Diego, and St. Louis) report increasing availability. Nearly all HIDTA offices report widespread MDMA availability, and 11 of 21 report increasing availability.

NDTS data reveal that MDMA availability has decreased since 2002. NDTS data show that the percentage of state and local law enforcement agencies nationwide that report MDMA availability as high or moderate decreased from 54.4 percent in 2002, to 54.1 percent in 2003, and 41.3 percent in 2004. Consequently, data also indicate that the proportion of state and local law enforcement agencies reporting low MDMA availability in their areas increased from 37.1 percent in 2002, to 39.6 percent in 2003, and 47.1 percent in 2004. The percentage of law enforcement agencies reporting that MDMA is not available in their jurisdictions fluctuated from 6.9 percent in 2002, to 3.8 percent in 2003, and 9.0 percent in 2004. Regionally, a greater proportion of agencies in the Southwest (25.1%), Northeast (22.5%), and Southeast (20.2%) report high or moderate availability than those in the Midwest (17.6%), Pacific (16.6%), and West (13.7%) Regions.

Seizure data indicate that MDMA seizures have decreased each year since peaking in 2001. According to STRIDE, the number of dosage units submitted for testing increased from 3,342,397 dosage units of MDMA in 2000 to 5,472,435 dosage units in 2001, before decreasing to 3,568,087 dosage units in 2002 and 1,477,758 dosage units in 2003 (see Figure 38). FDSS data show a similar trend: federal seizures increased significantly from 280,178 dosage units in 2000 to 4,639,580 dosage units in 2001, then decreased to 3,501,252 dosage units in 2002 and

1,320,239 dosage units in 2003 (see Figure 39). Although the number of MDMA dosage units seized decreased in recent years, FDSS data reveal that seizures of kilogram quantities of powder MDMA increased substantially between 2001 and 2003. Kilogram-quantity seizures of powder MDMA decreased significantly from 96.8 kilograms in 2001 to 17.2 kilograms in 2002 but rose to a 3-year high of 242.3 kilograms in 2003. Most kilogram-quantity seizures of powder MDMA occurred in California (120.4 kg) and Arizona (74.5 kg) in 2003.

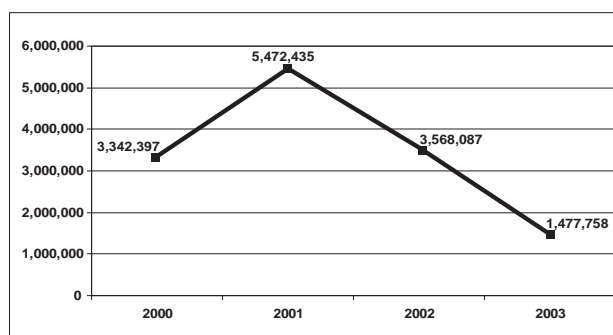


Figure 38. MDMA submitted for testing, in dosage units, 2000–2003.

Source: System to Retrieve Information from Drug Evidence.

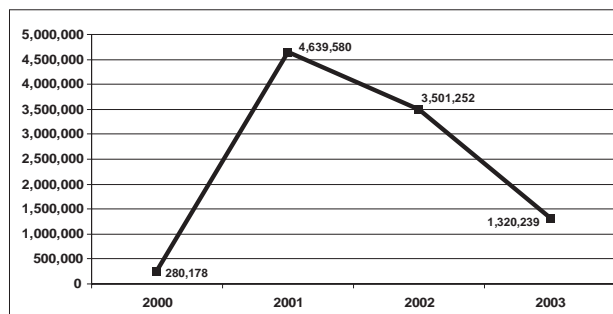


Figure 39. Federal-wide drug seizures, MDMA, in dosage units, 2000–2003.

Source: Federal-Wide Drug Seizure System.

The number of DEA arrests for MDMA-related offenses rose between 2000 and 2001, before decreasing in 2002 and 2003 (see Figure 40 on page 87). The decrease in arrests likely is due to a decline in the amount of MDMA available and abused in the United States and a shift by DEA to investigate fewer but higher-priority targets. The proportion of MDMA-related arrests to all DEA arrests for any major drug increased

from 5.3 percent in 2000 to 8.2 percent in 2001, before declining to 6.9 percent in 2002 and 5.8 percent in 2003.

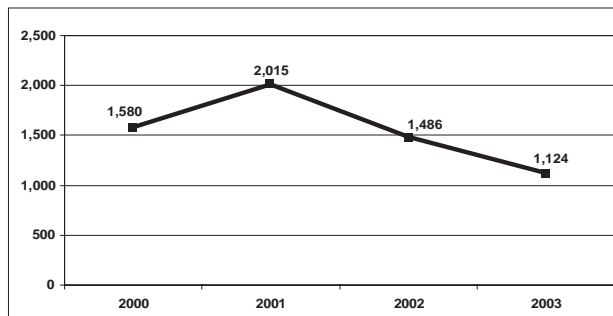


Figure 40. MDMA-related arrests, United States, 2000–2003.

Source: Drug Enforcement Administration.

According to DEA's Special Testing and Research Laboratory, the average purity of the MDMA seized by DEA increased from 51.0 percent in 2002 to 57.9 percent in 2003. Most MDMA tablets submitted for testing between

1995 and March 2003 contained only MDMA; just a small percentage contained other controlled substances such as dextromethorphan (DXM), methamphetamine, and phencyclidine (PCP). However, diluents (cellulose and sugars), binders (starch), and lubricants (magnesium stearate) are commonly added to MDMA powder to facilitate tableting. MDMA tablets typically weigh 300 milligrams but can vary in size, weight, and purity.

DEA illicit drug price data indicate that the national average price of MDMA at the retail level decreased overall since 2001. The national range for MDMA was \$20 to \$40 per dosage unit in 2001 compared with \$10 to \$25 per dosage unit in 2003. This decline does not necessarily indicate an increased availability of MDMA since prices for the drug are often wide-ranging because of a number of variables including purity levels, quantities purchased, purchase frequencies, buyer-seller relationships, and transportation costs.

Demand

The demand for MDMA is relatively high, particularly among adolescents and young adults, but is decreasing. NSDUH data show that the estimated number of persons aged 12 or older reporting past year use of MDMA decreased significantly from nearly 3.2 million in 2002 to 2.1 million in 2003.

Predominant User Groups

The rate of MDMA use is highest among twelfth-grade high school students and individuals between the ages of 18 and 25, according to national drug prevalence data. According to NSDUH 2003 data, the rates of past year use for MDMA were higher among persons aged 18 to 25 (3.7%) than among those aged 12 to 17 (1.3%) or 26 or older (0.3%). MTF data also show higher rates among older adolescents and young adults. In 2003 rates of past year MDMA use were higher among twelfth graders (4.5%), college students (4.4%), and young adults (4.5%) than among eighth (2.1%) and tenth graders (3.0%).

The rates of past year MDMA use appear to be higher for males than females overall. According to NSDUH 2003 data, the rate of past year MDMA use was slightly higher among males (1.0%) than females (0.8%). However, MTF 2003 data show rates of past year use for MDMA were higher among females than males in lower grades but reversed for older adolescents and adults. Rates of use were higher for eighth (2.2%) and tenth grade females (3.2%) than eighth (1.8%) and tenth grade males (2.8%). Among twelfth graders rates were higher for males (4.8%) than females (4.0%). MTF data also show that rates of past year use for MDMA among adults (aged 19 to 30) were 4.7 percent among males and 3.5 percent among females.

Ethnic data for past year MDMA use among eighth, tenth, and twelfth graders vary by grade. MTF data show a higher rate of past year use among Hispanic students (4.0%) than among White (2.4%) or Black (1.0%) students in eighth

grade. For tenth and twelfth graders, rates of past year use were highest among White students (4.6% and 6.4%, respectively), followed by Hispanics (3.4% and 5.3%) and Blacks (1.5% and 1.4%). NSDUH does not report ethnic data for MDMA.

Use of MDMA appears to be higher overall in less populated areas, particularly for the youngest users. MTF 2003 data indicate that past year use of MDMA is higher for eighth (2.7%) and tenth graders (3.8%) in Non-MSAs than in Large MSAs (1.8% and 2.4%, respectively). Among twelfth graders rates of use were similar in Non-MSAs (4.0%) and Large MSAs (4.3%). MTF data regarding adults, however, indicate that rates of use were higher in a Very Large City than in Farm/Country areas (5.4% compared with 2.1%).

Trends in Use

MDMA use among adults appears to be trending downward. MTF data indicate that MDMA use among college students (19 to 22) and young adults (19 to 28) peaked in 2001 and has since declined, although not significantly (see Figure 41). NSDUH data show that between 2002 and 2003, past year MDMA use decreased from 5.8 to 3.7 percent for young adults aged 18 to 25 and from 0.5 to 0.3 percent for adults aged 26 or older.

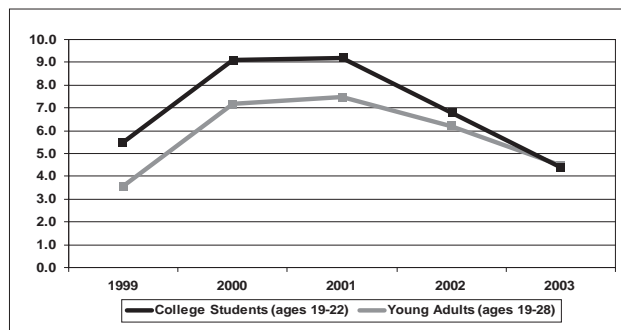


Figure 41. Adult trends in percentage of past year use of MDMA, 1999–2003.

Source: Monitoring the Future.

MDMA use among adolescents is decreasing. According to MTF data, past year MDMA use among eighth, tenth, and twelfth graders began to decline in 2002 after peaking in 2001 (see Figure 42). Rates of past year MDMA use for all grades decreased significantly in 2003

and continued to decline in 2004. NSDUH data also show significant decreases in past year MDMA use among adolescents. NSDUH data indicate that 1.3 percent of adolescents aged 12 to 17 reported past year MDMA use in 2003, compared with 2.2 percent in 2002.

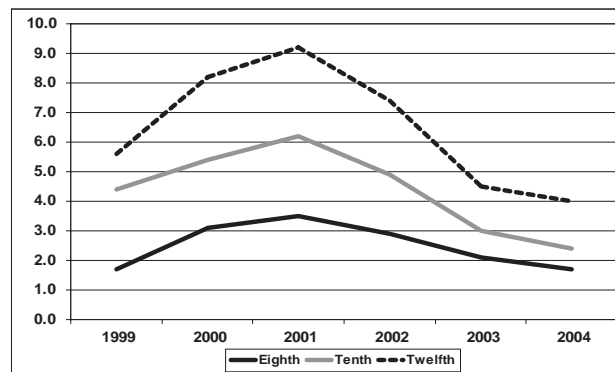


Figure 42. Adolescent trends in percentage of past year use of MDMA, 1999–2004.

Source: Monitoring the Future.

Perceptions of Use

The proportion of adolescents that perceive MDMA use as harmful is increasing, but among adults the proportion is stable. MTF data indicate that the percentages of students in eighth and tenth grade reporting that they perceive great risk associated with using MDMA once or twice increased each year since 2001—the earliest year such data are available. The percentage of twelfth graders perceiving great risk in trying MDMA once or twice has increased each year since 1997 (see Figure 43 on page 89). PATS data also show an increase in the perception of risk among adolescents. According to PATS data, a rising percentage of teens perceive great risk in trying MDMA (see Figure 44 on page 89). However, long-range analysis of adult data show a different trend: MTF data reveal that the percentages of younger and older adults perceiving great risk associated with MDMA use fluctuated from 1992 to 2002 but remained relatively stable overall.

The proportion of adolescents that disapprove of MDMA use also has increased overall for each surveyed age group since 2001 (see Figure 45 on page 89).

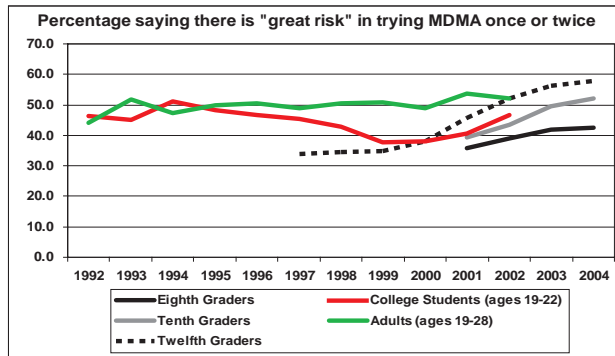


Figure 43. Trends in perceived harmfulness of MDMA, selected groups, 1992–2004.

Source: Monitoring the Future.

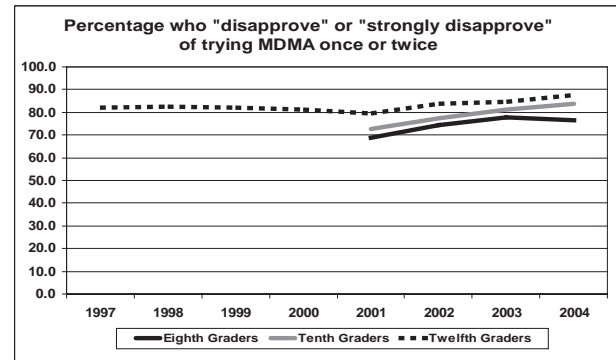


Figure 45. Trends in disapproval of MDMA use, 1997–2004.

Source: Monitoring the Future.

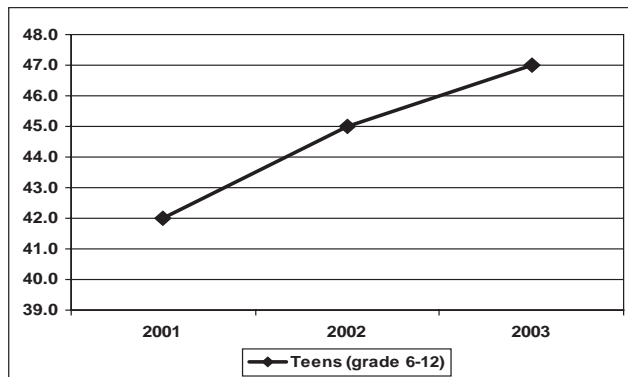


Figure 44. Trends in perceived harmfulness of MDMA, teens, 2001–2003.

Source: Partnership Attitude Tracking Study.

Trends in Consequences of Use

The consequences of MDMA use also have decreased since peaking in 2001. DAWN data indicate that the estimated number of ED mentions for MDMA decreased sharply from 2001 to 2002 to the lowest number recorded in the past 3

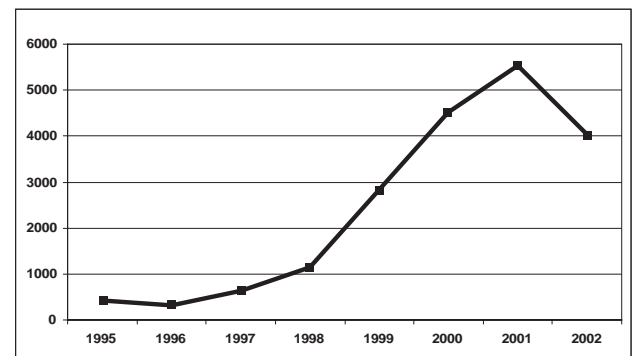


Figure 46. MDMA-related emergency department mentions, estimated number, 1995–2002.

Source: Drug Abuse Warning Network.

years (see Figure 46). Of the estimated 4,026 MDMA-related ED mentions in 2002, most were attributed to young adults aged 18 to 25 (2,294), followed by users aged 6 to 17 (731), 26 to 34 (680), and 35 or older (315).

Production

Most MDMA available in the United States is produced in northwestern Europe, particularly in the Netherlands and Belgium; however, limited amounts of MDMA produced in Asia, Canada, Central America, Mexico, and South America also are available in U.S. markets. MDMA production within the United States is limited but appears to be increasing. The quantity of MDMA produced in source areas is unknown; data

concerning laboratory capacity and seizures are either limited or unavailable.

Foreign Sources

The Netherlands remains the most significant source of MDMA available in the United States. Typically, more MDMA laboratories are seized in the Netherlands than in any other European country. According to the Netherlands Unit Synthetic

Drugs (USD), law enforcement authorities seized 34 synthetic drug (including MDMA) laboratories in the Netherlands in 2000 and 35 in 2001. Eighteen MDMA-only laboratories were seized in the Netherlands in 2002. Dutch MDMA laboratory operators often operate large laboratories capable of producing 20 to 30 kilograms (200,000 to 300,000 dosage units) of MDMA per production cycle. According to the Knowledge and Expertise Center of the Unit Southern Netherlands of the National Crime Squad, 5.4 million MDMA tablets and 311 kilograms of powder MDMA were seized in the Netherlands in 2003.

Belgium also is a significant source of MDMA available in the United States, and production within the country may be increasing. MDMA laboratories traditionally have been established in northeastern Belgium but are now reportedly operating in other parts of the country. The DEA Brussels Country Office reports that law enforcement authorities seized 10 synthetic drug (including MDMA) laboratories in 2000, 6 in 2001, 7 in 2002, and 6 in 2003. Most of the MDMA laboratories seized in Belgium in 2003 were located along the country's northern border with the Netherlands. Laboratories located in Belgium are capable of producing multikilogram quantities of MDMA each production cycle. Belgian and Dutch MDMA laboratory operators are predominant in Belgium; however, Asian criminal groups also may be producing the drug in the country.

MDMA also is produced in Poland and Germany, but only a limited quantity is smuggled into the United States. There has been a dramatic increase in production in Poland in the past few years, and some European law enforcement agencies estimate that Poland-produced MDMA now accounts for a significant share of the MDMA market in northern and Eastern Europe; however, the quality generally is very low. MDMA production in Germany is limited. The Dutch USD reports that law enforcement authorities seized 13 synthetic drug (including MDMA) laboratories in Poland and 4 in Germany in 2002; seizure statistics for these countries regarding MDMA-only laboratories are not available.

According to DEA, MDMA is increasingly produced in Southeast Asia, particularly in China and Indonesia, but as yet only limited amounts of Southeast Asia-produced MDMA are smuggled into the United States. There are no generally accepted estimates as to the amount produced or the number of laboratories operating in Southeast Asian countries.

The amount of MDMA produced in Mexico, Central America, and South America that is smuggled into the United States also appears to be limited. MDMA laboratories have been seized in recent years in Belize, Brazil, Colombia, Mexico, and Suriname. According to DEA, criminal groups in Mexico and Colombia may be establishing high capacity MDMA laboratories to produce MDMA for distribution in the United States.

Limited quantities of MDMA are produced in Canada; however, production appears to be increasing. Most MDMA laboratories are located in the provinces of Ontario, Québec, and British Columbia. According to the RCMP, the number of laboratories seized in Canada increased from 6 in 2000, to 8 in 2001, and 11 in 2002. In 2003 Canadian officials seized three large-scale, operational MDMA tableting sites in the Toronto metropolitan area. According to law enforcement reporting, Asian criminal groups have become significant producers of MDMA in Canada, particularly in eastern provinces.

Domestic Sources

MDMA production within the United States is limited but appears to be increasing. NCLSS data indicate that MDMA laboratories have been seized in states throughout the country (see Figure 47 on page 91). However, laboratory seizures decreased between 2000 and 2003 but increased in 2004. Law enforcement agencies seized 8 MDMA laboratories in 2000, 11 in 2001, 9 in 2002, and 3 in 2003. As of August 16, law enforcement authorities had seized 12 MDMA laboratories in 2004. MDMA laboratories operating in the United States typically are capable of producing gram quantities during each production cycle, although a few reportedly have produced kilogram quantities.

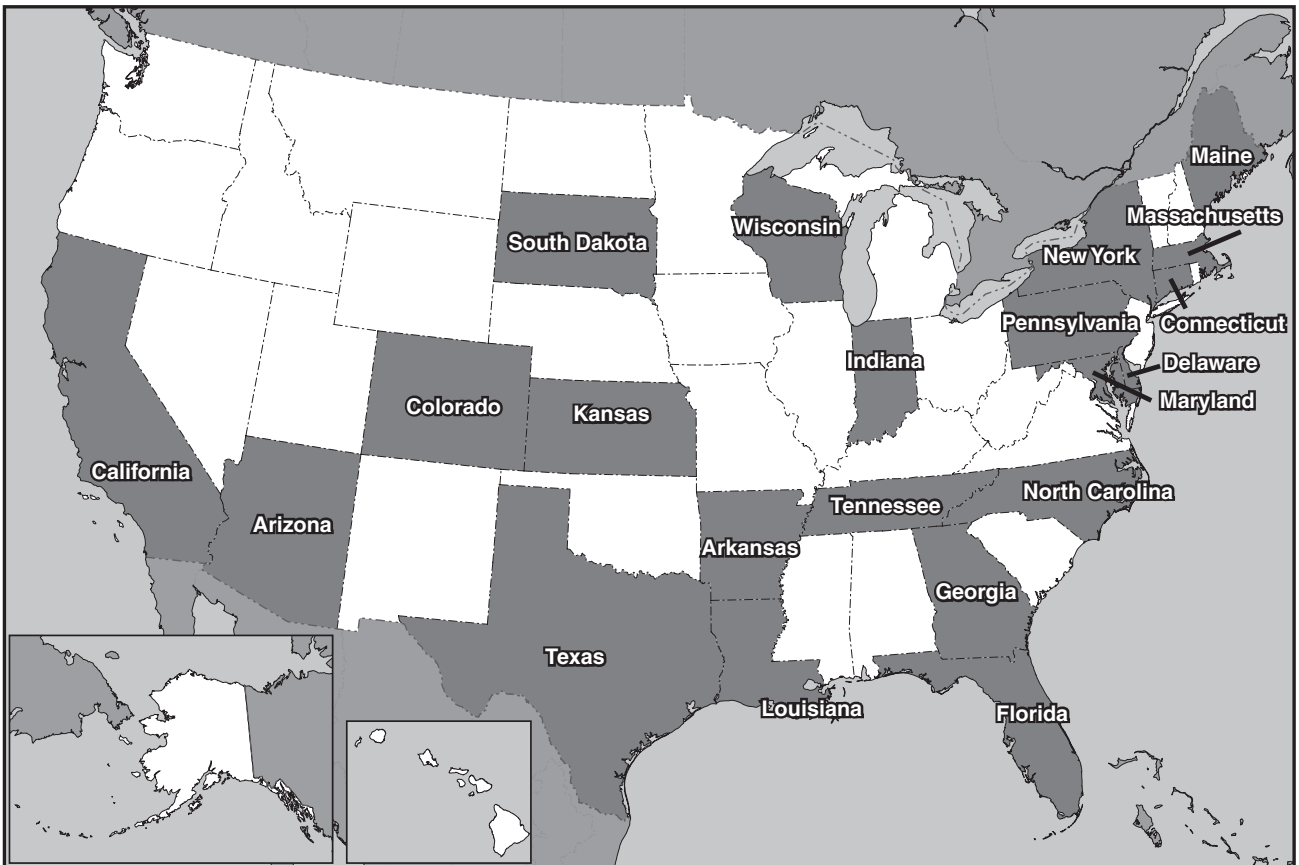


Figure 47. States reporting MDMA production, 2000–midyear 2004.

Source: National Clandestine Laboratory Seizure System.

Transportation

MDMA is transported to the United States by various methods directly from northwestern Europe or via transit countries. Drug traffickers transport MDMA to the United States primarily via couriers on commercial flights; however, mail and express mail services, air cargo, and maritime vessels also are used to transport MDMA. Some MDMA shipments transit other countries, particularly Canada, Mexico, and the Dominican Republic, en route to the United States. MDMA is then transported to primary POEs in the United States, which include Los Angeles, Miami, and New York. Private vehicles are the primary method of transportation from POEs to secondary market areas across the United States.

The quantity of MDMA smuggled into the United States from foreign source areas appears

to be decreasing overall. According to EPIC Arrival Zone seizure data, the number of MDMA dosage units seized arriving from foreign source or transit countries decreased significantly for the third consecutive year, dropping from 6,699,882 dosage units in 2001, to 3,771,449 dosage units in 2002, and 948,438 dosage units in 2003. Kilo-gram-quantity shipments of MDMA destined for the United States appear to have fluctuated in recent years; law enforcement authorities seized 47 kilograms of MDMA in 2001, 360 kilograms in 2002, and 147 kilograms in 2003.

Nationwide seizures from commercial flights decreased during 2003; however, it still appears that MDMA is smuggled into the United States most often through airports located on the East Coast. Most MDMA was smuggled into the

United States through international airports in New York, Florida, and New Jersey in 2003. The majority of MDMA seized from commercial flights during 2003 occurred at New York's JFK International Airport and the Miami International Airport, according to EPIC Commercial Air Activity reporting. A significant but lesser amount was seized at Newark Liberty International Airport, Philadelphia International Airport, and Atlanta International Airport. Nationwide seizures of MDMA from commercial flights appear to have declined, particularly since midyear 2003.

Couriers on commercial flights conceal MDMA through a variety of methods; the size of MDMA tablets allows for much easier concealment than most other major drugs of abuse. Couriers typically conceal the drug in their luggage, inside their clothing, or taped to their bodies. Some couriers also swallow latex pellets, typically swallowing between 17 and 130 pellets that contain 40 to 50 MDMA tablets each. Couriers have concealed 2.5 to 5 kilograms of MDMA on their bodies and up to 10 kilograms in specially designed luggage.

MDMA is commonly smuggled into the United States via mail parcel or air cargo. However, EPIC data indicate that MDMA shipped to the country via these methods decreased significantly between 2002 and 2003. U.S. Postal Inspection Service Prohibited Mailing data also reveal a decrease in MDMA seizures from 45,826 dosage units in 2002 to 13,519 dosage units in 2003. In 2003 the U.S. Postal Inspection Service New Jersey/Caribbean Division reported the highest quantity seized, followed by the Los Angeles and Seattle Divisions. Conversely, gram-quantity seizures of MDMA by U.S. postal inspectors more than doubled from 1,342 grams in 2002 to 3,268 grams in 2003. Most such seizures occurred in the St. Louis Division, followed by the Los Angeles Division.

The quantity of MDMA transported on maritime vessels is limited but appears to be increasing slightly. According to EPIC data, 76,725 dosage units were seized from commercial maritime vessels in two separate incidents in Florida

in 2003. These data represent an increase from approximately 61,800 tablets seized in two separate incidents in 2002 from commercial and private maritime vessels. No seizures of kilogram-quantity MDMA from maritime vessels were reported in 2002 or 2003.

Foreign Routes

MDMA most commonly is transported from European source and transit countries to the United States by Israeli and Russian organized criminal groups. However, federal, state, and local law enforcement reporting shows that other groups including Asian, Colombian, and Dominican criminal groups also transport significant quantities of MDMA from Europe to the United States. If not shipped directly from source countries like the Netherlands and Belgium, MDMA frequently transits other European countries such as France, Germany, Italy, Portugal, and Spain before being transported to the United States. MDMA traffickers primarily use couriers on commercial flights and mail services to smuggle the drug into the United States, although MDMA also is smuggled into the United States concealed in airfreight and maritime vessel cargo shipments.

Europe-produced MDMA continues to be transported through Canada en route to the United States. Israeli, Russian and, increasingly, Asian criminal groups transport MDMA from Europe to Canada primarily through Toronto, Vancouver, and Montreal via couriers on commercial flights, although large quantities are commonly transported via air cargo. These criminal groups, as well as some independent dealers and OMGs, transport MDMA from Canada into the United States primarily by private and commercial vehicles but also by couriers aboard private and commercial flights, mail and express mail services, maritime vessels, and couriers on foot. According to EPIC data, the quantity of MDMA seized en route to the United States from Canada remained relatively stable between 2002 (138,718 dosage units and 5.8 kilograms) and 2003 (133,449 dosage units and 5.1 kilograms). Shipments of MDMA transported from Canada to the United States appear to commonly consist of 40,000 to 50,000 tablets. RCMP reporting

MDMA Drug Trafficking Organization Dismantled

On March 31, 2004, the U.S. Deputy Attorney General and officials from DEA, FBI, and Internal Revenue Service (IRS) announced the execution of search warrants in 16 U.S. cities and the arrests of more than 130 defendants as the result of an investigation that targeted an MDMA and marijuana trafficking operation in the United States and Canada. The principal targets, a Vietnamese national and a Chinese national, reportedly directed operations from Canada. The organization allegedly transported large quantities of powder MDMA from the Netherlands to laboratories in Canada, where the powder was pressed into tablets. The organization also allegedly employed couriers who used vehicles outfitted with hidden compartments to transport MDMA tablets and the proceeds between Canada and the United States. According to DEA, the organization distributed as many as 1 million MDMA tablets per month over the last 5 years and was responsible for supplying as much as 15 percent of the MDMA consumed in the United States. As a result of the investigation, dubbed Operation Candy Box, law enforcement officials seized 407,000 MDMA tablets, 1,370 pounds of marijuana, 46 weapons, 35 vehicles, and \$8.7 million.

Source: Drug Enforcement Administration.

indicates that traffickers are increasingly smuggling MDMA from Canada into the northwestern United States, particularly across the British Columbia-Washington border.

Mexico is also a transit country for MDMA, although on a lesser scale. MDMA typically is transported to Mexico from Europe via commercial flights and air cargo as well as by mail services to locations such as Cancún, Mexico City, Monterrey, and Guadalajara, where much of the MDMA is consumed at local resort areas, although some is further transported to the United States. According to EPIC data, the quantity of MDMA seized on the Southwest Border decreased from 75,383 dosage units in 2002 to 17,234 dosage units in 2003. In 2003 the majority of MDMA seized along the Southwest Border was seized in West Texas, while a significant but lesser amount was seized in South Texas. No MDMA seizures were reported in California or Arizona in 2003. MDMA transiting Mexico generally is destined for locations in California and Texas and, to a lesser extent, to Miami, Las Vegas, and New York. Primarily Mexican criminal groups, but also Israeli and Dominican criminal groups, smuggle MDMA over the Southwest Border into the United States by private vehicle, couriers on foot, commercial aircraft, and express mail services.

Traffickers also transport MDMA destined for the United States from Europe through some Caribbean and South American transit countries.

Shipments of MDMA have increasingly been transported on commercial flights through the Dominican Republic in particular as well as Aruba, the Bahamas, Curaçao, Guadeloupe, Netherlands Antilles, Puerto Rico, and Suriname. The MDMA is then transported from these transit countries to the United States via commercial maritime vessels or commercial flights.

Most MDMA smuggled into the United States is transported directly to Primary Market Areas—Los Angeles, Miami, and New York—by couriers on commercial flights. A significant yet lesser amount is transported by private and commercial vehicles across the Northern and Southwest Borders to the three MDMA Primary Market Areas.

MDMA available in Los Angeles is transported to the area by couriers on commercial flights, by express mail services, and by private vehicles. Law enforcement reports to EPIC that approximately 33,000 MDMA tablets and 10 kilograms of MDMA were seized in 2003 from commercial flights, all of which originated in the Netherlands and Belgium. In 2002 approximately 45,000 MDMA tablets and 14 kilograms of MDMA were reportedly seized from commercial flights. Law enforcement reporting indicates that MDMA is increasingly transported to Los Angeles from Canada, likely by private vehicles. And, although reported MDMA seizure incidents on the Southwest Border were limited in 2002 and

2003, DEA reports that MDMA from Europe is increasingly transported to the Los Angeles area via Mexico and the Southwest Border. Couriers transport MDMA across the Southwest Border to Los Angeles primarily by private vehicle.

Most of the MDMA available in Miami is transported directly from European source or transit countries (primarily Western Europe) by couriers on commercial flights, express mail services and, to a lesser extent, on commercial vessels. MDMA shipments on commercial flights appear to have decreased significantly, however, as seizures dropped from 519,264 tablets and 82 kilograms of MDMA in 2002 to 68,333 tablets and 64 kilograms in 2003. These shipments originated primarily in the Netherlands, Italy, the United Kingdom, and Spain; a significant but lesser amount was transported to Miami from the Dominican Republic. EPIC reports that in 2003 a shipment of approximately 12,000 MDMA tablets was seized from a commercial vessel destined for Miami from the Dominican Republic.

MDMA usually is smuggled into New York City through JFK and Newark Liberty International Airports from Europe by couriers who conceal MDMA in false-bottomed luggage or on their persons. MDMA also is transported to New York via express mail services, air cargo, and maritime vessels. EPIC data indicate that law enforcement authorities at JFK and Newark Liberty reported the seizure of approximately 2,800,000 MDMA tablets and 110 kilograms of MDMA in 2002 and 2003—most of which was transported from Europe, the Netherlands, Italy, and Spain. Of this 2-year total, approximately 300,000 MDMA tablets and 19 kilograms of MDMA were seized in 2003 alone, representing a major decrease in seizure amounts from the previous year. Law enforcement authorities also report that MDMA produced in or transiting Canada is smuggled into New York City by private and commercial vehicles. In addition, limited quantities of MDMA destined for New York City are sometimes seized from commercial maritime vessels; approximately 1 kilogram of MDMA was seized from commercial maritime vessels in 2002.

Distribution

Every DEA Field Division and HIDTA office reports that MDMA is distributed in its area, and MDMA distribution appears to be relatively stable. Law enforcement reporting does indicate, however, that distribution of the drug appears to be expanding beyond established venues. MDMA traditionally has been available in metropolitan areas, at beach resort areas, and on college campuses, where it is distributed at raves, dance clubs, and bars; however, MDMA is now being distributed at other venues as well, including high schools and private residences.

MDMA wholesale distributors typically purchase MDMA in 10,000-tablet lots from producers and then transport the drug to the United States, where they sell lots of 1,000 tablets to midlevel distributors for \$4 to \$20 per tablet. Midlevel distributors in turn sell quantities of 100 to 1,000 tablets to retail distributors, typically for

\$5 to \$30 per tablet. Retail distributors then sell personal use quantities to MDMA users for \$6 to \$50 per tablet. Most MDMA distributors—many of which are middle- to upper-class young adults—sell only MDMA; however, law enforcement agencies increasingly report that distributors of other drugs such as cocaine, crack, and marijuana are now also selling MDMA.

Israeli and Russian criminal groups appear to control most wholesale MDMA distribution throughout the country; however, Asian criminal groups are increasingly involved in wholesale MDMA distribution. Law enforcement reports that Asian criminal groups distribute wholesale quantities of MDMA in every region of the country in such states as Alabama, California, Colorado, Illinois, Iowa, Kentucky, Louisiana, New York, Massachusetts, Michigan, Texas, Virginia, and Washington. Colombian, Dominican, Middle

Asian DTO Indicted for MDMA Distribution

On June 3, 2004, officials from the U.S. Attorney's Office for the Eastern District of Louisiana announced the indictment of eight alleged members of an Asian DTO on charges of conspiracy to distribute and possess with intent to distribute MDMA and marijuana. According to officials from the U.S. Attorney's Office, the defendants allegedly were members of a DTO that operated in the New Orleans metropolitan area from June 2003 until June 2004. The organization reportedly distributed 15,000 to 20,000 MDMA tablets and approximately 15 pounds of marijuana to midlevel and retail-level dealers weekly. The defendants allegedly obtained the MDMA from various Asian DTOs in Texas and the marijuana—some of it high potency—from Asian DTOs in Alabama. The indictment was the result of a 10-month investigation involving representatives from the FBI, DEA, Jefferson Parish Sheriff's Office, and New Orleans Police Department.

Source: U.S. Attorney's Office for the Eastern District of Louisiana.

Eastern, and traditional organized crime groups also distribute MDMA at the wholesale level. Colombian and Dominican criminal groups appear to be most active in eastern states, particularly in Florida and New York. Reporting regarding the extent to which Middle Eastern and traditional organized criminal groups are involved in wholesale MDMA distribution is limited; however, law enforcement reporting indicates that Middle Eastern criminal groups distribute wholesale quantities of MDMA in Michigan, and traditional organized crime groups distribute the drug in New York.

Many of the same groups that distribute MDMA at the wholesale level also are responsible for midlevel distribution; however, African American criminal groups and Mexican DTOs also distribute midlevel quantities of the drug. Law enforcement reporting indicates that African American criminal groups have been identified as midlevel MDMA distributors in Maryland, while Mexican DTOs are reportedly involved in the midlevel distribution of MDMA in various states including Arizona, Colorado, and Texas. In addition, law enforcement reporting indicates that Mexican DTO involvement in midlevel distribution in California may be increasing.

Caucasian males primarily between the ages of 18 and 30 are the dominant retail-level distributors across the country, according to law enforcement reporting. Caucasian retail MDMA distributors typically are local independent dealers; however,

Caucasian criminal groups—including street gangs, OMGs, and prison gangs—also are involved in MDMA distribution.

Street gangs, especially African American, Asian, and Hispanic street gangs, are involved in MDMA distribution at the retail level. According to NDTs data, the percentage of state and local agencies reporting street gang involvement in MDMA distribution remained stable between 2003 (33.7%) and 2004 (33.8%). Of those agencies reporting that street gangs distribute MDMA in their jurisdictions, 25.4 percent report low involvement and 8.4 percent report high or moderate involvement in 2004. Hispanic street gangs distribute MDMA at the retail level in such states as Connecticut, Florida, Massachusetts, New Jersey, Texas, and Virginia. Law enforcement reporting indicates that African American and Asian street gangs are increasingly distributing retail quantities of MDMA in several states. African American street gangs reportedly distribute retail quantities of the drug in Atlanta, Florida, Georgia, Illinois, New York, Pennsylvania, and Washington, D.C., while Asian street gangs distribute MDMA in states including California, Kansas, Massachusetts, Texas, and Washington.

OMGs and prison gangs are involved in retail MDMA distribution, although to a lesser extent than Caucasian independent dealers and street gangs. NDTs data reveal that OMG involvement in MDMA distribution also remained stable between 2003 (20.6%) and 2004 (20.4%). Low

OMG involvement was reported by 17.3 percent of state and local law enforcement agencies, while 3.1 percent reported high or moderate involvement in 2004. Law enforcement reporting indicates that OMGs distribute retail quantities of MDMA in several states in the Northeast, Pacific, and Southwest Regions. White supremacist prison gangs reportedly distribute retail quantities of MDMA in the Southwest Region of the country.

Primary Market Areas

Los Angeles, Miami, and New York are Primary Market Areas for MDMA based on reporting from public health and law enforcement agencies. These metropolitan areas are Primary Market Areas for MDMA because of a high level of demand for the drug in these areas and the large amounts of MDMA distributed from these areas to other markets across the country. There appears to be a relatively high demand for MDMA in Philadelphia based on data that gauge MDMA-related consequences in that city; however, distribution from Philadelphia to other U.S. drug markets is limited.

Los Angeles. The demand for MDMA in Los Angeles appears to be relatively high and stable. DAWN data indicate that MDMA-related ED mentions in Los Angeles increased from 1998 to 2000, when MDMA was gaining popularity in many areas of the country, but have since remained relatively stable (see Figure 48). The estimated number of ED mentions for MDMA in Los Angeles was second only to Philadelphia among DAWN reporting cities in 2002. The estimated rate of ED mentions per 100,000 population in Los Angeles (2) has held steady since 2000.

Israeli and Russian DTOs and criminal groups are responsible for most of the transportation and wholesale distribution of MDMA in Los Angeles. Asian criminal groups also supply significant quantities of the drug to the area; law enforcement reporting indicates that Asian groups, made up of primarily Vietnamese and Chinese criminals—increasingly supply Los Angeles with wholesale quantities of MDMA from Canada. Asian and Caucasian independent dealers are the primary retail-level distributors in Los Angeles; however,

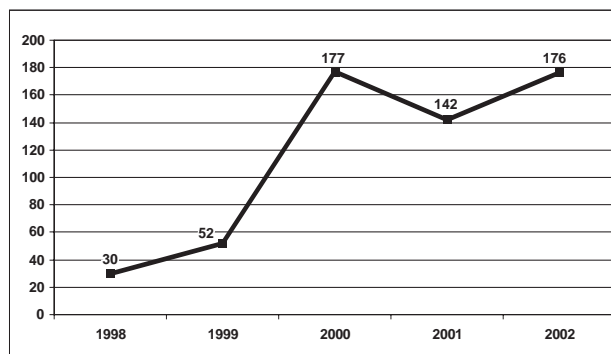


Figure 48. MDMA-related emergency department mentions, estimated number, Los Angeles, 1998–2002.

Source: Drug Abuse Warning Network.

various criminal groups and independent dealers also distribute the drug. In addition, other polydrug traffickers are becoming involved with MDMA distribution in Los Angeles. Most retail-level MDMA distribution in Los Angeles is expanding beyond the common venues of raves and nightclubs into schools, malls, and private residences.

EPIC Pipeline, Convoy, and Jetway drug seizure data, combined with law enforcement reporting, indicate that Los Angeles is a primary distribution center for MDMA in the United States. Combined EPIC data for 2002 and 2003 show that law enforcement reported just 10 MDMA seizure events on domestic highways and at airports in which the Los Angeles area was identified as the place of origin. These data indicate that MDMA was most often transported from Los Angeles to the Midwest and West Regions to such cities as Indianapolis, Des Moines (IA), Kansas City (KS), Minneapolis, and Salt Lake City. However, law enforcement reporting indicates that sources in Los Angeles supply MDMA to states across the country including Arizona, Louisiana, Missouri, North Carolina, and Nevada.

Miami. The demand for MDMA in Miami remains high, but appears to be declining. Much like Los Angeles, the estimated number of ED mentions for Miami increased from 1998 to 2001 before decreasing significantly in 2002 (see Figure 49 on page 97). Among all DAWN reporting cities, Miami ranked fourth in total ED mentions

for MDMA behind Philadelphia, Los Angeles, and New York.

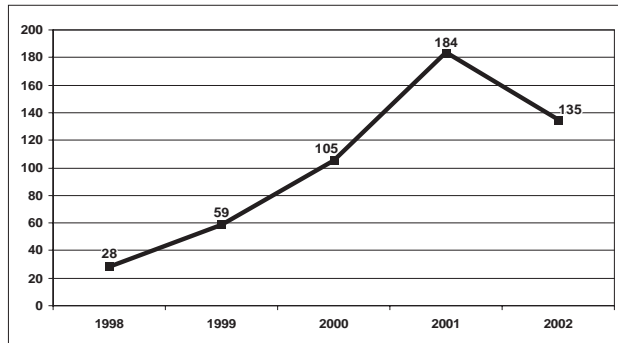


Figure 49. MDMA-related emergency department mentions, estimated number, Miami, 1998–2002.

Source: Drug Abuse Warning Network.

Russian, Israeli, and European DTOs (primarily Polish) as well as Caribbean (primarily Dominican) and Colombian DTOs and Caucasian criminal groups distribute MDMA at the wholesale level in Miami. Dominican and Colombian criminal groups in Miami are involved in not only wholesale but also midlevel distribution of MDMA. Local independent Hispanic and Caucasian dealers, as well as various criminal groups, sell retail quantities of MDMA in Miami; however, no particular group appears to dominate retail MDMA distribution. Law enforcement reporting indicates that Hispanic dealers and African American street gangs sometimes distribute retail quantities of MDMA in the Miami area. Retail quantities of MDMA typically are distributed in Miami at raves, dance clubs, college campuses, high schools, and, increasingly, private parties.

Seizure data and law enforcement reporting indicate that MDMA is distributed from Miami to secondary markets typically in the eastern half of the country. Combined EPIC data for 2002 and 2003 indicate that law enforcement authorities seized multihundred- to multithousand-tablet MDMA shipments that originated in Miami. These shipments were seized on domestic highways and at airports and primarily were destined for cities in the Northeast, Midwest, and Southeast Regions in cities such as New York, Newark, Lynchburg (VA), and Davenport (IA). In addition, law enforcement reporting indicates that Miami

supplies states including Georgia, Kentucky, Louisiana, Nebraska, North Carolina, Tennessee, Texas, and Virginia.

New York. Demand for MDMA in New York City has decreased significantly in recent years. According to DAWN data, the estimated number of ED mentions in New York City increased significantly from 1998 to 2000 but decreased in the following 2 years (see Figure 50). New York City ranked third among all DAWN reporting cities in ED mentions in 2002.

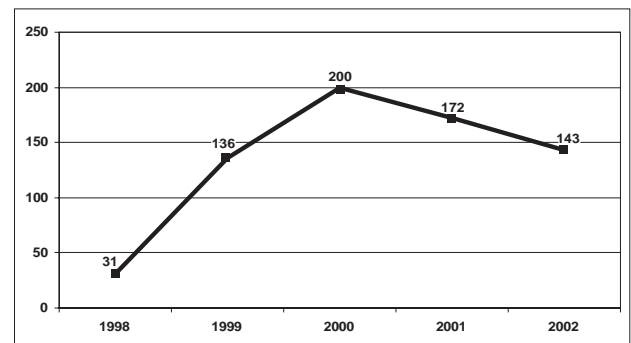


Figure 50. MDMA-related emergency department mentions, estimated number, New York, 1998–2002.

Source: Drug Abuse Warning Network.

Israeli and Russian DTOs dominate the transportation and wholesale distribution of MDMA in New York City. To a lesser extent, Colombian and Dominican DTOs and criminal groups, Eastern European and Asian criminal groups, OMGs, and members of traditional organized crime distribute wholesale quantities of MDMA. Independent dealers and a variety of criminal groups, including Dominican and African American criminal groups, commonly distribute MDMA at the midlevel and retail level. In addition, DEA reports that many established heroin and cocaine trafficking organizations have entered the MDMA market because of the high profit margin. While wholesale-level transactions typically occur in residences in New York, MDMA frequently is distributed at the retail level at nightclubs or raves.

New York is a leading distribution center for MDMA and supplies markets across the country, including Los Angeles and Miami. Combined EPIC data for 2002 and 2003 show that law

enforcement reported seven MDMA seizure events on domestic highways, railways, and at airports in which New York was identified as the city of origin. EPIC data show that MDMA shipments originating in New York City were seized in Van Nuys and Oakland (CA), Cleveland, Houston, and

Appleton (WI) in 2002 and 2003. In addition, law enforcement reporting indicates that MDMA distributed from New York supplies markets in every region of the country including states such as Florida, Louisiana, Missouri, Nevada, New Hampshire, North Carolina, and Ohio.

Outlook

Since the height of MDMA's popularity in 2001, national prevalence studies and consequence data indicate steadily declining demand for MDMA among all age groups. Demand data further indicate, however, that the perception of risk associated with MDMA use is increasing only among adolescents, suggesting that while MDMA use might continue to decline among adolescents, it may remain at higher levels for adults. Young adults—particularly those aged 18 to 25—will continue to be the primary users of the drug.

The transportation of MDMA across the Northern Border may increase in the near future given an apparent shift in major transportation routes and increasing MDMA production (including tableting

sites) in Canada since the late 1990s. In the past MDMA was commonly transported directly from European source countries to the United States. But data indicate recent increases in MDMA shipments transiting other countries—particularly Canada—and decreases in MDMA shipments transported direct from European source countries. For example, RCMP reports that the amount of MDMA seized at Canadian POEs increased dramatically from several thousand dosage units in the late 1990s, to approximately 2 million dosage units annually from 2000 to 2002, to 5.8 million dosage units in 2003. RCMP attributes this dramatic increase to the smuggling of large shipments of powder MDMA from Western Europe to Canada, where the powder is intended for tableting.

National Drug Threat Assessment 2005



Pharmaceuticals

Key Findings

- The abuse of prescription drugs has increased sharply since the mid-1990s and now has stabilized at high levels. ED mentions of narcotic analgesics increased nearly 300 percent from 1995 through 2002, and mentions of benzodiazepines increased 38 percent during the same period. From 1992 through 2002, treatment admissions for opiates other than heroin increased more than 200 percent.
- The availability of pharmaceuticals has increased since the late 1990s when legitimate production of pharmaceuticals increased sharply, making more pharmaceuticals available for diversion.
- The abuse of prescription drugs poses an increasing threat to the United States. NDTs data indicate that the percentage of state and local law enforcement agencies that identify pharmaceuticals as their greatest drug threat increased from 2.4 percent in 2003 to 3.1 percent in 2004.

Introduction

The diversion and abuse of pharmaceutical narcotics, depressants, and stimulants are a significant threat to the United States. A review of the most recent national-level drug prevalence studies indicates that rates of abuse for prescription drugs have increased sharply since the early to mid-1990s but appear to be stabilizing at high levels. The consequences of prescription drug abuse also have increased since the early to mid-1990s and have continued to increase during the past 2 reporting years.

The availability of prescription drugs has increased since the late 1990s. Legitimate commercial production and disbursements of pharmaceutical drugs, particularly prescription narcotics, have increased sharply since the late 1990s, making more of the drugs available for diversion. Most pharmaceutical controlled substances that are abused in the United States are diverted by forged prescriptions, doctor shopping, and theft; however, law enforcement agencies report that diversion of prescription drugs via the Internet, often through Internet-based pharmacies, has increased sharply since the mid- to late 1990s.

Although most law enforcement agencies are concerned about diversion and abuse of prescription drugs, national-level drug survey data show that only a small percentage of state and local law enforcement agencies report that pharmaceuticals are the greatest drug threat to their areas. However, that percentage may be increasing. NDTs 2004 data indicate that 3.1 percent of state and local law enforcement agencies nationwide identify pharmaceuticals as their greatest drug threat, up from 2.4 percent in 2003. Regionally, more state and local law enforcement agencies in the Northeast (4.9%), Southeast (4.0%), and Midwest (3.2%) identify pharmaceuticals as their greatest drug threat than agencies in the Southwest (0.3%), Pacific (0.2%), and West (0.0%).

Despite a demonstrable rise in pharmaceutical drug abuse since the mid-1990s, NDTs data indicate that there remains less violence or property crime associated with pharmaceuticals than with most other drugs of abuse. NDTs 2004 data indicate only 2.2 percent of state and local law enforcement agencies nationwide reported that pharmaceuticals were the drugs that most contributed to violent crime in their areas—higher than

MDMA (0.2%) but much lower than crack (40.7%), methamphetamine (34.2%), powder cocaine (7.7%), heroin (5.8%), and marijuana (4.6%). Regionally, a higher percentage of agencies in the Northeast Region (4.0%) reported that pharmaceuticals were the drugs that most contributed to violent crime in their areas than did agencies in the Midwest (2.6%), Southeast (2.0%), Southwest (0.3%), Pacific (0.2%), or West (0.0%). Similarly, only 2.5 percent of state and local law enforcement agencies nationwide reported that pharmaceuticals were the drugs that

most contributed to property crime in their areas—higher than MDMA (0.1%) but much lower than crack (35.6%), methamphetamine (32.7%), heroin (12.3%), marijuana (9.5%), and powder cocaine (5.2%). Regionally, a higher percentage of agencies in the Northeast Region (4.4%) reported that pharmaceuticals were the drugs that most contributed to property crime in their areas than did agencies in the Southeast (3.0%), Midwest (2.2%), Pacific (0.7%), Southwest (0.3%), or West (0.2%).

Demand

The rate of abuse for prescription drugs is relatively high compared with rates of abuse for other drug types. NSDUH data indicate that 6.3 percent of persons aged 12 or older reported non-medical use of a prescription-type pain reliever, tranquilizer, stimulant (including both illicit and prescription methamphetamine), or sedative (not including over-the-counter drugs) in 2003, second only to marijuana (10.6%) and much higher than cocaine (2.5%) and heroin (0.1%).

Trends in Abuse

MTF data indicate that rates of abuse for prescription narcotics (“Other Narcotics”) such as hydrocodone (Vicodin), oxycodone (OxyContin), hydromorphone (Dilaudid), and codeine have increased sharply over the past decade.¹⁸ According to MTF, the rate of past year abuse for prescription narcotics increased among twelfth graders from 1992 (3.3%), to 1997 (6.2%), and 2002 (9.4%) but remained relatively stable at 9.5 percent in 2004. Among young adults (aged 19 to 28), the rate of past year abuse for prescription narcotics increased steadily each year from 1992 (2.5%) to 2001 (5.0%) but increased significantly from 2002 (5.1%) to 2003 (8.5%). NSDUH data show that past year nonmedical use of pain relievers was relatively stable from 2002

to 2003 for those aged 12 to 17 (7.6% and 7.7%, respectively), 18 to 25 (11.4% and 12.0%), and 26 or older (3.1% and 3.3%).

According to MTF, the rates of past year abuse of prescription depressants have increased overall since 1992. MTF data for 2003 show that rates of past year abuse for prescription tranquilizers such as alprazolam (Xanax) and diazepam (Valium) increased among twelfth graders from 2.8 percent in 1992, to 5.5 percent in 1998, to 7.7 percent in 2002, but then decreased somewhat to 7.3 percent in 2004. Among young adults (aged 19 to 28), the rate of past year abuse for prescription tranquilizers has increased from 1992 (3.4%), to 1998 (3.8%), to 2002 (7.0%) and remained relatively stable at 6.8 percent in 2003. MTF data also indicate an overall increase in the rate of past year abuse for prescription sedatives (barbiturates) among twelfth graders from 1992 (2.8%), to 1998 (5.5%), to 2002 (6.7%) but then decreased somewhat to 6.5 percent in 2004. The rate of past year abuse of prescription sedatives also increased among young adults from 1.6 percent in 1992, to 2.5 percent in 1998, to 3.9 percent in both 2002 and 2003. NSDUH data show that past year nonmedical use of tranquilizers was unchanged from 2002 to 2003 for those aged 12

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

to 17 (2.3% in both years) and 26 or older (1.5% in both years); the change in rates for those aged 18 to 25 (4.9% to 5.3%) was not significant. NSDUH data further show that past year nonmedical use of sedatives was quite stable from 2002 to 2003 for those aged 12 to 17 (0.6% and 0.5%, respectively), 18 to 25 (0.5% in both years), and 26 or older (0.4% and 0.3%).

Very limited national-level data regarding abuse of prescription stimulants, particularly methylphenidate (Ritalin), indicate that rates of abuse are declining. Past year rates of abuse for methylphenidate have been tracked only since 2001; however, the data indicate an overall decrease from 2001 to 2004 among eighth (2.9% to 2.5%) and tenth (4.8% to 3.4%) graders. Among twelfth (5.1% to 4.0%) graders past year rates of use have fluctuated from 2001 (5.1%), to 2002 (4.0%), to 2003 (4.0%), to 2004 (5.1%). MTF data show that the rate of past year abuse of methylphenidate among young adults was 2.9 percent in both 2002 and 2003. NSDUH data show that past year nonmedical use of stimulants (including methamphetamine) declined from 2002 to 2003 for those aged 12 to 17 (2.6% and 2.3%, respectively), 18 to 25 (3.7% and 3.5%), and 26 or older (0.8% and 0.6%).

Consequences of Abuse

Data regarding ED mentions and treatment admissions indicate that the consequences of prescription drug abuse have increased overall since the early to mid-1990s, with the exception of methylphenidate. DAWN data reveal that the number of ED mentions for “Narcotic Analgesics” increased steadily from 1995 (20,910), to 1998 (32,573), and 2001 (64,786), then increased an additional 25 percent from 2001 to 2002 (64,786 to 81,002). (See Figure 51.) Similarly, DAWN data show steady increases in the number of ED mentions for benzodiazepines from 1995 (76,548) to 1998 (88,808) and 2001 (103,972). (See Figure 52.) The number of ED mentions for this drug category increased by 2 percent (103,972 to 105,752) from 2001 to 2002—the smallest year-to-year increase since the 1998–1999 period (88,808 to

90,539, respectively). The estimated number of ED mentions for methylphenidate has decreased steadily from 1995 (1,860) to 1998 (1,728) and 2001 (1,279), declining again, albeit only slightly, to 1,245 in 2002.

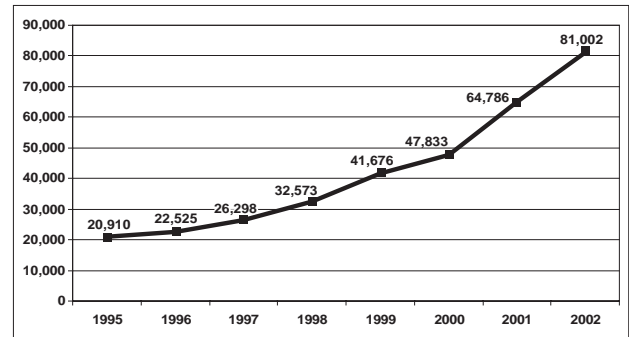


Figure 51. Emergency department mentions for narcotic analgesics, 1995–2002.

Source: Drug Abuse Warning Network.

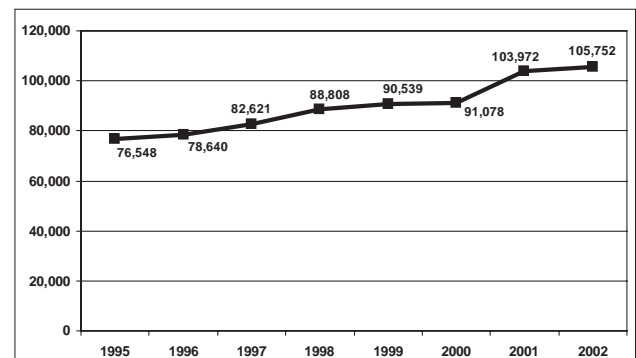


Figure 52. Emergency department mentions for benzodiazepines, 1995–2002.

Source: Drug Abuse Warning Network.

The most recently available data from TEDS indicate that the number of admissions to publicly funded drug treatment facilities for prescription drug abuse has increased steadily since 1992. For example, the number of admissions for “Other Opiates” (prescription narcotics and opium) increased from 13,671 in 1992, to 16,121 in 1995, to 19,941 in 1998, to 29,054 in 2000, to 45,605 in 2002, the most recent year for which such data are available (see Figure 53 on page 102). The number of admissions for benzodiazepines also has increased steadily from 1992 (2,882), to 1995 (3,222), to 1998 (4,524), to 2002 (7,226).

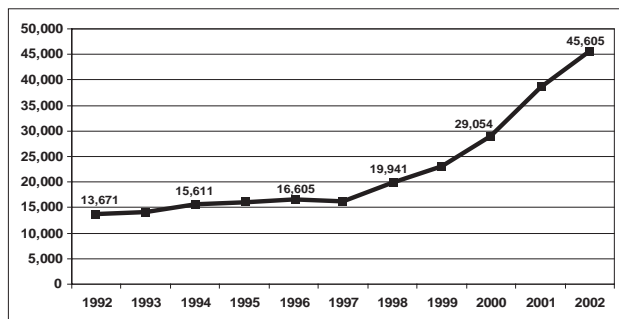


Figure 53. Treatment admissions for opiates other than heroin, 1992–2002.

Source: Treatment Episode Data Set.

Availability

There are no conclusive estimates as to the total amount of diverted prescription narcotics, depressants, and stimulants available in domestic drug markets. However, data regarding legitimate commercial disbursement of prescription pharmaceuticals indicate that the amount of prescription drugs disbursed to pharmacies, hospitals, practitioners, and teaching institutions has increased sharply over the past 4 years, thereby rendering more of the drug available for diversion. According to DEA, pharmaceutical drug disbursements have increased overall since 2000, particularly for OxyContin. In fact, OxyContin disbursements have increased sharply since 2000 while disbursements of other prescription narcotics such as Percodan and Lortab have decreased. OxyContin disbursements (in grams) increased from 2000 (10,415,575), to 2001 (14,002,125), to 2002 (15,118,153), to 2003 (16,982,548)—a 63.0 percent increase from 2000 to 2003. During that same period Percodan and Lortab disbursements (in grams) decreased an overall 27.4 percent from 2000 (454,301), to 2001 (407,625), to 2002 (375,155), to 2003 (329,792). Similar data are not available for depressants or stimulants.

Wide-ranging law enforcement reporting indicates that the availability of diverted prescription drugs has increased over the past 3 years, an assertion seemingly supported by national-level drug survey data. NDTs 2004 data reveal that the percentage of state and local law enforcement

agencies reporting high or moderate availability of pharmaceuticals increased from 70.0 percent in 2002, to 72.3 percent in 2003, and 75.6 percent in 2004. NDTs 2004 data further indicate that 17.8 percent of state and local law enforcement agencies described the availability of diverted prescription drugs as low and that only 3.6 percent reported that diverted pharmaceuticals were not available in their areas.

Pharmaceutical Diversion and Distribution

Most prescription drugs abused in the United States are diverted by “doctor shopping” (a practice whereby persons who may or may not have a legitimate ailment visit numerous physicians to obtain drugs in excess of what should be legitimately prescribed), forged prescriptions, theft, and increasingly via the Internet. To reduce the occurrence of pharmaceutical diversion by doctor shopping and prescription fraud, 21 states have established prescription monitoring programs that facilitate the collection, analysis, and reporting of information regarding pharmaceutical drug prescriptions. State-level prescription monitoring programs have been effective in reducing both the average time required to conduct pharmaceutical diversion investigations and the estimated number of dosage units dispensed by pharmacies and physicians to suspected abusers. For example, the

National Electronic Prescription Monitoring Program

On October 5, 2004, the House of Representatives Energy and Commerce Committee approved the amended version of the National All Schedules Prescription Electronic Reporting (NASPER) Act of 2002. The original Act was first proposed to Congress on September 30, 2002, by the American Society of Interventional Pain Physicians (ASIPP). If enacted in its proposed form, NASPER would result in the implementation of a national electronic prescription monitoring system to track Schedule II, III, and IV drug prescriptions. The proposed NASPER system is designed to reduce the abuse and diversion of prescription drugs by assisting physicians in monitoring patient drug use and by aiding law enforcement personnel in investigating pharmaceutical diversion. Under the proposed NASPER system, pharmacists would report to a central administrator the patient's identification number; the drug, date, and quantity dispensed; the prescribing physician; and the dispensing pharmacy. Data entered into the NASPER system could be used to track patient drug use, prescribing patterns of medical practitioners, prescription rates and patterns for specific drugs, prescription patterns in specific geographic locations, and prescription patterns for longtime users.

Source: U.S. Senate, S. 3033; *Pain Physician*.

Florida Man Charged With Doctor Shopping in Tampa Area

On April 14, 2004, the Florida Department of Law Enforcement (FDLE) announced the arrest of a Florida man on charges related to doctor shopping. At the request of the Tampa Police Department and based on information received from them, FDLE began a preliminary inquiry into allegations that the man was allegedly obtaining numerous prescriptions for opiate-based painkillers at pharmacies throughout the Tampa area within 30-day intervals. Various Tampa area doctors, without knowledge of the other prescriptions, allegedly issued the prescriptions that the man had supplied to different pharmacies. The FDLE investigation conducted into the allegations against the man revealed that he had made at least 34 visits to 14 different doctors between November 2002 and November 2003. During these visits he would obtain a prescription for painkillers such as hydrocodone or OxyContin. He was charged with eight counts of doctor shopping; each count is a third-degree felony punishable by up to 5 years in state prison.

Source: Florida Department of Law Enforcement.

Kentucky Cabinet for Health Service reports that the Kentucky All Schedule Prescription Electronic Reporting (KASPER) system has reduced the average time to complete pharmaceutical drug investigations from an average of 156 days to an average of 16 days. Moreover, according to ONDCP, establishment of the Nevada prescription monitoring program has resulted in a 46 percent reduction in the estimated number of pharmaceutical dosage units distributed to suspected abusers.

Doctor Shopping

A common method of diverting prescription drugs is doctor shopping. Individuals who divert and acquire pharmaceuticals through doctor shopping do so by visiting numerous doctors in an attempt to obtain multiple prescriptions for the drugs, particularly prescription narcotics such as OxyContin, Percocet, and Percodan. Doctor shoppers often falsify or exaggerate symptoms in order to obtain prescriptions for pharmaceuticals and often visit particular doctors who they believe are more likely to grant prescriptions. The individuals typically have their prescriptions filled at several different pharmacies to avoid detection.

Prescription Fraud

Prescription fraud includes a variety of schemes commonly used to divert prescription drugs, such as forging or altering prescriptions, producing counterfeit prescriptions, and calling in fictitious prescriptions to pharmacies by impersonating a physician. Pharmacists often recognize prescription fraud, particularly forged, altered or counterfeit prescriptions, because the prescriptions are written in unfamiliar handwriting (often without abbreviations) or the prescription quantities, directions, or dosages differ from normal usage. Pharmacists also identify fraud when prescriptions resemble textbook examples or appear to be photocopied.

Baltimore Woman and Coconspirator Charged With Prescription Fraud

On March 3, 2004, the Attorney General for the State of Maryland announced that a Baltimore woman was indicted on February 26, 2004, in the Baltimore City Circuit Court with the crimes of possessing a controlled dangerous substance by counterfeit prescription, counterfeiting prescriptions, passing counterfeit prescriptions, and conspiracy to commit these crimes. The indictment alleges that she produced and passed counterfeit prescriptions for Percocet on six occasions starting on April 29, 2003, and ending on June 6, 2003.

Source: Attorney General for the State of Maryland.

Unscrupulous Physicians

Illegal prescribing by unscrupulous physicians is a significant source of diverted pharmaceuticals. Corrupt physicians create fraudulent prescriptions to obtain drugs for personal use, and they also write prescriptions for individuals without a legitimate need for the drug for a fee. Unscrupulous physicians sometimes collaborate with unscrupulous pharmacists, who dispense the drugs for an additional fee.

Pharmaceutical Theft

Millions of pharmaceutical drug dosage units are diverted each year through theft from pharmacies, manufacturers, distributors, importers/exporters, and individuals with legitimate prescriptions. The amount of pharmaceutical drug dosage units diverted annually through theft fluctuates but increased overall from 2000 to 2003 for most drugs. According to DEA, the number of pharmaceutical dosage units diverted through theft from pharmacies, manufacturers, distributors, and importers/exporters increased from 2,379,389 in 2000 to 2,753,928 in 2003. (See Table 21 on page 105.)

Maryland Dentist Pleads Guilty to Unlawful Prescribing Charges

On January 15, 2004, the DEA Washington Field Division announced that a Hyattsville, Maryland, dentist pled guilty to two indictments in which he was charged with the unlawful distribution of Percocet. The Hyattsville dentist acknowledged that beginning in September 2001 and continuing until his arrest in May 2003, he wrote prescriptions for female patients for several controlled substances including Percocet, OxyContin, Vicodin, other hydrocodones, and alprazolam without a legitimate medical purpose. He further admitted that he conducted no physical examination or dental treatment, maintained no patient file or record, and solicited sexual favors in return for the unlawful prescriptions. He was arrested in May 2003 after an undercover Maryland State Police officer, posing as a Percocet addict, received prescriptions for Percocet on two occasions.

Source: Drug Enforcement Administration.

Table 21. Theft of Pharmaceuticals From Pharmacies, Manufacturers, Distributors, and Importers/Exporters, in Dosage Units, 2000–2003

Drug	2000	2001	2002	2003
Codeine	569,425	1,223,205	596,972	622,132
Dilaudid	37,531	22,647	23,072	41,668
Lorcet	100,548	540,997	126,451	360,115
Lortab	686,197	451,091	340,325	738,584
OxyContin	260,688	519,597	587,168	464,312
Percocet	421,063	127,525	193,085	278,581
Percodan	14,646	12,704	9,151	34,102
Ritalin	117,408	123,720	74,541	67,751
Valium	171,883	176,280	145,070	146,683
Total	2,379,389	3,197,766	2,095,835	2,753,928

Source: Drug Enforcement Administration.

Employees of pharmaceutical drug manufacturers and commercial distributors account for most of the pharmaceuticals diverted through theft; however, others steal pharmaceuticals as well. According to the 2002 National Retail Security Survey report, retailers attribute 48 percent of pharmaceutical inventory loss to employee theft. Individuals also break into pharmacies or clinics to steal pharmaceuticals or commit armed robberies to acquire the drugs. Individuals also steal pharmaceuticals from friends or relatives who possess legitimate prescriptions.

Pharmacy managers and law enforcement agencies in areas that have experienced a high number of pharmacy break-ins or armed robberies have taken specific steps to reduce pharmaceutical theft. For example, many pharmacies have stopped distributing specific pharmaceuticals that thieves most often target, such as OxyContin. Some communities have increased law enforcement patrols around pharmacies to deter or detect break-ins and robberies.

Internet

Prescription drugs are increasingly diverted via the Internet because many Internet pharmaceutical distributors—often referred to as Internet pharmacies—offer prescription drugs to customers without requiring prescriptions or physician consultation or verification. Estimates as to the number of Internet pharmacies vary widely. For example, the National Board of Pharmacy estimates that the number of Internet pharmacies has increased from none in the mid- to late 1990s to between 400 and 1,000 in 2003. However, in January 2004 the National Center on Addiction and Substance Abuse (CASA) identified only 157 Internet sites distributing controlled pharmaceuticals to individual users, although an additional 338 Internet sites provided links to one or several of the 157 pharmaceutical distribution sites. Nevertheless, of the 157 Internet sites identified by CASA, 64 (40.8%) did not require any prescription or physician consultation to purchase prescription drugs. Moreover, 77 (49.0%) of the Internet sites only required customers to report their symptoms in an online questionnaire before

they could receive the prescription drug—there was no requirement for personal physician verification of the symptoms. Faxed prescriptions were required by seven (4.4%) and mailed prescriptions were required by three (1.9%) of the sites. The remaining six (3.8%) sites made no reference to any prescription requirement. CASA further reports that the Internet pharmacy sites most often offered benzodiazepines (alprazolam and diazepam), followed by narcotic analgesics (fentanyl, hydrocodone, and oxycodone), and stimulants

(methylphenidate). None of the 157 Internet sites included security procedures restricting children from purchasing prescription drugs.

FBI reporting indicates that many unscrupulous Internet pharmacy operators recruit corrupt physicians to write fraudulent prescriptions for their customers. The FBI further reports that unscrupulous physicians are paid as much as \$1,500 per day for writing fraudulent prescriptions for Internet pharmacy patients.

Internet Pharmacy Ring Indicted

On December 29, 2003, the FBI announced that a 108-count indictment was unsealed against three companies and 10 individuals across the country that together allegedly set up a massive Internet pharmacy ring that used dozens of web sites like www.get-it-on.com to sell dangerous and addictive drugs without the proper medical supervision required by law. In the process, they distributed millions of drug dosage units and made more than \$150 million. A doctor who ultimately pled guilty in the case authorized more than 22,000 prescriptions yet never met with a single patient, never performed an exam or took a patient history, and did not verify medical information provided. A pharmacist who also pled guilty ran a pharmacy in Virginia and dispensed more than 2.5 million pills, yet knew that the customers' identities were not verified and that some customers were buying massive amounts of drugs. Because so many prescriptions were filled, the pharmacist often did not even have time to prepare and review them all.

Source: Federal Bureau of Investigation.

Some Internet pharmacies, including some based in Mexico and Canada, distribute counterfeits of popular brand-name pharmaceuticals that often contain inactive ingredients, incorrect ingredients, or improper dosages. According to FBI, most counterfeit pharmaceuticals are produced in India and China, and in some countries counterfeit pharmaceuticals are quite prevalent. In fact, FBI reporting indicates that as much as 60 percent of the pharmaceuticals sold in China, Nigeria, Thailand, Cambodia, and Indonesia are counterfeit. The Food and Drug Administration (FDA) reports that the level of counterfeit drug distribution within the United States is very low compared with other countries; however, occurrences of counterfeit pharmaceutical distribution in the United States are increasing. As a result, FDA counterfeit drug investigations have increased from 6 in 1997 to 22 in 2003 (see Figure 54).

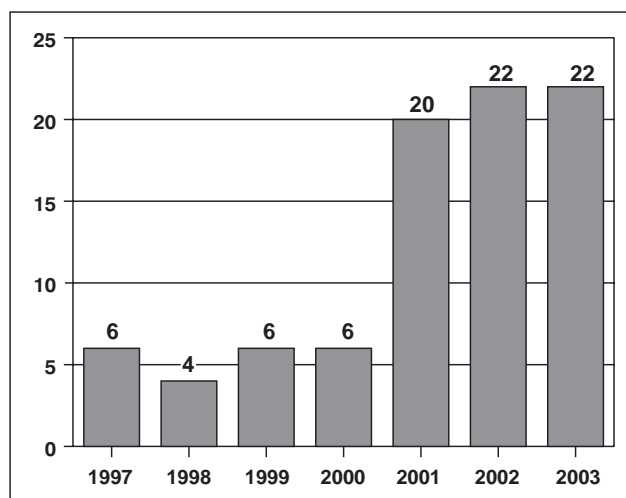


Figure 54. Counterfeit drug cases, 1997–2003.

Source: Food and Drug Administration.

Outlook

The abuse of pharmaceutical drugs is likely to decline in the near term. MTF data indicate that rates of past year use for pharmaceutical narcotics, depressants, and stimulants have increased sharply from the early to mid-1990s to 2001–2002 but have since declined for nearly every surveyed age group. In fact, only rates of past year use for prescription narcotics among young adults (aged 19 to 28) have increased from 2001 (5.0%) to 2003 (8.5%). Rates of past year use for prescription stimulants and depressants have declined or remained stable for every surveyed age group from 2002 to 2003.

Despite a possible rise in the diversion of pharmaceutical drugs via the Internet, pharmaceutical drug diversion is likely to decrease overall in the near term. Sharp increases in law enforcement pressure on unscrupulous physicians as well as increasing use of statewide prescription monitoring programs could sharply reduce the diversion of prescription drugs through illegal prescribing, prescription fraud, and doctor shopping. Moreover, increasing protection of pharmaceutical drug inventories at individual pharmacies will likely further reduce the amount of pharmaceuticals diverted through theft.

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National Drug Threat Assessment 2005



Other Dangerous Drugs

Key Findings

- GHB trafficking and abuse have become a particular concern to law enforcement and public health agencies because of increasing availability of the drug in some areas, sharp increases in ED mentions for GHB since the mid-1990s, and the use of GHB in the commission of drug-facilitated sexual assault.
- Rates of ketamine use are trending downward among adolescents and young adults. In addition, seizure data indicate that ketamine availability is decreasing and that ketamine-related ED mentions appear to be trending downward.
- LSD availability is decreasing, and rates of use have decreased sharply to very low levels.
- The consequences of PCP use are increasing despite relatively stable or declining past year rates of use. DAWN data indicate that the estimated number of ED mentions for PCP increased each year from 1998 to 2002.

Introduction

The trafficking and abuse of other dangerous drugs (ODDs), which include GHB, ketamine, LSD, and PCP, continue to pose a moderate threat overall to the United States. Their availability and abuse is relatively stable overall at moderate levels. These drugs are particularly popular among adolescents and young adults in metropolitan areas; however, use of ODDs may be expanding into smaller cities and rural areas. Primarily GHB, but also ketamine, have added concerns in that they are sometimes used in the commission of drug-facilitated sexual assaults.

According to NDTs 2004 data, less than 1 percent of all state and local law enforcement

agencies nationwide identify ODDs as the greatest drug threat to their areas. Only a few agencies in the Midwest, Northeast, Southeast, and Southwest Regions identify an ODD as their greatest drug threat. In the Midwest just 0.2 percent of agencies identify ketamine or LSD as their greatest drug threat. In the Northeast 0.3 percent of agencies identify GHB and 0.1 identify PCP as their greatest drug threat; 0.1 percent identify PCP as the greatest drug threat in the Southeast Region as well. In the Southwest Region 0.1 percent of agencies identify GHB as their greatest drug threat.

GHB

GHB (gamma-hydroxybutyrate), a Schedule I drug under the Controlled Substances Act, is a powerful central nervous system depressant that is used illicitly, often for its euphoric and sedative effects but also for the commission of drug-facilitated sexual assault. GHB trafficking and abuse

have become a particular concern to law enforcement and public health agencies because of increasing availability of the drug in some areas, sharp increases in ED mentions for GHB since the mid-1990s, and the use of GHB in the commission of drug-facilitated sexual assault.

GHB Used in Drug-Facilitated Sexual Assault

Federal, state, and local law enforcement agencies in every region of the country report that GHB appears to be the substance most commonly used in drug-facilitated sexual assaults because of its powerful sedative properties. When used to commit sexual assault, the drug typically is mixed into victims' drinks—usually without their knowledge—to mask the drug's salty taste. GHB is rapidly absorbed and metabolized by the body. Detectable levels of GHB may remain in urine for approximately 8 to 12 hours and in blood for 4 to 8 hours after ingestion. Routine blood or urine testing do not screen for GHB; therefore, it is important to specifically request a GHB screen as soon after the assault as possible. Detectable levels of undigested GHB may be found in victim's vomit; vomiting is a common effect of GHB use.

Despite rising concerns, relatively few state and local law enforcement agencies identify GHB as the greatest drug threat in their areas. According to NDTs 2004 data, only 0.1 percent of state and local law enforcement agencies identify GHB as the greatest drug threat in their areas.

Availability

GHB is available to varying degrees in every state, and overall availability appears to be increasing slightly. Only a limited number of federal law enforcement agencies report that GHB is readily or widely available. These agencies include Atlanta, Arizona, Gulf Coast, New York/New Jersey, Oregon, South Texas, and Washington/Baltimore HIDTAs and DEA Field Divisions in Atlanta, Chicago, Dallas, Houston, and Los Angeles. Most HIDTA offices and DEA Field Divisions report that GHB availability is moderate or low; just four HIDTAs and two DEA Field Divisions report that availability is increasing.

NDTS data indicate that GHB availability is relatively stable overall. NDTs 2004 data reveal that 20.0 percent of state and local law enforcement agencies nationwide report high or moderate GHB availability, compared to 20.7 percent in 2003. In 2004 more than half (61.2%) of state and local law enforcement agencies report GHB availability as low. However, the percentage of state and local law enforcement agencies reporting that GHB is not available in their areas declined from 15.8 percent in 2003 to 14.8 percent in 2004.

DEA drug seizure and arrest data indicate that the number of GHB samples submitted for testing and the numbers of GHB-related¹⁹ arrests and investigations have increased. According to STRIDE data, the number of GHB samples submitted for testing has fluctuated but increased overall from 100,218 milliliters in 2001 to 130,444 milliliters in 2003. The number of DEA arrests for GHB-related offenses increased from none in 2002 to nine in 2003. Similarly, the number of GHB-related investigations by DEA increased from 8 in 2002 to 19 in 2003.

Demand

Adolescents, particularly twelfth graders, appear to be the predominant users of GHB. MTF data for 2004 reveal that rates of past year use of GHB among twelfth graders were 2.0 percent compared with 0.8 percent among tenth graders and 0.9 percent among eighth graders. MTF data indicate that past year rates of GHB use among college students (aged 19 to 22) and young adults (aged 19 to 28) were lower than those of tenth and twelfth graders at 0.3 percent and 0.6 percent, respectively, in 2003. Although MTF data indicate that adolescents are the predominant users of GHB, DAWN data indicate that young adults are the predominant GHB user group entering hospital emergency departments for treatment of GHB-induced symptoms. DAWN data for 2002 indicate that 54.4 percent (1,812 of 3,330) of GHB ED mentions were attributed to persons aged 18 to 25, followed by persons aged 26 to 34, a group

19. Includes GHB, GBL, BD, and GHB analogs.

that accounted for 32.2 percent (1,071 of 3,330) of total GHB ED mentions.

MTF 2003 data indicate that males account for a higher rate of GHB use than females. Past year GHB use was reported by 0.9, 1.6, and 2.0 percent of eighth, tenth, and twelfth grade males, respectively, compared with 0.9, 1.2, and 0.8 percent of eighth, tenth, and twelfth grade females. MTF data also indicate higher past year GHB use among adult males than females (1.2% compared with 0.2%). DAWN data also indicate that Caucasian males account for more GHB ED mentions than other ethnic or gender groups. DAWN data for 2002 reveal that 89.4 percent (2,978 of 3,330) of GHB ED mentions were attributed to Caucasians and 65.8 percent (2,192 of 3,330) of GHB ED mentions were attributed to males.

MTF data suggest that GHB use is lower in large metropolitan areas for younger adolescents and higher in those areas for older adolescents and adults. According to MTF data, rates of past year use of GHB for eighth (1.0%) and tenth graders (0.9%) in Large MSAs were lower than rates for eighth (1.3%) and tenth graders (1.7%) in Non-MSAs in 2003. Among twelfth graders and adults aged 19 to 30, rates were higher in urban areas (1.1% and 0.7%, respectively) than rural areas (0.8% and 0.2%, respectively).

Users of GHB seek the drug's euphoric and sedative properties. The physical and psychological

effects of GHB are largely dose-dependent but also are influenced by factors such as the user's weight and health, whether the drug is taken on a full stomach, and whether the user is well-hydrated. Although potency varies greatly, the onset of the drug's effects generally occurs within 15 to 30 minutes of ingestion, and effects persist typically for 3 to 6 hours (see Table 22).

GHB use appears to be trending downward overall among eighth and tenth graders and has fluctuated among twelfth graders. MTF data show that from 2000 to 2004, past year use of GHB among eighth and tenth graders trended downward from 1.2 to 0.7 percent and 1.1 to 0.8 percent, respectively, while rates have fluctuated from 1.9 percent in 2000, to 1.5 percent in 2002, to 2.0 percent in 2004. MTF is the only national-level study that tracks past year rates of use of GHB among adults, and only 2 years of data are available. Nevertheless, MTF data for 2003 reveal that rates of past year use of GHB declined, albeit only slightly, among college students aged 19 to 22 (0.6% to 0.3%) and among young adults aged 19 to 28 (0.8% to 0.6%).

The consequences of GHB use appear to be stabilizing. According to DAWN data, the estimated number of GHB ED mentions increased sharply from 1995 (145) to 2000 (4,969) but then decreased to 3,340 in 2001. In 2002, the estimated

Table 22. Effects of GHB Use

Dose	Common Effects
1 gram or less	Relaxation similar to alcohol intoxication
1 to 2 grams	Euphoria, reduced inhibitions, enhanced sensuality and sexuality, increased sensory stimulation
2 to 4 grams	Speech and motor skill interference
4 grams or more	Agitation, combativeness, confusion, loss of coordination, seizure-like posturing of the limbs, respiratory depression, urinary and fecal incontinence, vomiting, wavering state of consciousness, overdose death

Source: Drug Identification Bible 2001.

number of ED mentions for GHB trended downward, although not significantly, to 3,330.

Oral consumption of liquid GHB is the most common mode of administration, although GHB in capsule and tablet forms also is available, as is powder GHB, which is snorted. Because of the drug's salty taste, liquid GHB typically is mixed into a beverage.

Production

GHB is produced illegally in domestic and foreign laboratories; however, there are no generally accepted estimates as to how much GHB is produced illegally each year. Law enforcement sources report that GHB is produced in most regions of the country: seven HIDTAs (Central Florida, Midwest, Nevada, North Texas, Oregon, Rocky Mountain, and South Florida) report production in their areas. Nevertheless, NCLSS data show that the number of reported GHB laboratory seizures is low and decreased from 13 in 2001, to 7 in 2002, to 2 in 2003. California law enforcement agencies report the highest number of GHB laboratory seizures each year from 1999 through 2001; however, in 2002 Oregon led all states with two seizures. California and Connecticut each report one seizure in 2003.

Transportation and Distribution

Foreign-produced GHB that is distributed and consumed in the United States typically is smuggled into the country from Canada, Europe, Mexico and, to a lesser extent, Israel. GHB is transported to the United States most often by commercial air, mail services, or private vehicle. Domestically produced GHB typically is transported from laboratory sites to drug markets via private vehicle or mail services. Middle-class Caucasian males between 18 and 30 years of age are the predominant distributors of GHB; however, African American gangs and other diverse independent dealers are active in GHB distribution as well. GHB typically is distributed at raves as well as at nightclubs, bars, gyms, and on college and high school campuses. The GHB analog GBL also is sold over the Internet, where it often

is falsely marketed as a cleaning product or nail polish remover. At the retail level, GHB is packaged in plastic bottles and sold to teens and young adults usually for \$5 to \$30 per dose. A capful (typically the size of the cap from a small water bottle) of liquid GHB is the most common dosage unit at the retail level.

GHB—A Drug With a High Profit Margin

Like many other drugs of abuse, GHB has a very high profit margin. For example, 1-gallon quantities—about 750 to 3,700 dosage units or “capfuls”—sell for \$500 to \$1000, according to the DEA Miami Field Division. Upon further distribution, capful quantities (1 to 5 ml) are sold to users for \$5 to \$25. Beyond the evident price markup, GHB dealers can easily multiply profit margins at every level of distribution by diluting the solution.

Outlook

GHB use likely will remain limited. MTF has recorded past year rates of use for GHB among eighth, tenth, and twelfth graders only for the past 4 reporting years (2000–2003) and began recording past year rates of use for GHB among adults only in 2002. Therefore, accurate analysis of long-term trends in GHB use is not yet possible; however, the data indicate continued limited use in the near term. MTF data show that despite small fluctuations in rates of GHB use among eighth, tenth, and twelfth graders, past year rates of use have not exceeded 2.0 percent in any year among any age group, and rates of use may be trending downward for eighth and twelfth graders. Moreover, MTF data indicate that GHB use has not spread significantly beyond the predominant user group—Caucasian adolescents—to include a greater percentage of other ethnic or age groups.

Ketamine

Ketamine, a Schedule III dissociative anesthetic with a combination of depressant, stimulant, hallucinogenic, and analgesic properties, is used primarily as a preoperative anesthetic for animals. The drug also is approved as an anesthetic for emergency surgery in humans; however, use in humans has been limited because of adverse effects such as hallucinations and delirium.

Ketamine trafficking and abuse pose a moderate to low threat to the United States. According to NDTs 2004 data, just 0.1 percent of state and local law enforcement agencies nationwide identified ketamine as their greatest drug threat. In addition, seizure data indicate that ketamine availability is decreasing and that ED mentions appear to be trending downward.

Availability

Most HIDTA offices and DEA Field Divisions report that ketamine is available in their areas, and availability appears to be relatively stable at low to moderate levels. A limited number of federal law enforcement agencies report that ketamine is widely or readily available. These agencies include Arizona, New York/New Jersey, Oregon, and South Texas HIDTAs and Atlanta, Boston, Chicago, and Houston DEA Field Divisions. Only Arizona, Northwest, Rocky Mountain, and South Texas HIDTAs and Houston and New York DEA Field Divisions report that ketamine availability is increasing.

DEA drug seizure data indicate that ketamine availability is decreasing. STRIDE data indicate that the quantity of ketamine samples submitted for testing appears to have peaked at 7,018,589 dosage units in 2001, after increasing from 1,154,504 in 2000. Ketamine samples submitted for testing then dropped to 2,055,672 in 2002, before sharply decreasing to 358,708 in 2003—the lowest amount submitted for testing in the past 4 years.

NDTS data indicate stable to decreasing ketamine availability. NDTs 2004 data reveal that

the percentage of state and local law enforcement agencies nationwide that identify ketamine availability as high or moderate decreased from 13.6 percent in 2003 to 11.2 percent in 2004. Most agencies (63.7%) report low ketamine availability in 2004, as was the case in 2003 (61.1%). The percentage of state and local law enforcement agencies reporting that ketamine is not available in their areas was nearly unchanged between 2003 (20.8%) and 2004 (20.7%).

Demand

Data regarding ketamine use is limited; however, rates of ketamine use appear highest among twelfth graders. MTF data for 2004 show that past year rates of use for ketamine were 0.9 percent for eighth graders, 1.3 percent for tenth graders, and 1.9 percent for twelfth graders. MTF 2003 data indicate that past year rates of ketamine use were 1.0 percent among college students (aged 19 to 22) and 0.9 percent among young adults (aged 19 to 28).

Ketamine rates of use appear to be higher among males than females. MTF data indicate that in 2003, the past year rate of ketamine use among eighth grade males was 1.5 percent compared with 0.8 percent for females. Among tenth graders, the past year rate of ketamine use was 2.5 percent among males compared with 1.4 percent among females. Among twelfth graders, the past year rate of ketamine use was 2.5 percent among males and 1.5 percent among females. MTF data also indicate higher past year ketamine use among adult males than females (1.4% compared with 0.4%). DAWN data indicate that young Caucasian adults are the predominant ketamine user group entering hospital emergency departments for treatment of ketamine-induced symptoms. DAWN data indicate that 64.2 percent (167) of the 260 ED mentions for ketamine in 2002 were Caucasians, and 55.8 percent (145) of total ED mentions for ketamine in 2002 were aged 18 to 25.

Ketamine is used at higher rates in rural areas for all age groups. MTF 2003 data indicate that past year use in Non-MSAs was 1.4 percent for eighth graders, 1.9 percent for tenth graders, and 2.3 percent for twelfth graders, compared with 1.1, 1.7, and 1.8 percent of eighth, tenth, and twelfth graders in Large MSAs. Rates of past year ketamine use also were higher among adults aged 19 to 30 in Farm/Country areas (1.5%) than in a Very Large City (0.6%).

Data regarding ketamine use indicate that rates of use are trending downward among adolescents and young adults; however, none of the declines is statistically significant. MTF data show that the percentage of eighth graders reporting past year ketamine use declined steadily from 1.6 percent in 2000 to 0.9 percent in 2004. Past year rates of use peaked in 2002 but declined overall from 2000 to 2004 among tenth graders (2.1% to 1.3%) and twelfth graders (2.5% to 1.9%). The percentage of college students (aged 19 to 22) reporting past year ketamine use declined from 1.3 percent in 2002 to 1.0 percent in 2003, while the percentage of young adults (aged 19 to 28) declined from 1.2 percent to 0.9 percent.

The consequences of ketamine use have fluctuated greatly in recent years, according to DAWN data. However, ketamine-related ED mentions declined sharply from 2001 to 2002 (see Figure 55).

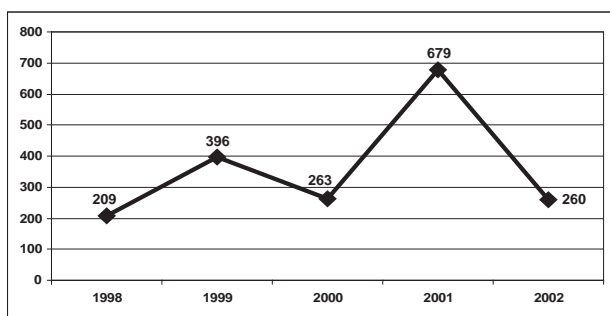


Figure 55. Ketamine-related emergency department mentions, 1998–2002.

Source: Drug Abuse Warning Network.

Ketamine is manufactured commercially as a powder or liquid. Users sometimes evaporate liquid ketamine on hot plates, on warming trays, or in microwave ovens, a process that results in the formation of crystals, which are then ground into powder. Powder ketamine is cut into lines (known as bumps) and snorted, or it is smoked—typically in marijuana or tobacco cigarettes. Liquid ketamine is injected or ingested after being mixed into drinks.

The duration and severity of the effects of ketamine use are dose-dependent and affected by the method of administration as well as the user’s weight and health. Common effects include those similar to PCP as well as amnesia, agitation, paralysis, memory loss, unconsciousness, nausea, and delirium. The onset of effects is rapid and often occurs within a few minutes of administration (see Table 23 on page 115).

Production

Ketamine is produced and sold legally in several countries including Belgium, China, Colombia, Germany, Mexico, and the United States. Clandestine production is difficult and impractical because of the complexity of the ketamine manufacturing process; therefore, the theft or diversion from foreign domestic veterinary offices as well as from foreign pharmaceutical manufacturers is common.

Transportation and Distribution

Diverted ketamine often is smuggled across the border from Mexico by couriers on foot or in private vehicles, but a large amount is increasingly transported from foreign countries via mail services. Distribution of ketamine typically occurs among friends and acquaintances, most often at nightclubs, private parties, and raves. Caucasian males between the ages of 17 and 25 are the primary distributors of ketamine.

According to DEA, the national average price for ketamine in 2003 was \$20 to \$40 per dosage unit and \$65 to \$100 per 10-milliliter vial. These figures indicate an overall price increase from

Table 23. Effects of Ketamine Use

Administration	Dosage	Onset	Effects	Duration
Intramuscular Injection	10-40 mg	3-4 minutes after injection	Mild hallucinations	45-90 minutes
	60+ mg		Out-of-body, near-death hallucinations; terrors	
Intranasal ingestion	10-60 mg	5-15 minutes after administration	Mild hallucinations	10-30 minutes
	100+ mg		Out-of-body, near-death hallucinations; terrors	
Oral ingestion	40-75 mg	5-20 minutes after ingestion	Mild hallucinations	Up to 90 minutes
	200+ mg		Out-of-body, near-death hallucinations; terrors	

Source: Drug Identification Bible 2001.

2002 when the national average was \$10 to \$20 per dosage unit and \$10 to \$100 per 10-milliliter vial.

Outlook

Ketamine abuse may decrease in the near term. In addition to reporting relatively low rates of past year use, MTF data indicate that past year rates of ketamine use have trended downward—although not significantly—among adolescents and young adults in recent years. Long-range

analysis of past year use is not possible; MTF only began recording past year rates among eighth, tenth, and twelfth graders in 2000 and among college students and young adults in 2002. Ketamine-related consequences also appear to be declining. Although DAWN ED mentions for ketamine have fluctuated in past years, data show that ketamine ED mentions have declined overall since 1999.

LSD

LSD (lysergic acid diethylamide), a Schedule I drug under the Controlled Substances Act, is a powerful hallucinogen that alters a user's mood, thoughts, and perceptions and can induce delusions and visual hallucinations that distort the user's sense of time and identity. College-age adults, particularly Caucasian males, are the predominant users of LSD. LSD trafficking and abuse have long been a concern to law enforcement and public health agencies because of the drug's powerful effects; however, national-level data indicate that LSD availability is decreasing and that rates of use have decreased sharply to very low levels.

Availability

Anecdotal law enforcement reporting regarding LSD availability is mixed. Reporting from federal, state, and local law enforcement agencies indicates that LSD remains available to varying degrees in most metropolitan areas and that availability is very limited in rural areas. Only the DEA Denver Field Division and five HIDTA offices (Gulf Coast, Houston, Midwest, North Texas, and South Texas) report increasing LSD availability in their areas. Limited availability was reported in four DEA Field Divisions (Newark, New York, Seattle, and St. Louis) and four HIDTAs (Nevada, New England, Philadelphia/Camden, and Southeast Michigan).

Notwithstanding somewhat mixed anecdotal reporting from law enforcement agencies regarding LSD availability, NDTs data indicate low and decreasing LSD availability. NDTs 2004 data reveal that 17.0 percent of state and local law enforcement agencies nationwide describe LSD availability as high or moderate, a decrease from 18.9 percent in 2003 and 20.9 percent in 2002. Most state and local agencies (66.1%) report low availability in 2004, relatively unchanged from 2003 (66.0%). Moreover, 13.8 percent of agencies report that the drug is not available in their areas, an increase from 11.9 percent in 2003.

Consistent with NDTs data that indicate decreasing LSD availability, the numbers of LSD-related arrests and investigations and samples submitted for testing have decreased sharply since 2000. The number of arrests reported by DEA for LSD-related offenses decreased from 162 in 2000, to 94 in 2001, 26 in 2002, and 19 in 2003. The number of LSD-related investigations initiated by DEA also decreased from 85 in 2000, to 40 in 2001, 14 in 2002, and 13 in 2003. According to STRIDE data, the number of seized LSD samples submitted for testing decreased from 24,460,969 dosage units in 2000 to 93,973 dosage units in 2001 and 1,624 dosage units in 2002 before remaining relatively stable at 1,647 dosage units in 2003.

Demand

National-level drug prevalence data indicate that past year rates of LSD use are highest among

twelfth graders. MTF data for 2004 reveal that the rate of past year LSD use for twelfth graders was 2.2 percent compared with 1.1 percent for eighth graders and 1.6 percent for tenth graders. Past year rates of LSD use were 1.4 percent among college students and 1.2 percent among young adults.

MTF data reveal that past year rates of LSD use among males typically are much higher than rates of use among females. MTF 2003 data indicate that past year use among eighth, tenth, and twelfth graders was 1.4, 1.9, and 2.5 percent, respectively, for males compared with 1.1, 1.6, and 1.2 percent, respectively, for females. MTF data also show that the past year rate of LSD use among young adults was 1.4 percent for males compared with 0.8 percent for females. DAWN data indicate that Caucasian males are the predominant LSD user group entering hospital emergency departments for LSD-induced symptoms. DAWN data for 2002 reveal that 75.2 percent (670 of 891) of ED mentions for LSD were attributed to Caucasian patients, and 87.1 percent (776 of 891) were attributed to male patients.

LSD is used at relatively similar rates in urban and rural areas. MTF 2003 data indicate that 1.3, 1.3, and 1.5 percent of eighth, tenth, and twelfth graders, respectively, in Large MSAs report past year LSD use compared to 1.4, 2.3, and 1.7 percent in Non-MSAs. Rates of past year use also were similar among adults aged 19 to 30 in a Very Large City (0.9%) and in Farm/Country areas (1.0%).

Characteristics of LSD Use

LSD is taken orally and has a slightly bitter taste. Users apply "hits" of liquid LSD to their tongues from small breath freshener bottles, or they place gelatin squares, sugar cubes, or small pieces of blotter paper that contain liquid LSD on their tongues. LSD also is sometimes available in tablet form.

LSD users seek the drug's powerful hallucinogenic properties. The effects associated with LSD use are unpredictable and depend upon the amount taken, the surroundings in which the drug is used, and the user's personality, mood, and expectations. According to DEA, the average effective oral dose ranges from 20 to 80 micrograms. During the first hour after ingestion, the user may experience visual changes with extreme changes in mood. In the hallucinatory state, the user may suffer impaired depth and time perception accompanied by distorted perception of the size and shape of objects, movements, color, and sound. LSD is not considered an addictive drug; however, users may develop a tolerance to the drug, causing them to consume progressively larger doses in order to experience the hallucinogenic effects.

MTF data regarding past year rates of LSD use among all age groups indicate sharp decreases since 1999, particularly among tenth and twelfth graders (see Figure 56). NSDUH data also show significant decreases in past year LSD use from 2002 to 2003 among adolescents aged 12 to 17 (1.3% to 0.6%) and young adults aged 18 to 25 (1.8% to 1.1%). Rates for adults aged 26 or older were relatively stable during that period at 0.1 and 0.0 percent, respectively.

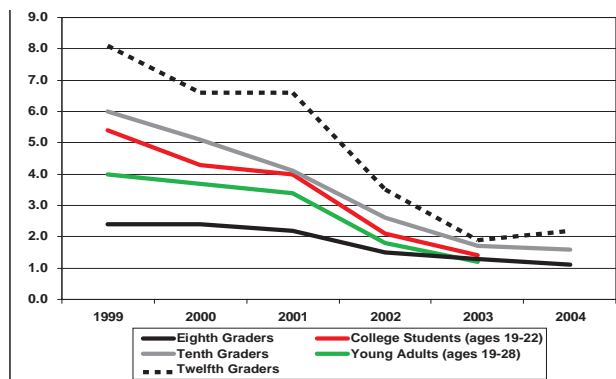


Figure 56. Trends in percentage of past year use of LSD, 1999–2004.

Source: Monitoring the Future.

DAWN data indicate that the number of ED mentions for LSD decreased each year since 1999. The estimated number of ED mentions for LSD decreased from 5,126 in 1999 to 2,821 in 2001 and dropped sharply to 891 in 2002, the most recent year for which such data are available.

Production

LSD is manufactured from lysergic acid, which is synthesized from ergotamine tartrate—a fungus that grows on rye and other grains. LSD producers use several production methods; however, all methods require significant laboratory experience and chemical knowledge. LSD production is a lengthy and complex process; it typically takes 2 to 3 days to produce 1 to 4 ounces of crystal LSD, which is then converted to liquid by dissolving it in a solvent.

Most LSD available in the United States is produced in northern California and the Pacific Northwest by a relatively small network of experienced chemists; however, independent dealers throughout the country produce the drug in limited quantities. Seizures of domestic LSD laboratories are rare. NCLSS data show only one reported LSD laboratory seizure in 2000 in Kansas, one in Missouri in 2002, and one in California in 2003. The laboratory in Kansas, located in a former missile silo, produced an estimated 94 million dosage units and was the largest laboratory ever seized by DEA.

Transportation and Distribution

Transportation and wholesale distribution of LSD is controlled by the limited number of producers of the drug, who supply midlevel distributors in all regions of the country. LSD is transported to midlevel distributors primarily by

Attempt to Produce LSD in Seattle

On February 5, 2004, agents from DEA, with assistance from the Seattle Police Department, arrested an individual and seized chemicals and glassware necessary to manufacture LSD from his residence. The suspect was arrested while away from his residence allegedly negotiating a purchase of the LSD precursor ergotamine tartrate via telephone from a source in Vietnam. After arresting the subject, DEA agents executed a federal search warrant at his residence resulting in the seizure of approximately 30 liters of chemicals including ether, chloroform, nitrogen, anhydrous ammonia, and bromide. Law enforcement officials also seized computers, glassware, a vacuum pump, a distillation unit, a manual explaining how to manufacture LSD, receipts for chemical and glassware purchases, and approximately 500 OxyContin tablets. According to DEA officials, the suspect was charged with attempted manufacture of LSD and attempted possession of ergotamine tartrate. The King County Sheriff's Office, Seattle Fire Department, and Seattle Medic-1 Unit participated in this investigation.

Source: Drug Enforcement Administration; Seattle Police Department.

private vehicles and mail services. Local independent dealers, usually Caucasian males in their late teens or early twenties, are the principal retail distributors of LSD. However, the Milwaukee HIDTA indicates that some local independent LSD dealers are Mexican nationals, and the DEA Philadelphia Field Division identifies members of OMGs as retail LSD distributors. Sales most often take place at colleges, high schools, night-clubs, and raves. LSD is distributed in crystal, tablet, or liquid form and sells for \$1 to \$15 per dosage unit. Liquid LSD often is packaged in small bottles designed to hold breath freshener. LSD also is applied to gelatin squares, sugar cubes, or blotter paper.

PCP

PCP (phencyclidine) is a Schedule II drug under the Controlled Substances Act. PCP is a dissociative anesthetic that is used for the mind-altering, hallucinogenic effects it produces. PCP was originally developed for use as a general anesthetic but was found to cause adverse side effects in humans including delirium, visual disturbances, and psychotic behaviors and therefore was never marketed.

PCP trafficking and abuse continue to pose a moderate threat to the United States. Although PCP availability is increasing in a few areas of the country, PCP remains available at only low to moderate levels in most regions. Annual use trends indicate that PCP use is relatively stable to decreasing, but consequence data show that the demand for PCP may be increasing.

Availability

PCP is available throughout the country and, despite reports of increasing availability in some areas, availability appears to be relatively stable overall. Approximately one-half of all DEA Field Divisions and HDTAs report that PCP is available in their areas; most report low to moderate availability. Five DEA Field Divisions and eight HIDTA offices report that PCP is widely or readily available in their areas.

Outlook

LSD use will likely remain limited. MTF data reveal that past year use of LSD among adolescents, college students, and young adults has decreased since 1999 and that the level of disapproval for the drug remains very high, particularly among twelfth graders and adults. MTF 2003 data reveal that 94.4 percent of twelfth graders disapprove of regular LSD use, compared with 77.6 percent of tenth graders and 63.5 percent of eighth graders. In 2002, the latest year for which such data are available, disapproval rates of regular LSD use were higher than 95 percent for adults aged 19 to 22 (96.9%), 23 to 26 (97.9%), and 27 to 30 (98.0%).

Increases in PCP availability were noted by Dallas, Houston, Philadelphia, San Francisco, and Washington, D.C., DEA Field Divisions and Philadelphia/Camden, Washington/Baltimore, and South Texas HDTAs.

NDTS data indicate that PCP availability is relatively stable. NDTS 2004 data indicate that just 9.5 percent of state and local law enforcement agencies nationwide reported high or moderate PCP availability compared to 9.6 percent in 2003. More than half of state and local law enforcement agencies nationwide identified PCP availability as low in 2003 (62.1%) and 2004 (60.8%). In both years approximately one-quarter of all respondents report that PCP was not available in their areas.

According to DEA drug seizure data, PCP availability may be decreasing. STRIDE data indicate that after increasing dramatically from 184,938.4 dosage units in 2000, to 1,037,573.5 dosage units in 2001, and 5,786,959 in 2002, the number of PCP samples submitted for testing decreased to 527,986 dosage units in 2003.

The number of PCP-related arrests have increased overall since 2000. According to DEA, PCP-related arrests fluctuated yet increased overall from 37 in 2000, to 82 in 2001, to 43 in 2002, and 113 in 2003. The Los Angeles (45) and Houston (17) Field Divisions accounted for more than

half of the PCP-related arrests in 2003; however, most of the arrests in those cities were the result of a single large investigation.

Demand

Twelfth graders appear to be the primary users of PCP among the surveyed age groups. According to 2003 MTF data, past year rates of use were not measurable among eighth grade, tenth grade, or college students. However, the past year rate for twelfth graders, 1.3 percent, was much higher than the rate for young adults aged 19 to 28 (0.3%). Although MTF data indicate that twelfth graders have the highest reported past year rate of use of all age groups, DAWN data indicate that young adults make up the predominant user group entering hospital emergency departments for treatment of PCP-induced symptoms. DAWN data for 2002 indicate that of the 7,648 ED mentions for PCP, over one-third (2,879) were attributed to persons aged 18 to 25. PCP-related ED mentions among those aged 35 years and older (2,541) and among those aged 26 to 34 (1,563) also accounted for large shares of total PCP-related ED mentions in 2002.

Data regarding PCP use by gender are somewhat mixed. MTF data show that PCP use is higher among males than females for twelfth graders (1.4% compared with 1.1%) but slightly higher among females than males for adults aged 19 to 30 (0.3% compared with 0.2%). In addition, DAWN data show that nearly twice as many ED mentions for PCP were reported among males (4,876) than females (2,738) in the same year.

DAWN data also indicate that Blacks accounted for more PCP-related ED mentions than any other ethnic group. According to DAWN data, 43.3 percent (3,308 of 7,648) of ED mentions for PCP were attributed to Black patients in 2002.

MTF data indicate higher rates of PCP use among twelfth graders in rural areas and among adults in urban areas. The rate of past year PCP use among twelfth graders was 1.8 percent in Non-MSAs compared with 0.9 percent in Large MSAs in 2003. The rate of past year PCP use among adults aged 19 to 30 was 0.3 percent in a

Very Large City compared with 0.0 percent in Farm/Country areas in 2003.

Annual use trends for PCP are mixed. MTF data indicate that rates of past year use of PCP among twelfth grade students have trended downward overall since 2000. Past year rates among twelfth graders were 2.3 percent in 2000, 1.8 percent in 2001, 1.1 percent in 2002, and 1.3 percent in 2003. Rates of past year PCP use among adults aged 19 to 28 remained relatively stable since 2000; past year rates of use were 0.3 percent in 2000, 0.6 percent in 2001, and 0.3 percent in both 2002 and 2003. Data regarding past year rates of use among eighth and tenth graders and college students are not available.

Despite relatively stable to decreasing rates of use, the consequences of PCP use are increasing. DAWN data indicate that the estimated number of ED mentions for PCP increased each year since 1998 (see Figure 57).

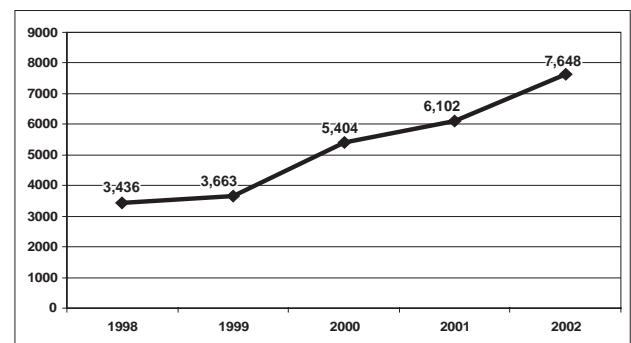


Figure 57. PCP-related emergency department mentions, 1998–2002.

Source: Drug Abuse Warning Network.

PCP is available in powder, crystal, tablet, capsule, and liquid forms and is either injected, snorted, swallowed, or smoked by applying liquid PCP to leafy materials such as tobacco, marijuana, parsley, mint, and oregano. Powder or crystal PCP is smoked when mixed with marijuana or tobacco.

PCP is an addictive drug; its use often results in psychological dependence, craving, and compulsive PCP-seeking behavior. PCP is a dissociative anesthetic because it distorts perception of sight and sound and produces feelings of physical

Table 24. Effects of PCP Use

Dose	Common Effects
1 to 2 mg	Effects which many users liken to those of very strong marijuana
5 mg	Flushing, increased blood pressure, increased heart rate, involuntary eye movement, loss of coordination, numbness of extremities, shallow rapid breathing, slurred speech, sweating
10+ mg	Blurred vision, catatonic state, coma, decreased blood pressure, decreased heart rate, muscle rigidity, nausea, reduced sensitivity to pain, seizures, vomiting

Source: Drug Identification Bible 2003.

and emotional detachment. The effects of PCP vary by the route of administration and by dose. Smoking PCP can produce effects in as little as 2 minutes, while it may take as long as 60 minutes to feel effects if the drug is swallowed. Low to moderate doses of PCP can cause feelings of detachment, loss of coordination, and rapid eye movement, while higher doses may produce illusions and auditory hallucinations (see Table 24). At any dosage level, PCP users may also have feelings of strength, anxiety, aggression, and hostility. The effects obtained through PCP typically last up to 8 hours but may continue for 48 hours.

Production

There are no generally accepted estimates as to domestic PCP production; however, laboratory seizure data and law enforcement reporting indicate that African American street gangs and criminal groups operating in California—especially Los Angeles and San Bernardino Counties—control most PCP production. NCLSS data indicate that federal, state, and local law enforcement agencies reported 43 PCP laboratory seizures nationwide between 2001 and July 2004. Of these seizures, 25 laboratories were located in California. Further, NCLSS data show that of the five PCP laboratories seized in the first 7 months of 2004, four were seized in Los Angeles County while one was seized in Currituck County (NC). PCP is sometimes produced by other criminal groups (particularly Mexican criminal groups), gangs, and independent laboratory operators in areas throughout the country.

Obtaining Chemicals Used in Manufacturing PCP

PCP laboratory operators typically obtain chemicals used in the manufacturing process from seemingly legitimate commercial and bulk chemical companies. DEA reports that chemicals usually are obtained from sources in California; however, chemicals also have been obtained from sources across the country in Connecticut, Indiana, Maryland, Oklahoma, and Texas.

Transportation and Distribution

Produced primarily for domestic distribution, PCP is transported by express mail services, in private vehicles, buses, and trains, and on commercial flights to distribution centers including Baltimore, Chicago, New York City, Dallas, Oklahoma City, St. Louis, Las Vegas, and Washington, D.C. Liquid PCP is transported from producers to distributors in a variety of glass and plastic containers ranging in size from soda bottles to gallon jugs. Wholesale distributors usually transfer the drug to smaller containers such as vanilla extract bottles and glass vials for distribution at the retail level.

PCP distributors vary regionally throughout the country; however, African American gangs and criminal groups seem to control most transportation and wholesale distribution of PCP in the United States. Many of the same groups that distribute PCP at the midlevel distribute the drug at the retail level. In New York City, African American street gangs

and criminal groups, as well as Belizean nationals, distribute midlevel and retail quantities of PCP. In other markets such as Los Angeles, Las Vegas, and Chicago, Los Angeles-based street gangs such as Bloods and Crips control midlevel and retail PCP distribution. PCP usually is supplied to gang members and independent dealers for retail distribution from private residences and public housing projects. Retail-level distributors typically sell PCP at open-air drug markets in inner cities, on college campuses, and at raves.

Wholesale and retail prices of PCP are relatively low in comparison with prices of other illicit drugs. DEA reporting indicates that the national price range of liquid PCP at the wholesale level ranged from \$6,500 to \$28,000 per gallon in 2003. At the retail level, the price of liquid PCP ranged from \$125 to \$600 per ounce. At the retail level, the tablet form of PCP reportedly sells for \$20 to \$30 and powder PCP sells for \$20 to \$30 per gram. PCP-laced cigarettes and joints reportedly sell for \$5 to \$30 each at the retail level.

Street Gangs That Traffic PCP

Street gangs, primarily Bloods and Crips, are involved in the production, transportation, and distribution of PCP in the United States. Most members of these gangs are African American males who operate primarily in the Los Angeles metropolitan area but also in areas of the West, Pacific, and Southeast Regions. Members of Bloods and Crips gangs distribute PCP and other illicit drugs and are involved in many other types of criminal activity including assault, homicide, extortion, and robbery.

PCP Distribution Group Dismantled

On March 15, 2004, the U.S. Attorney for the District of Columbia, FBI, DEA, and District of Columbia Metropolitan Police Department (MPDC) announced the indictment of 26 individuals on numerous federal charges including conspiracy to distribute controlled substances, primarily PCP. According to the indictment, since March 2002 two New York men directed the conspiracy by arranging for PCP to be shipped via mail services, private vehicles, and commercial airlines from California to Washington, D.C. Upon obtaining the PCP, defendants located in Washington, D.C., distributed the drug in the Northeast section of the city around 18th and M streets. The defendants sold liquid PCP, as well as crack cocaine and MDMA, to individuals from the city as well as to Maryland and Virginia residents who traveled into the city to purchase the drugs. Prior to the announcement of the indictments, law enforcement officers executed search warrants in at least 25 locations in Washington, D.C., Maryland, Virginia, New York, and Georgia. The searches resulted in the seizure of 1 gallon of PCP, 17 firearms, and approximately \$100,000 in cash. Twenty of the defendants have been arrested; six remain fugitives. The indictments were the result of a long-term investigation conducted by a joint FBI/MPDC task force targeting gang activity in the District of Columbia.

Source: U.S. Attorney's Office for the District of Columbia; Washington/Baltimore High Intensity Drug Trafficking Area.

PCP Being Sold As MDMA

Tablets composed partially or entirely of PCP (as revealed by laboratory analysis) but sometimes sold as MDMA are being distributed in the United States. Law enforcement reporting indicates that over the past 3 years, tablets containing PCP have been seized in Florida, Georgia, Illinois, Maryland, New York, Ohio, Virginia, and Washington, D.C.

Outlook

PCP use will likely remain relatively stable at low levels despite increasing PCP-related ED mentions. According to MTF data, rates of use have fluctuated but remained relatively stable at low levels among twelfth graders and college students during the past 5 years. Moreover, the rates

of use among eighth graders, tenth graders, and college students historically have remained too low to measure. While DAWN ED mentions have continued to increase at a steady rate over the past 5 years, the increases were concentrated in a small number of metropolitan areas such as Philadelphia and Washington, D.C.

National Drug Threat Assessment 2005



Inhalants

Key Finding

- Analysis of long-term trends in inhalant use among adolescents reveals that rates of abuse declined overall from 1995 to 2002; however, abuse among eighth graders rose significantly from 2002 to 2003.

Introduction

The abuse of inhalants poses a relatively low threat to the country; however, inhalant abuse, particularly among adolescents, may be increasing and remains a concern of law enforcement and public health agencies. Inhalants are chemical vapors that produce mind-altering effects when users inhale them by sniffing or snorting. These chemical vapors are found in more than 1,000 household products that are available and intended for legitimate uses and typically belong to several broad categories: volatile solvents (paint thinner, gasoline, correction fluid, glue), aerosols (paint, deodorant, hairspray), gases (ether, chloroform, nitrous oxide), and nitrites

(cyclohexyl nitrite, amyl nitrite, and butyl nitrite). (See Table 25.)

Side effects associated with the abuse of inhalants include dizziness, strong hallucinations, delusions, belligerence, apathy, and impaired judgment. Long-term abusers experience additional problems including weight loss, muscle weakness, disorientation, inattentiveness, lack of coordination, irritability, and depression. Individuals who cease abusing inhalants often endure withdrawal symptoms such as sweating, rapid pulse, hand tremors, insomnia, nausea or vomiting, hallucinations, and grand mal seizures.

Table 25. Chemical Hazards of Commonly Abused Inhalants

Product	Chemical	Potential Consequences
Video head cleaner	Amyl nitrite, butyl nitrite	Sudden Sniffing Death (SSD), suppressed immunologic function, injury to red blood cells
Gasoline	Benzene	Bone marrow injury, impaired immunologic function, increased risk of leukemia, reproductive system toxicity
Hair spray	Butane, propane	SSD via cardiac effects, serious burn injuries
Paint thinner	Methylene chloride	Reduction of oxygen-carrying capacity of blood, changes to the heart muscle and heartbeat
Correction fluid	Toluene	Brain damage, liver or kidney damage
Spot remover	Trichloroethylene	SSD, cirrhosis of liver, reproductive complications, hearing and vision damage

Source: National Institute on Drug Abuse.

Three Teenagers Charged in Inhalant Death of Friend

On July 8, 2004, prosecutors in Bingham County, Idaho, charged three teenagers with felony involuntary manslaughter in the inhalant-related death of their 16-year-old friend. The teenagers also were charged with possession of inhalants by minors. On June 2, 2004, the 16-year-old high school sophomore and his 13-, 14-, and 15-year-old friends were at a local park inhaling (huffing) vapors from aerosol air fresheners when the 16-year-old began having difficulty breathing. The friends went for help to a nearby house where a call was made for assistance. Police and medical responders were dispatched to the park. An ambulance transported the teenage victim to a hospital in Blackfoot, where he was pronounced dead.

Source: Blackfoot (ID) Police Department.

Chronic inhalant abuse may cause serious and sometimes irreversible damage to the user's kidneys, lungs, and brain. Death can occur after a single

use of inhalants or after prolonged use. SSD may result within minutes of inhalant abuse from irregular heart rhythm leading to heart failure.

Demand

The estimated number of individuals reporting past year inhalant use is relatively high. According to NSDUH, an estimated 2.1 million people aged 12 or older used inhalants in 2003.

Predominant User Groups

Inhalant abuse is most prevalent among adolescents and progressively less so among older age groups. According to NSDUH 2003 data, past year inhalant use was reported by a higher percentage of those aged 12 to 17 (4.5%) than those aged 18 to 25 (2.1%) and 26 or older (0.2%). MTF 2003 data also show rates of past year use were much higher among eighth graders (8.7%), tenth graders (5.4%), and twelfth graders (3.9%) than among college students (1.8%) and young adults (1.4%).

Younger inhalant users are more likely to be female. NSDUH 2003 data reveal that past year rates of use for inhalants among persons aged 12 or older were higher among males (1.0%) than females (0.7%). However, among the most prominent user group—those aged 12 to 17—4.6 percent of persons reporting past year inhalant use were female, while 4.3 percent were male. MTF 2003 data also show higher use among young females: 9.6 percent of eighth grade females and 5.6 percent of tenth grade females report past year

inhalant use compared with 7.7 and 5.2 percent of eighth and tenth grade males. Among twelfth graders, however, rates were higher for males (5.2%) than females (2.9%) as they were for adults aged 19 to 30 (1.9% males compared with 0.8% females).

According to NSDUH 2003 data, inhalants are more commonly used by Whites and Hispanics (0.9 percent for both groups) than by Blacks (0.4%). MTF data also reveal that inhalant use is higher among Whites overall. In 2003 past year inhalant use was reported by 8.8, 6.6, and 4.9 percent of White eighth, tenth, and twelfth graders compared with 9.6, 4.8, and 2.7 percent of Hispanic and 4.9, 2.0, and 1.5 percent of Black students in eighth, tenth, and twelfth grades.

Past year inhalant use in urban areas appears to be nearly equal to that of rural areas among older age groups. NSDUH data indicate that in 2003, past year rates of inhalant use among persons aged 12 or older were 0.9 percent in Large Metro areas and 0.8 percent in Nonmetro areas. MTF 2003 data reveal that among twelfth graders, too, past year inhalant use was similar in Large MSAs and Non-MSAs (3.5% and 3.7%, respectively). However, eighth and tenth graders in Non-MSAs (10.1% and 7.1%, respectively)

reported past year use at rates higher than in Large MSAs (8.0% and 4.8%, respectively).

Trends in Use

Inhalant abuse among adults is much lower than among adolescents and continues to decline. MTF data show that past year rates of use for inhalants among college students rose to a high of 4.1 percent in 1997 before dropping to 1.8 percent in 2003 (see Figure 58). Among young adults, past year rates of inhalant use have been declining since 1999; rates of use for this age group were at their lowest recorded level in 2003. NSDUH data show past year rates of inhalant abuse were relatively stable from 2002 to 2003 for adults aged 18 to 25 (2.2% to 2.1%) and 26 or older (0.2% in both years).

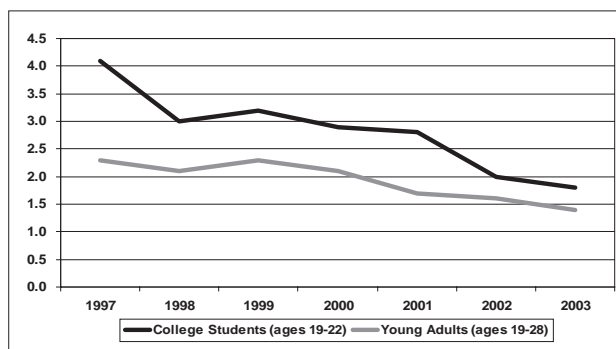


Figure 58. Adult trends in percentage of past year use of inhalants, 1997–2003.

Source: Monitoring the Future.

Analysis of long-term trends in inhalant use among adolescents indicates that abuse has declined overall. According to MTF, past year rates of inhalant abuse among adolescents decreased overall between 1995 and 2004. In 2003, however, as rates among tenth and twelfth grade students continued to decline, rates increased significantly among eighth graders and, from 2003 to 2004, rates of use trended upward for eighth, tenth, and twelfth graders (see Figure 59). According to NSDUH data, rates of past year inhalant abuse for adolescents aged 12 to 17 were 4.4 percent in 2002 and 4.5 percent in 2003.

The prevalence of abuse of specific inhalant types appears to vary among age groups. NSDUH 2003 data indicate that among persons aged 12 or

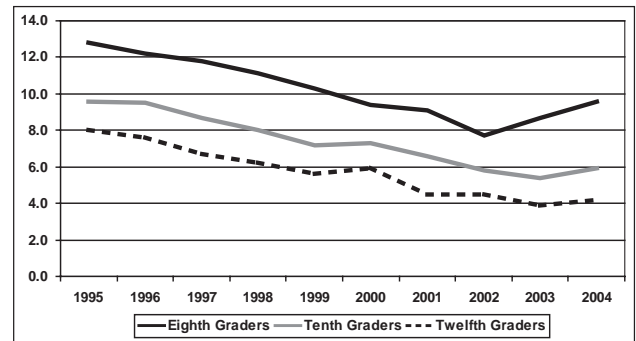


Figure 59. Adolescent trends in percentage of past year use of inhalants, 1995–2004.

Source: Monitoring the Future.

older, nitrous oxide—sometimes purchased in balloons or small, sealed vials called whippets—is the most commonly abused inhalant type. In fact, those aged 18 or older most often abused nitrous oxide in the past year. However, glue, shoe polish, and toluene were the most commonly abused inhalants among those aged 12 to 17.

Perceptions of Use

MTF data indicate that the perceived harmfulness of inhalant use has remained relatively stable among eighth and tenth graders (the only surveyed age groups) since the mid-1990s (see Figure 60). PATS data show that the percentage of teens believing that inhalant abuse can cause brain damage decreased overall since 1999—the earliest year recorded (see Figure 61 on page 126).

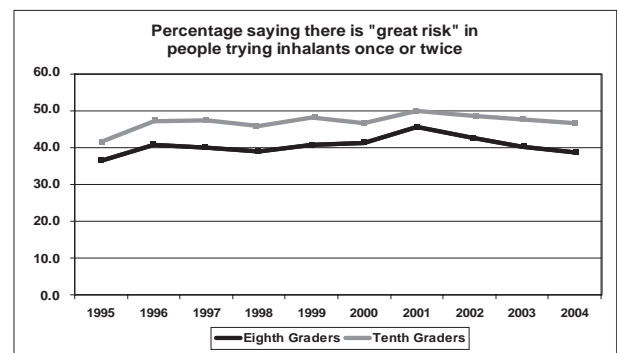


Figure 60. Trends in perceived harmfulness of inhalants, eighth and tenth graders, 1995–2004.

Source: Monitoring the Future.

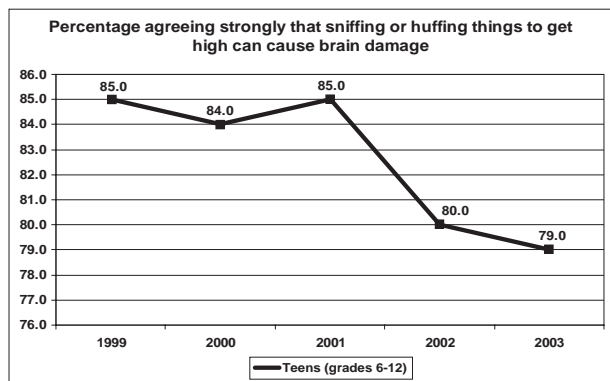


Figure 61. Trends in perceived harmfulness of inhalants, teens, 1999–2003.

Source: Partnership Attitude Tracking Study.

Trends in Consequences of Use

The consequences of inhalant use have increased overall since 1995. DAWN data show that ED mentions for inhalants steadily increased from 736 in 1995 to 1,735 in 1998—the highest total for any recorded year. Thereafter, ED mentions for inhalants decreased dramatically in 1999 but have since fluctuated greatly from year to year. Between 2001 and 2002, ED mentions for inhalants nearly tripled, increasing from 522 to 1,496 (see Figure 62).

According to data from the Toxic Exposure Surveillance System (TESS) of the American

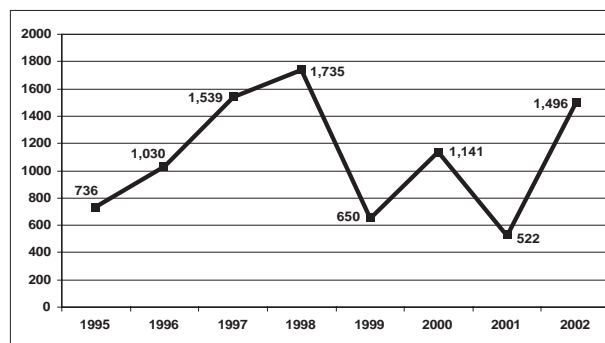


Figure 62. Inhalant-related emergency department mentions, estimated number, 1995–2002.

Source: Drug Abuse Warning Network.

Association of Poison Control Systems, most inhalant deaths between 1996 and 2001 were attributed to three types of inhalants: gasoline (and other hydrocarbons), air fresheners, and propane/butane (and other gases). These inhalants composed 53 percent of the inhalation cases reported to TESS during these years yet were responsible for 82 percent of all reported inhalant deaths. Gasoline accounted for the greatest percentage of reported inhalant deaths (45%), followed by air fresheners (26%), and propane/butane (11%).

Outlook

Inhalant abuse will remain concentrated among adolescents because of the widespread availability, easy accessibility, and low cost of commonly abused products. Adolescents aged 12 to 17 will likely continue to be the primary users of inhalants. Moreover, inhalant abuse among adolescents may increase, given increases in the prevalence of use among some age groups and

decreases in the proportions of adolescents who associate risk or harm with inhalant abuse. These factors combined with rising inhalant-related emergency department visits suggest that inhalant abuse will become an increasing problem among the younger population in the near future.

National Drug Threat Assessment 2005



Steroids

Key Finding

- Drug prevalence data show an overall increase in rates of past year use for steroids among eighth, tenth, and twelfth graders since the mid-1990s. However, rates of use appear to have peaked and may now be declining.

Steroids, the popular name for synthetic substances related to the male sex hormones, promote muscle growth and the development of male sexual characteristics. Steroids, which are listed as Schedule III drugs under the Controlled Substances Act, are legally available only with a prescription. They are prescribed to treat conditions such as delayed puberty, some types of impotence, and body wasting in patients suffering from AIDS (acquired immunodeficiency syndrome). Steroids are abused, often by athletes, to enhance athletic performance and to improve physical appearance.

Steroids are available in tablet, liquid, gel, and cream form. The appearance of these products varies depending upon the type and the manufacturer. Users typically ingest steroids orally, inject them intramuscularly, or rub them on their skin. Individuals who abuse steroids may take doses that are 10 to 100 times higher than those used for medical conditions.

Steroid abusers often take two or more different forms of the drug and mix oral steroids with injectable steroids, a process known as stacking. Abusers also frequently administer their doses in cycles of 6 to 12 weeks, a process called pyramiding. Steroid abusers believe that stacking and pyramiding enhance the benefits of the drug while lessening the toll that drug use takes on their bodies; however, there is no scientific evidence to support these theories.

Individuals of various ages abuse steroids; however, it is difficult to quantify the extent of steroid abuse in the United States because many data sources that measure drug use do not include steroids. However, according to MTF, steroid use appears to be relatively low among high school students and young adults. These data show that steroid abuse among high school

Anabolic Steroids Act of 2004 Signed Into Federal Law

On October 22, 2004, the Anabolic Steroids Act of 2004 was signed into federal law. This Act amends the Anabolic Steroid Control Act of 1990 by modifying the definition of anabolic steroids to include tetrahydrogestrinone (THG), androstenedione, and specified related chemicals, by directing the U.S. Sentencing Commission (USSC) to review federal sentencing guidelines with respect to anabolic steroid-related offenses, and by amending guidelines to provide for increased penalties. The Act also authorizes the Attorney General to exempt from regulation any compound, mixture, or preparation containing an anabolic steroid that does not present a significant abuse potential. In addition, the Secretary of Health and Human Services is directed to award grants for science-based education programs in elementary and secondary schools to highlight the harmful effects of anabolic steroids and to ensure that the NSDUH includes questions concerning the use of these drugs.

Source: Library of Congress.

students has risen overall since the early 1990s but now may be declining. MTF 2004 data indicate that rates of past year use among high school students are highest among twelfth graders (2.5%), followed by tenth graders (1.5%), and eighth graders (1.1%). Between 2002 and 2004, MTF data show no significant changes in past year rates of use among twelfth graders; however, rates significantly declined among eighth and tenth graders (see Figure 63). Despite these fluctuations, MTF 2003 data indicate that past year use among adults has remained relatively stable at very low levels since 1995.

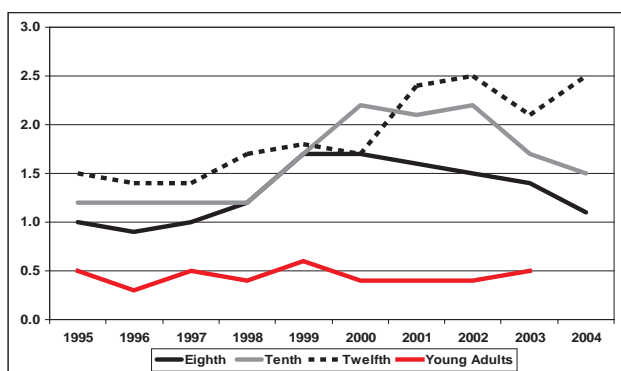


Figure 63. Adolescent trends in percentage of past year use of steroids, 1995–2004.

Source: Monitoring the Future.

Steroid abuse appears to be higher among males than females. According to MTF, rates of past year use for steroids is higher among males than females among all age groups surveyed—eighth, tenth, and twelfth graders and young adults aged 19 to 30. Rates of past year use appear to be highest among twelfth grade males (3.2%); the rate of past year use for twelfth grade females was just 1.1 percent in the same year. Rates of past year use for steroids among eighth and tenth grade males in 2003 were 1.8 and 2.3 percent, respectively, compared with eighth (1.1%) and tenth grade females (1.1%).

Drug prevalence data do not indicate a significant variation in the rates of past year steroid use among different ethnic groups. MTF data indicate that rates of past year use appear to be slightly higher among Whites in tenth (2.3%) and twelfth grades (2.4%) than Hispanics (1.8% and 1.8%)

and Blacks (0.8% and 1.1%). Among eighth graders, rates of past year steroid use indicate smaller variations between Hispanics (1.7%), Whites (1.6%), and Blacks (1.2%).

Data regarding the perceptions of harmfulness and disapproval of steroid use is limited. However, according to MTF data, the perceived harmfulness of steroid use has declined overall among twelfth-graders—the only grade for which such data is available—since the early 1990s (see Figure 64). The percentage of twelfth graders perceiving harm in using steroids peaked at 70.7 percent in 1992 and continued an overall decline to 55.7 percent in 2004. Similarly, MTF data regarding the disapproval of drug use by twelfth graders has also declined since the early 1990s. Twelfth graders disapproving of people using steroids peaked at 92.1 percent in 1992 and declined overall to 87.9 percent in 2004 (see Figure 65 on page 129).

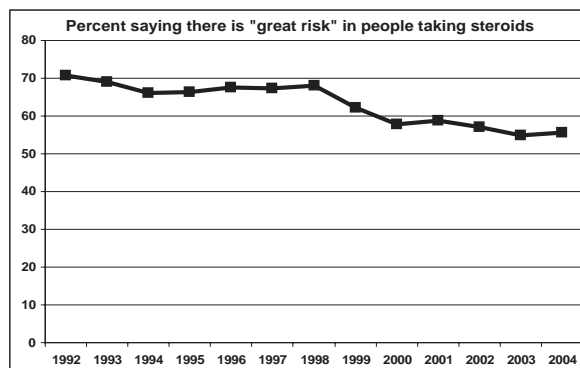


Figure 64. Trends in perceived harmfulness of steroids, twelfth graders, 1992–2004.

Source: Monitoring the Future.

Steroid abuse is associated with a range of physical and emotional problems. Physical consequences include liver tumors and cancer, jaundice, high blood pressure and increases in cholesterol levels, kidney tumors, fluid retention, and severe acne. Men may experience shrinking of the testicles, reduced sperm count, infertility, baldness, breast development, and increased risk of prostate cancer. Women may experience growth of facial hair, male-pattern baldness, changes or cessation in menstrual cycle, and deepening of the voice. Individuals who are still

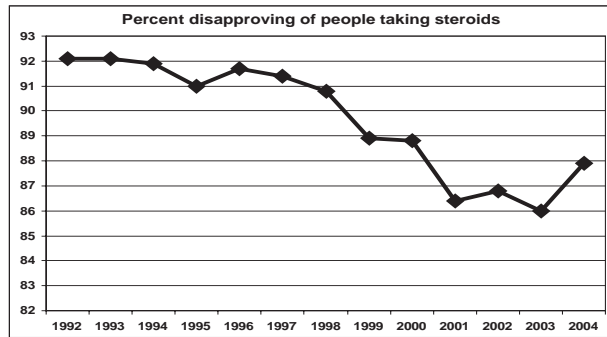


Figure 65. Trends in disapproval of steroid use, twelfth graders, 1992–2004.

Source: Monitoring the Future.

growing (adolescents) risk prematurely halting their growth because of early skeletal maturation and acceleration of puberty.

Emotional problems associated with steroid use include dramatic mood swings (including manic symptoms that can lead to violence called roid rage), depression, paranoid jealousy, extreme irritability, delusions, and impaired judgment.

In addition to the risks directly associated with steroid abuse, individuals who inject the drugs expose themselves to risks of needle-borne diseases including HIV, hepatitis B and C, and other blood-borne viruses.

Defendants Charged With Distribution of Illegal Steroids

On February 12, 2004, the U.S. Attorney's Office for the Northern District of California announced a 42-count indictment against individuals on charges of conspiracy, money laundering, and distribution of anabolic steroids to dozens of professional athletes. Specific charges against the four defendants include conspiracy to possess with intent to distribute anabolic steroids, possession with intent to distribute anabolic steroids, conspiracy to defraud the United States, introduction and delivery of misbranded drugs into interstate commerce with intent to defraud, and misbranding of drugs held for sale with intent to defraud. Three of the four defendants also were charged with possession of human growth hormone (HGH) with intent to distribute, conspiracy to launder monetary instruments, and money laundering. The indictment alleges that, between December 2001 and September 2003, the defendants conspired to defraud the United States through the distribution of a testosterone-based cream and a liquid drug identified as tetrahydrogestrinone or THG to athletes without adequate labeling, in violation of federal law. The defendants also allegedly dispensed HGH, erythropoietin, and modafinil to athletes without a required prescription and for a purpose other than treatment of a disease or recognized medical condition. The defendants allegedly laundered the proceeds by depositing them in a personal bank account segregated from normal business accounts and by using a third party to negotiate checks written as payment for the steroids, rather than depositing the checks as normal business proceeds. The IRS Criminal Investigation Division, FDA Office of Criminal Investigations, and San Mateo County Narcotics Task Force participated in this investigation, which was overseen by the U.S. Attorney General's Office and assisted by ICE.

Source: U.S. Attorney's Office for the Northern District of California.

Outlook

Steroid use may increase among twelfth graders in the near term. MTF data for 2000 through 2004 indicate overall decreases in the rates of past year use for steroids among eighth and tenth graders; however, among twelfth graders rates of

use have increased. Furthermore, MTF data indicate an overall decrease since the late 1990s in the percentage of twelfth graders who disapprove of steroid use, a possible indication of increased use in the near term.

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National Drug Threat Assessment 2005



Money Laundering

Key Findings

- The physical transportation of bulk cash and monetary instruments is a principal method used by drug traffickers to move illicit drug proceeds from domestic drug markets to other U.S. and foreign destinations. According to EPIC Pipeline, Convoy, and Jetway seizure data from 2001 through 2003, the primary origins of U.S. currency seized in these operations were California, Illinois, New York, and Texas, while Arizona, California, Florida, and Texas were the primary destinations.
- Drug traffickers in the United States frequently use money services businesses (MSBs), particularly money transmittal, currency exchange (*casas de cambio*), and check-cashing businesses, to launder drug proceeds. MSBs filed 214,966 Suspicious Activity Reports (SARs) with the Financial Crimes Enforcement Network (FinCEN) from October 1, 2002, to December 31, 2003. During that period states with the most MSB SAR filings were New York, California, Arizona, Texas, and Florida.
- In 2003 representatives of depository institutions—banks, thrifts, savings and loans, and credit unions—filed 288,243 SARs.²⁰ Of these, 155,468 indicated a Bank Secrecy Act (BSA)/Structuring/Money Laundering violation, the only specific money laundering violation. According to FinCEN, the states with the highest number of BSA/Structuring/Money Laundering violations during that period were California, New York, Texas, Florida, and New Jersey.

Introduction

Interagency estimates indicate that the cost to society from drug trafficking and abuse in the United States is between \$60 billion and \$108 billion. In 2000, the most recent year for which these data are available, ONDCP estimated annual retail-level cocaine purchases at \$36 billion, marijuana at \$11 billion, heroin at \$10 billion, methamphetamine at \$5.4 billion, and other substances at \$2.4 billion (see Figure 66). These figures do not include the estimated dollar figure for drugs purchased at wholesale or midlevel, meaning that the amount of drug-related currency generated in the United States may be significantly greater than the \$60 to \$108 billion estimated.

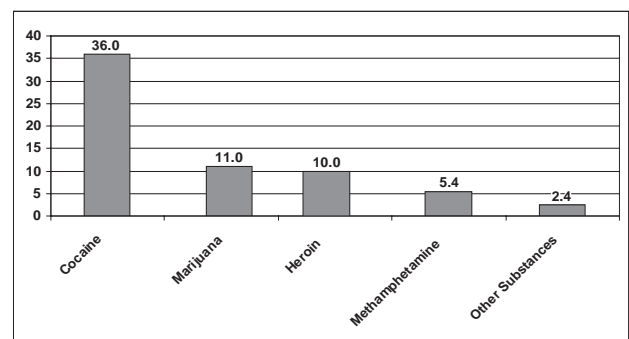


Figure 66. Estimated annual domestic retail-level drug purchases, in billions of dollars, 2000.

Source: Office of National Drug Control Policy.

20. Some of the SARs relate to those filed by affiliates of depository institutions or, in some cases, filed voluntarily by MSBs prior to January 2002, by brokers and dealers in securities who were not affiliated with banks, or by gaming businesses that, during the time period, were not required under the BSA to file SARs.

Primary Market Areas are principal areas in which illicit drug proceeds are generated.²¹ These are areas where significant levels of wholesale- and retail-level drug distribution occur (see map, Figure 1 on page xiii). According to ICE, as much as \$4 billion to \$8 billion are generated from illicit drug sales in the New York metropolitan area each year. Billions in illicit drug proceeds are generated in areas other than Primary Market Areas, particularly in areas along the Southwest Border where most drugs enter the United States and in metropolitan areas where drug abuser populations are large.

Colombian and Mexican DTOs are the most prominent wholesale-level drug distributors in the United States. Their drug distribution activities span numerous cities and states throughout the country, generating billions of dollars in illicit drug proceeds annually. Those proceeds usually are transferred back to Colombia and Mexico via the smuggling of bulk cash and monetary instruments (checks and money orders) as well as MSBs. Colombian and Mexican traffickers, among others, use traditional financial institutions, trade-based businesses, and

informal value transfer systems (IVTS) including the Black Market Peso Exchange (BMPE) to launder illicit drug proceeds.

Members of Dominican criminal groups, national-level street gangs such as Gangster Disciples and Latin Kings, OMGs, and Caucasian local independent dealers are the prominent retail-level drug distributors in the United States. Profits generated from retail drug distribution typically are laundered in the area where the drugs are sold, usually by commingling drug proceeds with legitimate proceeds through cash-intensive businesses and by purchasing high-value items such as luxury cars and jewelry.

The USA PATRIOT Act has the potential to impact money laundering in the United States. Specifically, Title III of the Act was implemented to increase law enforcement's ability to prevent, detect, and prosecute international money laundering including the use of bulk cash and monetary instrument smuggling, MSBs, traditional financial accounts, and IVTS. The sections of the

Suspect Sentenced for Laundering Colombian Drug Proceeds

On January 5, 2004, the U.S. Attorney's Office for the District of Utah announced the sentencing of a naturalized U.S. citizen from Bogotá, Colombia, to an 87-month term in federal prison for his role in a Utah-based money laundering operation. The defendant pled guilty in June 2002 to money laundering conspiracy, money laundering, and structuring financial transactions to evade reporting requirements. Prosecutors report that between January 1998 and January 2002, the defendant, his wife, and two associates laundered over \$5 million in Colombian drug proceeds that were derived primarily from wholesale-level cocaine and heroin transactions in the United States. The defendant and his wife were arrested on January 13, 2002, after FBI agents obtained evidence that they were part of a conspiracy in which Colombian drug traffickers were directing them and coconspirators to travel to U.S. cities such as New York to pick up illicit drug proceeds from anonymous couriers. Once the funds were transported back to Utah, the suspect and his wife and the coconspirators used various methods to launder the cash, including purchasing cashier's checks and money orders, depositing amounts of cash under \$10,000 into financial institutions, effecting wire transfers, falsifying invoices, and using the BMPE. (See Informal Value Transfer Systems on page 142 for information on BMPE.) On occasion, the defendant, his wife, and the coconspirators also smuggled bulk U.S. currency to Colombia on commercial flights.

Source: U.S. Attorney's Office for the District of Utah.

21. Four areas—Chicago, Los Angeles, Miami, and New York—are Primary Market Areas for multiple drugs of abuse. Los Angeles is the only area for all five major drugs of abuse, and New York is a Primary Market Area for four of the five.

BSA that were amended and improved under Title III empowered law enforcement to better counter international money laundering activities that negatively impact the United States.

Bulk Cash and Monetary Instrument Smuggling

The physical transportation of bulk cash and monetary instruments is a principal method used by drug traffickers to move illicit drug proceeds from domestic drug markets to other U.S. and foreign destinations. Most such movement involves overland conveyances (commercial and private vehicles); however, couriers aboard commercial aircraft, buses, or trains as well as express mail services also are used. EPIC seizure data indicate that law enforcement officials who participated in Operations Convoy and Pipeline seized \$221 million in U.S. currency from overland conveyances (commercial and private vehicles) from 2001 through 2003, while those who participated in Operation Jetway seized \$56 million in U.S. currency at airports, train and bus terminals, package shipment facilities, U.S. post offices, and airport hotels and motels (see Table 26).²² The amount of U.S. currency seized via Operation Jetway decreased from 2001 through 2003, but U.S. currency seizures via Operations Convoy and Pipeline have remained high, possibly indicating an increased reliance by traffickers on overland bulk currency transportation using commercial and

private vehicles. Available data make it impossible to determine what proportion of the seized funds were generated through drug trafficking; however, law enforcement reports that much, if not most, of the seized cash represents drug proceeds.

Table 26. Seizures, Cash and Monetary Instruments, in Millions of Dollars, 2001–2003

	Pipeline/Convoy Seizures	Jetway Seizures
2001	61.9	27.1
2002	85.3	16.6
2003	74.0	11.9
Total	221.2	55.6

Source: El Paso Intelligence Center.

Colombian and Mexican DTOs, among others, typically collect and store illicit drug proceeds at stash houses located in and near domestic drug markets before transporting the money in bulk to intended destinations. With some exceptions, the traffickers generally transport illicit drugs north from the Southwest Border and the southeastern United States (particularly south Florida) to drug markets throughout the United States and illicit drug proceeds in the reverse direction. According to EPIC Pipeline, Convoy, and Jetway seizure data from 2001 through 2003, California, Illinois,

Bulk Cash Smuggling Into or Out of the United States

Prior to the USA PATRIOT Act, an individual smuggling bulk quantities of cash was charged solely with a CMIR (Report of International Transportation of Currency or Monetary Instruments) violation (failing to file appropriate documentation). The smuggling of more than \$10,000 was not a criminal act. However, the enactment of Title III, Subtitle C, Section 371 of that Act made it a criminal offense to conceal and smuggle or attempt to smuggle more than \$10,000 in currency or monetary instruments out of or into the United States. If convicted of bulk cash smuggling under the USA PATRIOT Act, defendants face a maximum sentence of up to 5 years' imprisonment and the forfeiture of seized cash and any property, real or personal, involved in the offense.

Source: USA PATRIOT Act.

22. Operation Convoy records highway interdictions made from commercial vehicles; Operation Pipeline records the same made from private vehicles; and Operation Jetway records interdictions from airports, train and bus terminals, package shipment facilities, U.S. post offices, and airport hotels and motels as reported by federal, state, and local law enforcement agencies.

New York, and Texas were the primary origins of U.S. currency seized in these operations (see Table 27). Arizona, California, Florida, and Texas were the primary destinations (see Table 28 on page 135). From these destination points, the currency usually is smuggled to drug source countries such as Mexico and Colombia. Most of the

currency seized was destined for Mexico, Colombia, and other known drug source countries such as Jamaica and those in Southeast and Southwest Asia. Illicit drug proceeds also are transported from drug markets through and between POEs along the Northern Border into Canada.

Table 27. Top Ten Origins Recorded for Cash and Monetary Instrument Seizures, 2001–2003

2001		2002		2003	
Texas	140	Texas	130	Texas	128
California	122	California	126	California	115
New York	122	New York	81	New York	78
Illinois	113	Illinois	71	Illinois	77
Georgia	76	Georgia	56	Georgia	59
Ohio	60	Ohio	48	Florida	45
Michigan	57	Florida	44	Ohio	45
Florida	48	Michigan	43	Tennessee	39
Missouri	48	Tennessee	32	Michigan	37
North Carolina	47	Missouri	31	Arizona	36
No State ID	527	No State ID	338	No State ID	331

Source: El Paso Intelligence Center.

Table 28. Top Ten Destinations Recorded for Cash and Monetary Instrument Seizures, 2001–2003

2001		2002		2003	
California	328	Texas	244	Texas	235
Texas	304	California	238	California	231
Florida	115	Arizona	89	Arizona	99
Arizona	111	Florida	63	Florida	58
Illinois	57	Unknown	41	Georgia	38
Nevada	31	Georgia	25	New York	33
Tennessee	31	New York	25	Illinois	28
Georgia	28	Illinois	24	Tennessee	22
Maryland	28	Tennessee	21	Nevada	21
New York	25	Nevada	18	Colorado	19
No State ID	502	No State ID	333	No State ID	339

Source: El Paso Intelligence Center.

Significant U.S. Currency Seizures in 2004

On January 12, 2004, a deputy with the Bradley County (TN) Sheriff's Office seized over \$1.2 million from a rented sport-utility vehicle traveling south on I-75 near Cleveland. According to officials, the deputy initially stopped the vehicle for driving erratically and tailgating. The driver told the deputy that he was traveling from New York to Mexico via Houston. The deputy requested and received consent to search the vehicle. During his search, the deputy noticed foam padding from the rear seats on the floor. Upon further inspection, the deputy found \$1.1 million packed inside two suitcases that were concealed in hollowed-out compartments in the vehicle's two backseats. The deputy found additional currency in the rear doors. The driver and a passenger disavowed ownership of the currency but admitted that the money was proceeds from a recent delivery of over 100 pounds of cocaine that they had made to New York City. The driver and passenger were arrested, the vehicle was impounded, and the currency was seized.

Source: Bradley County (TN) Sheriff's Office.

On March 30, 2004, the Nebraska State Patrol seized \$2,167,688 from a rental van at a truck stop on I-80 west of Omaha and arrested two males. Most of the currency was vacuum-sealed in 40 packages containing \$5,000 to \$82,000 each and concealed in two suitcases and a backpack, which were placed in the rear cargo area of the van. The backpack also contained currency—in \$20, \$50, and \$100 denominations—that was not vacuum-sealed. One of the occupants denied knowledge of the money; however, the other individual indicated that he had obtained the currency from a man in Chicago and was transporting it to San Diego. A check of their criminal histories revealed that one of the occupants had prior drug-related arrests and the other was associated with previous currency seizures at the San Diego International Airport.

Source: Nebraska State Patrol.

Money Services Businesses

Drug traffickers in the United States frequently use MSBs—particularly money transmittal, currency exchange (casas de cambio), and check-cashing businesses—to launder drug proceeds. MSBs filed 214,966 SARs with FinCEN from October 1, 2002, to December 31, 2003. Of

those SARs, 132,439 (62%) were filed by money transmittal businesses. During the same period states with the most MSB SAR filings were New York (47,452), California (38,008), Arizona (24,946), Texas (18,431), and Florida (15,667) (see Table 29).

Table 29. Top Fifteen Locations of Most Suspicious Activity Reports Filed by Money Services Businesses, October 1, 2002 Through December 31, 2003

Location	Number of Reports
New York	47,452
California	38,008
Arizona	24,946
Texas	18,431
Florida	15,667
Colorado	10,455
New Jersey	10,333
Massachusetts	6,513
Georgia	6,364
Illinois	5,731
Pennsylvania	5,467
Puerto Rico	5,166
North Carolina	4,358
Ohio	4,022
Missouri	3,872
Top 15 Total	206,785
All Filings	214,966

Source: Financial Crimes Enforcement Network.

Money Services Business Registration, Reporting, and Customer Identification Requirements

The term money services business (MSB) refers to five distinct types of financial services providers: currency dealers or exchangers; check cashers; issuers of traveler's checks, money orders, or stored value (prepaid debit cards); sellers or redeemers of traveler's checks, money orders, or stored value; and money transmitters. The five types of financial services are complementary and are often provided together at a common location. MSBs have grown to provide a set of financial products that customers traditionally relied on banks to provide. For example, an MSB customer who receives a paycheck can take the check to a check casher to have it converted to cash. The customer can then purchase money orders to pay bills. Finally, the customer may choose to send funds to relatives abroad, using the services of a money transmitter. All these services are available without the customer needing to establish an account relationship with a bank or credit union. These businesses perform valuable services for a wide array of individuals.

MSBs have been subject to currency transaction reporting rules since the inception of the BSA in 1970;²³ subsequently, additional regulatory obligations have been added. In 1988 Congress enacted Section 5324 of the BSA, requiring sellers of monetary instruments for \$3,000 or more in currency to verify the identity of the purchasers. The Money Laundering Suppression Act of 1994 mandated a system of registration for MSBs. This was considered a necessary first step toward identifying a universe of financial service providers that was largely unregulated at the federal level, extremely diverse both culturally and in size, and generally unknown to federal regulators beyond the handful of large, well-known corporate entities. FinCEN proposed implementing registration regulations in 1997 with a proposal to require the filing of SARs, and FinCEN finalized the rules in 1999 with a phased-in implementation period so that all initial registrations for existing MSBs were required to be filed by December 31, 2001. MSBs also were required to begin filing SARs in January 2002. In April 2002, in response to the mandate of section 352 of the USA PATRIOT Act that financial institutions institute anti-money laundering programs, FinCEN issued a final rule requiring MSBs to establish anti-money laundering programs reasonably designed to prevent such businesses from being used to facilitate money laundering and finance terrorism.

FinCEN's regulations require most, but not all, MSBs to register with the Department of the Treasury every 2 years. Certain money services businesses are exempt from that registration requirement, including U.S. Postal Service outlets; businesses that are considered MSBs solely as issuers, sellers, or redeemers of stored value; and branch offices and agents of an MSB.²⁴

With the exception of check cashers and issuers and sellers or redeemers of stored value, all MSBs are required to report suspicious transactions. All MSBs are required to establish written, risk-based, anti-money laundering programs; to file currency transaction reports for cash transactions of more than \$10,000; and to collect and maintain customer information for purchases of bank checks or drafts, cashier's checks, money orders, or traveler's checks of \$3,000 to \$10,000 inclusive, as well as for transmittals of funds in the amount of \$3,000 or more. The civil penalty for noncompliance with the program, recordkeeping, or reporting requirements of the BSA is a fine up to \$5,000 for each violation; the criminal penalty is up to 5 years' imprisonment.

Source: Financial Crimes Enforcement Network.

23. The Bank Secrecy Act of 1970 was designed to do the following: deter money laundering and the use of secret foreign bank accounts; create an investigative paper trail for large currency transactions by establishing regulatory reporting standards and requirements; impose civil and criminal penalties for noncompliance with its reporting requirements; and impose detection and investigation of criminal, tax, and regulatory violations.

24. Businesses that are considered MSBs solely because they serve as agents of another MSB are not required to register under current regulations; instead, the principal MSB must register and maintain a current list of its agents, which it must provide to FinCEN or the IRS upon request.

Unlicensed Money Transmittal Business Prosecuted in New York

On February 23, 2004, the Manhattan District Attorney announced that an unlicensed Manhattan money transmittal business was convicted of conducting illegal offshore transactions worth billions of U.S. dollars—including transactions involving drug proceeds—at various locations including the Caribbean, Middle East, and South America. The corporation, which operated from April 1994 to February 2003, was convicted on four counts of operating as an unlicensed money transmitter in violation of New York banking laws. Evidence presented at trial revealed that the corporation transmitted funds from numerous sources including individuals, shell corporations, and South American exchange houses known as casas de cambio. The Manhattan District Attorney's Office showed that from 1997 through February 4, 2003, the business made more than \$6 billion worth of illegal wire transfers to or from approximately 40 of the corporation's accounts. The District Attorney has initiated asset forfeiture proceedings against more than \$13 million that was frozen in the corporation's bank accounts. Law enforcement officials learned of the corporation's illegal activity during a separate investigation.

Source: Manhattan District Attorney's Office.

Drug traffickers frequently use money transmittal businesses to launder drug proceeds, as those businesses provide quick and easy fund transfers from one point to another. Law enforcement reporting and other available data indicate that Mexican DTOs and criminal groups often wire transfer drug proceeds from primary and other market areas to southwestern states and foreign destinations. Drug proceeds wire transferred to southwestern states frequently are physically transported into Mexico.

Drug traffickers also use currency exchange businesses (referred to as casas de cambio in the Southwest) to launder drug proceeds. When laundering proceeds through currency exchange businesses, most traffickers use those businesses that also offer wire transfer services so that they may convert U.S. drug dollars into the desired foreign currency, then wire transfer the funds into a foreign bank account. Because currency exchange businesses are subject to MSB reporting requirements, traffickers attempt to structure transactions below reporting thresholds.

Traffickers sometimes purchase check-cashing businesses and co-opt corrupt owners or employees of such businesses to launder drug proceeds.

Proceeds are laundered through such businesses, typically by using funds generated through drug sales to cash checks presented by customers. The checks are then deposited into the business's bank accounts. Such transactions generally do not prompt Currency Transaction Report (CTR)²⁵ filings as no cash is exchanged. In addition, when considering the normal business function of check-cashing businesses, the transactions appear legitimate. From a check-cashing business, traffickers also can send third party checks to destinations in and out of the United States, where the checks are cashed.

Traditional Financial Institutions

Traffickers launder drug profits through traditional depository institutions—banks, thrifts, savings associations, and credit unions—typically through structured transactions, particularly deposits; however, traffickers also structure other transactions. Depository institutions also are used to purchase bank drafts and cashier's checks that can be transferred to any location inside or outside the United States. Most structured deposits involve less than \$5,000 in currency to avoid the possibility of a SAR being filed. Traffickers also use traditional financial institutions to wire transfer funds from

25. CTRs are required for all bank cash transactions greater than \$10,000.

account to account to make it more difficult for law enforcement personnel to track the funds; however, because of increased regulations regarding such wire transfers, traffickers are using intrabank transfers, which are not as strictly regulated.

From 2001 through 2003 depository institutions filed 765,704 SARs, 288,243 of which were filed in 2003 alone.²⁶ Of the number filed in 2003,

155,468 indicated a BSA/Structuring/Money Laundering violation—the only specific money laundering violation.²⁷ According to FinCEN, California, New York, Texas, Florida, and New Jersey were the states with the highest number of BSA/Structuring/Money Laundering violations during that period (see Table 30 on page 140).

Verification of Identification

The USA PATRIOT Act, Title III, Section 326, increased scrutiny of financial accounts by requiring certain financial institutions to implement and customers to comply with the following three provisions:

- Verify the identity of any person seeking to open an account to the extent reasonable and practicable;
- Maintain records of the information used to verify a person's identity, including name, address, and other identifying information; and
- Consult lists of known or suspected terrorists or terrorist organizations provided to the financial institution by any government agency to determine whether a person seeking to open an account appears on any such list.

Source: USA PATRIOT Act.

26. Some of the SARs relate to those filed by affiliates of depository institutions or, in some cases, filed voluntarily by MSBs prior to January 2002, by brokers and dealers in securities who were not affiliated with banks, or by gaming businesses that, during the time period, were not required under the BSA to file SARs.

27. BSA/Structuring/Money Laundering is one of 20 violation types that characterize the suspicious activity filed by depository institutions. It accounted for 48 percent of all violation types identified in depository institution SARs from April 1, 1996, to December 31, 2003.

Table 30. Suspicious Activity Reports Filed by Depository Institutions, 2001 Through 2003

	2001	2002	2003	Totals
California	39,067	47,657	48,508	135,232
New York	15,910	21,939	21,593	59,442
Texas	8,497	10,783	11,385	30,665
Florida	7,487	10,508	8,606	26,601
New Jersey	2,641	4,741	6,525	13,907
Illinois	2,058	4,687	6,915	13,660
Pennsylvania	1,995	3,361	4,093	9,449
Arizona	2,317	5,184	2,311	9,812
Massachusetts	1,422	3,027	2,993	7,442
Minnesota	1,421	2,757	2,157	6,335
Colorado	1,817	5,135	2,000	8,952
Michigan	1,950	2,732	3,599	8,281
Ohio	1,393	2,505	3,362	7,260
Washington	1,602	1,287	1,632	4,521
Nevada	1,564	1,835	1,826	5,225
Totals	91,141	128,138	127,505	346,784
All Filings	203,538	273,823	288,343	765,704

Source: Financial Crimes Enforcement Network.

Bank Accounts Used to Launder Illicit Drug Profits

On January 13, 2004, the U.S. Attorney's Office for the District of New Jersey announced the indictment and arrest of five members of a drug trafficking/money laundering organization who conspired with two Ecuadorian nationals to launder illicit drug profits by structuring currency transactions at banks in New Jersey and New York. From January 1998 through November 2000, five defendants allegedly conspired with the two Ecuadorians to deposit over \$11 million into 54 bank accounts at several banks for various corporate entities, including the accounts of a supermarket franchise. Most of the cash deposits were less than the \$10,000 CTR reporting requirement. The bank deposits and money transfers were eventually transmitted to Ecuador and Colombia.

Source: U.S. Attorney's Office for the District of New Jersey.

Front and Shell Companies

Drug traffickers often use front companies to launder illicit drug proceeds. Front companies appear as legitimate business enterprises. Most are trade-based, cash-intensive businesses such as auto repair stores, beauty salons, nail boutiques, bodegas (small grocery stores), liquor stores, bars, restaurants, and construction companies as well as charities through which drug proceeds may be commingled and deposited with legitimate proceeds generated at the businesses. Various criminal groups and independent dealers use front companies to launder drug proceeds. The practice is very common among Dominican and Mexican criminal groups, national-level street gangs such as Gangster Disciples and Latin Kings, and OMGs.

Record Business Used as Front Company

On February 17, 2004, the U.S. Attorney's Office for the Northern Division of the District of Maryland announced the conviction of four individuals on charges of conspiracy to distribute crack cocaine and money laundering. From September 2002 to July 2003, the defendants operated a crack distribution network throughout the Baltimore metropolitan area and used the profits to finance and maintain a record production and sales company through which they laundered drug proceeds. Specifically, the group commingled crack cocaine proceeds with proceeds generated at the business when making bank deposits.

Source: U.S. Attorney's Office for the Northern Division of the District of Maryland.

Drug traffickers also use shell companies to launder illicit drug proceeds. Shell companies are fictitious businesses that serve no legitimate business purpose despite being registered as service providers or manufacturers. Shell companies may or may not maintain actual business locations. Most are located in countries with lax money laundering laws or high levels of corruption and conduct business through offshore banks. Traffickers use the guise of shell companies to deposit cash and to wire transfer funds between accounts.

Funds Electronically Transferred Through Shell Companies

According to the New York/New Jersey HIDTA, the initial recipients of large wire transfers of illicit drug profits from the New York metropolitan area are shell companies. Identifying shell corporations via wire transfer records is extremely difficult considering that U.S. banking regulators estimate that over \$1 trillion is electronically transferred through the New York metropolitan area daily.

Source: New York/New Jersey High Intensity Drug Trafficking Area.

Informal Value Transfer Systems

Drug traffickers use various IVTS, including the BMPE, *hawala*, *hundi*, and *hui khan* to launder and transfer illicit drug proceeds. These systems are similar in that each provides a means to transfer value from one location to another without the details of each transaction being recorded at a traditional financial institution, such as a bank or a registered money transmittal service. The BMPE is used primarily by South American, particularly Colombian, traffickers, while the *hawala*, *hundi*, and *hui khan* are used primarily by Southwest and Southeast Asian traffickers. The following paragraphs describe these systems in more detail. (Also see FinCEN Advisory 33, "Informal Value Transfer Systems," March 2003.)

According to DEA, South American drug traffickers launder between \$3 billion and \$6 billion a year through the BMPE. There are many varied elements within the system; however, currency brokers are critical to its operation. Black market currency brokers serve as intermediaries between traffickers who need their home countries' currencies to pay expenses and finance drug operations and foreign consumers (primarily South American merchants) who desire U.S. currency to conduct international business transactions. Brokers typically accept bulk cash from traffickers and charge a percentage fee on each end of the transaction—that is, the seller (trafficker) and the purchaser (merchant) of the funds. Brokers also attempt to profit from differences in exchange rates. South American merchants, particularly those in Colombia, often resort to the BMPE to obtain dollars since it is generally more efficient and less costly than purchasing currency through the official banking system. Many merchants who use the BMPE attempt to smuggle or falsely invoice goods purchased into their home countries to avoid taxes and tariffs or because they have no documentation that the funds used to purchase the commodities came from a foreign country. (For more information, please see FinCEN Advisory 9, "Colombian Black Market Peso Exchange," November 1997, and Advisory 12, "Black Market Peso Exchange Update," June 1999.)

Black Market Peso Exchange System Used to Launder Drug Proceeds

On May 4, 2004, the U.S. Attorney's Office for the Southern District of New York announced the indictment of 34 members of a money laundering organization that operated in the United States, Canada, and Colombia using the BMPE system. The indictment charged five individuals as "first-tier peso brokers" who made contracts directly with DTOs, two as "second-tier peso brokers" who arranged the pickup of drug proceeds and placed the funds into financial accounts, and nine as "third-tier peso brokers" who made contracts directly with Colombian merchants interested in purchasing U.S. dollars at discounted prices. The indictments resulted from a 2-year OCDETF investigation dubbed Operation White Dollar. The investigation also resulted in the forfeiture of \$20 million in laundered funds and the subsequent seizure of more than \$1 million from 20 separate bank accounts.

Source: U.S. Attorney's Office for the Southern District of New York.

Some drug traffickers in the United States, particularly those of Southwest or Southeast Asian descent, use *hawala*, *hundi*, or *hui khan* to launder and transfer drug proceeds. These IVTS have existed for thousands of years. The systems are similar to money remittance firms in that individuals can transfer funds throughout the world. However, unlike most wire remitters, these systems provide service to areas where modern financial

services often are unavailable, inaccessible, or unaffordable. *Hawala*, *hundi*, and *hui khan* businesses can be established at any location. In the United States, most such businesses are located in communities with large Southeast and Southwest Asian populations and operate legally, provided they are appropriately licensed with the state in which they do business, appropriately registered

with FinCEN, and otherwise comply with applicable state and federal laws such as the BSA.

To transfer funds via these systems, the sender contacts a business or individual that offers hawala, hundi, or hui khan services (hereafter referred to as broker) and provides the broker with the amount of money to be transferred as well as information regarding the name, geographic location, and contact number of the recipient. The sending broker then gives the customer a code, such as the serial number of a bank note, which is to be passed on to the recipient for identification purposes. The sending broker keeps the funds and contacts a broker (usually a relative) in the area near the recipient by telephone, fax, or e-mail to complete the transaction. The receiving broker pays the recipient from his own funds. Each bro-

ker charges a fee on the transaction and profits from differences in exchange rates. Brokers settle debts via cash, checks, wire transfers, or deposits to joint bank accounts as well as by the trading of precious metals and gems or by providing in-kind services.

Other Money Laundering Techniques

Drug traffickers use various other techniques to launder illicit proceeds that involve money orders, debit cards, automated teller machines, the precious gems and metals trade, and casinos, as well as schemes involving real estate, attorneys, and the insurance industry. Traffickers' use of these and other businesses is limited only by their imaginations.

Heroin Traffickers Use Hawalas to Transfer Illicit Drug Proceeds

In August 2003 the U.S. Attorney's Office for the District of Maryland announced the indictment of 11 individuals in connection with an international heroin trafficking and money laundering operation with ties to Canada, Pakistan, the United Kingdom, and the United States. Suppliers in Pakistan transported heroin via commercial aircraft from Pakistan through the United Kingdom for further transport to the United States and Canada. Funds generated through the sale of the heroin in the United States were provided to illegal *hawaladars* (individuals operating hawalas) operating in Maryland, Virginia, and California and transferred to recipients in Pakistan.

Source: U.S. Attorney's Office for the District of Maryland.

Informal Value Transfer System Registration Requirements

Prior to the passage of the USA PATRIOT Act of 2001, hawala, hundi, and hui khan businesses were not explicitly defined as money transmitters under the BSA. However, Section 359 of the USA PATRIOT Act amended the BSA definition of a money transmitting business to include "any person who engages as a business in an informal money transfer system or any network of people who engage as a business in facilitating the transfer of money domestically or internationally outside of the conventional financial institution system." Assuming these entities are not acting as agents of another MSB, such businesses must register with FinCEN as money services businesses; even if these businesses are not required to register, they are required to comply with the anti-money laundering program, recordkeeping, and reporting requirements of the BSA applicable to MSBs. Businesses that are required to be licensed by a state or that are required to register as MSBs with FinCEN but fail to do either may be in violation of the BSA and may be criminally liable pursuant to 18 USC 1960. Violators may face both criminal and civil penalties.

Source: USA PATRIOT Act.

Insurance Products Used to Launder Drug Proceeds

On December 6, 2002, a 2-year federal investigation dubbed Operation Capstone revealed that Colombian drug traffickers were purchasing and quickly liquidating investment-grade insurance policies to generate income that appeared to be the proceeds of legitimate insurance products. Investigators estimate that \$80 million in drug proceeds was laundered via this technique. Since December 2003 Operation Capstone resulted in numerous enforcement actions including the seizure of approximately \$9.5 million by ICE officials in Miami, Florida; the indictment of five Colombian nationals in Miami for laundering approximately \$2 million in drug proceeds through insurance companies; the seizure of approximately \$20 million in insurance policies, bonds, and cash; and the arrest of nine individuals in Colombia by Colombian officials.

Source: U.S. Department of State.

Outlook

Traffickers will continue to rely on the physical transportation of bulk cash (primarily overland in commercial and private vehicles), wire transmittal businesses, and IVTS such as the BMPE system to facilitate laundering their illicit funds, as these techniques have proven effective for some time. Colombian and Mexican traffickers will remain the primary launderers of proceeds generated through wholesale-level drug transactions, while members of Dominican criminal groups, national-level street gangs such as Gangster Disciples and Latin Kings, OMGs, and Caucasian local independent dealers will remain the primary launderers of proceeds generated through retail-level transactions. Arizona, California, Florida, Illinois,

New York, and Texas will remain the most problematic money laundering areas in the United States, as those states contain primary drug market areas in which significant amounts of drug proceeds are generated. Much progress has been made in strengthening anti-money laundering regulations and penalties, particularly since the enactment of the USA PATRIOT Act. To significantly disrupt traffickers' ability to launder and use illicit drug proceeds will require extensive cooperation among regulatory and law enforcement agencies and the collection and analysis of money laundering intelligence at every level of the drug trade. Training and standardized reporting are critical to this effort.

Appendix A

National Drug Threat Survey 2004 Methodology

The National Drug Intelligence Center (NDIC) *National Drug Threat Survey 2004* (NDTS 2004) was administered to a probability-based sample of state and local law enforcement agencies. The sample was designed to provide representative data at national, regional, and state levels for use in the National Drug Threat Assessment 2005. Data from this representative sample also are used in NDIC's state and regional threat assessments.

Survey Instrument

The NDTs 2004 questionnaire (OMB Number 1105-0071) was designed by NDIC. A thorough review of data and response patterns from previous versions of the NDTs was conducted to improve the accuracy of information obtained from respondents. Responding law enforcement agencies were asked to identify the drug that poses the greatest threat, that most contributes to violent crime, and that most contributes to property crime in their areas. Agencies also were asked to rate the overall level of availability (on a scale of high, moderate, or low) of powder cocaine, crack cocaine, heroin, methamphetamine, marijuana, MDMA (ecstasy), and other dangerous drugs in their areas. The survey included an item designed to solicit information on the level of involvement of street gangs and outlaw motorcycle gangs in the distribution of drugs in general and of specific drugs. Other items in the questionnaire asked respondents to indicate the types of heroin available, predominant type of heroin, presence of crack cocaine conversion sites, presence of MDMA production laboratories, level of methamphetamine production, and nature of cannabis cultivation in their areas. Respondents also were asked to indicate which chemicals are diverted in or from their areas for the production of illicit drugs and which pharmaceuticals are commonly diverted or illicitly used in their areas.

Sample Design

The NDTs 2004 sample used the NDTs 2003 sample with adjustments for the attrition and addition of agencies to the sampling frame as discussed below.

In 2003, the *2000 Census of State and Local Law Enforcement Agencies* conducted by the U.S. Bureau of Justice Statistics was the basis for determining a sample frame for use in selecting law enforcement agencies to be surveyed for the NDTs 2003. After careful review of the more than 17,000 law enforcement agencies in the *2000 Census of State and Local Law Enforcement Agencies*, a final sample frame of 7,930 state and local law enforcement agencies with drug law enforcement responsibilities was created.

Municipal police departments from every state, including regional and county police departments with 10 or more sworn full time equivalent (FTE) employees, were retained for the sampling frame. County sheriff's offices with 10 or more sworn FTE employees were also retained for the sampling frame except those in six states where county sheriff's offices do not have drug law enforcement responsibilities. In the rest of the country, sheriff's offices were excluded if they did not indicate on the *2000 Census of State and Local Law Enforcement Agencies* that they enforce drug laws. Campus police departments, constables, and special police agencies were excluded since most of these agencies, too, have limited or no drug investigation responsibilities. Tribal police departments, whose jurisdictions fall under federal authority, also were eliminated. State drug investigative agencies not in the *2000 Census of State and Local Law Enforcement Agencies* were added to the sampling universe.

The sample frame of 7,930 state and local law enforcement agencies was stratified to include the following specific groups of state and local law enforcement agencies to ensure a thorough analysis of the domestic drug situation:

- Municipal police departments and county sheriff's offices with 75 or more sworn FTE employees as reported in the *2000 Census of State and Local Law Enforcement Agencies* were selected with certainty (stratum 97).

- State police and state-level investigative agencies were selected with certainty to provide information on the drug threat situation from a state perspective. State police agencies were obtained from the *2000 Census of State and Local Law Enforcement Agencies*. Additional state-level investigative agencies were derived from previous NDTs sampling plans. Typically included for each state were the state police and lead drug enforcement agency, although this pattern varied in some states (stratum 98).
- Investigative agencies in three U.S. territories—Guam, the Northern Mariana Islands, and Puerto Rico—were also selected with certainty (stratum 99).

To ensure that state-level representative statements could be made about results obtained from the NDTs 2003, local law enforcement agencies were coded according to the 50 states and District of Columbia. Municipal police departments and county sheriff's offices with sworn FTE employees of 10 or more but fewer than 75, and meeting all the criteria discussed above, were included in these strata. The states were used as the noncertainty strata, and a Neyman allocation was used to allocate the noncertainty sample to the state strata.²⁸ All eligible law enforcement agencies in the District of Columbia and Hawaii met the criteria for inclusion with certainty and were included in stratum 97. The state of California was split: law enforcement agencies within the Southern and Central U.S. Attorney Districts were included in Southern California and those in the Eastern and Northern Districts were included in Northern California. The noncertainty agencies in Southern California were included in stratum 91, and similar agencies for Northern California were included in stratum 92.

The NDTs 2003 sample, representing the sampling universe of 7,930 agencies, consisted of 3,497 law enforcement agencies.

In the course of conducting the NDTs 2003, NDIC identified nine agencies in the sample frame that were no longer eligible for inclusion in the sample frame. Prior to administering the NDTs 2004, two additional ineligible agencies were removed from the sample frame.

The NDTs 2004 sample, representing the sampling universe of 7,919 state and local law enforcement agencies, consisted of 3,486 agencies in 53 strata, 3 of which were certainty strata (see Table A1 on page 150).

Data Collection

Of the 3,486 state and local law enforcement agencies in the actual sample, 498 had responded to the survey earlier in 2004 under a joint effort by NDIC and the High Intensity Drug Trafficking Area (HIDTA) program that was designed to assist the HIDTAs in preparing their annual threat assessments. Copies of surveys completed by sample agencies under the joint NDIC-HIDTA effort were forwarded to NDIC.

NDIC verified the point of contact and mailing address for the remaining 2,988 law enforcement agencies in the sample and mailed the surveys, accompanied by a cover letter from NDIC's Director and a postage-paid return envelope. The letter also included instructions for sample agencies to complete the NDTs 2004 electronically using the secure web site, <https://www.ndts.usdoj.gov>, designed by NDIC and supported by the U.S. Department of Justice, Justice Data Center. Of the 2,988 agencies given the option to respond via the NDTs 2004 web site, 396 (13.3%) responded electronically.

NDIC Field Program Specialists located throughout the country were responsible for follow-up contacts with sample agencies that were mailed a survey. NDIC provided daily reports to help Field Program

28. For more details on Neyman allocation, see W.G. Cochran, "Stratified Random Sampling," Chapter 5 in *Sampling Techniques*, 3d ed. New York: John Wiley and Sons, 1977.

Specialists target nonresponding agencies, which were contacted by telephone, by letter, and in person. NDIC technical support personnel assisted agencies that encountered problems when responding via the NDTS web site. All responses were entered in the NDTS database designed and developed by NDIC.

Sample Adjustments

During survey processing, NDIC identified three ineligible agencies that no longer performed drug enforcement activities. All three of these agencies were certainties due to size (stratum 97). A state-level investigative agency was added to stratum 98, a certainty stratum. The three ineligible agencies were deleted from the original actual sample of 3,486, and the new state-level agency was added resulting in an adjusted sample of 3,484 agencies in 53 strata, three of which were certainty strata. A poststratification factor to correct base weights in those strata was not required since none of the ineligible records were in noncertainty strata.

The adjusted sample represents 7,917 agencies. A summary of the adjusted sample design is presented in Table A1, page 150.

Nonresponse Adjustment Factor

Of the 3,484 agencies in the adjusted sample, 3,429 agencies responded to the NDTS 2004 for an overall response rate of 98.4 percent. Table A2 on page 152 summarizes the response rates by state. A nonresponse adjustment factor was applied to account for those agencies that did not respond to the survey.

The nonresponse adjustment factor for each stratum j is calculated as

$$\left(\begin{array}{c} \text{nonresponse} \\ \text{adjustment} \\ \text{factor } j \end{array} \right) = \frac{\sum_{\text{responding agencies}_{j,k}} \left(\begin{array}{c} \text{base} \\ \text{weight} \end{array} \right) \times \left(\begin{array}{c} \text{poststratification} \\ \text{factor} \end{array} \right) + \sum_{\text{nonresponding agencies}_{j,k}} \left(\begin{array}{c} \text{base} \\ \text{weight} \end{array} \right) \times \left(\begin{array}{c} \text{poststratification} \\ \text{factor} \end{array} \right)}{\sum_{\text{responding agencies}_{j,k}} \left(\begin{array}{c} \text{base} \\ \text{weight} \end{array} \right) \times \left(\begin{array}{c} \text{poststratification} \\ \text{factor} \end{array} \right)}$$

where k represents either the k^{th} responding or the k^{th} nonresponding agency in stratum j .

The final weight for each responding agency is calculated as

$$\left(\begin{array}{c} \text{final} \\ \text{weight} \end{array} \right) = \left(\begin{array}{c} \text{base} \\ \text{weight} \end{array} \right) \times \left(\begin{array}{c} \text{poststratification} \\ \text{factor} \end{array} \right) \times \left(\begin{array}{c} \text{nonresponse} \\ \text{adjustment} \\ \text{factor} \end{array} \right)$$

Estimation Techniques

The final weight for each respondent was used to derive national-, regional-, and state-level estimates for all survey items. The final adjusted score was summed for each response category (for example, high, moderate, and low) for each item, and the proportion of the final scores provided the national, regional, or state-level estimate for that item. Some respondents did not answer all survey items. The item nonresponse rate ranged from 0.3 to 19.2 percent.

Nonsampling Error

Nonsampling error may affect NDTs 2004 data. Possible nonsampling errors include the following:

- Inability to obtain information about all agencies in the sample
- Varied interpretation of response categories (for example, high, moderate, and low are defined differently by respondents)
- Inability or unwillingness of respondents to provide correct information
- Errors made in collection, coding, or processing of data
- Failure to represent all agencies within the sample (undercoverage)

Nonsampling error can increase the total error over the error resulting from sampling. Random nonsampling errors can increase the variability of data, while systemic nonsampling errors that are consistent in one direction can introduce bias into the results of a sample survey. NDIC used data collection, coding, and processing procedures designed to limit the effects of random nonsampling error on the NDTs 2004 data. No systemic nonsampling errors were identified.

Table A1. NDTs 2004 Sample Design (3,429 of 3,484 Agencies Responding)

	Stratum	Sample Count	Total	Original Base Weight	Poststratification Factor	Nonresponse Adjustment Factor	Final Weight
1	Alabama	54	154	2.8519	1.0000	1.0000	2.8519
2	Alaska	16	16	1.0000	1.0000	1.0000	1.0000
4	Arizona	28	54	1.9286	1.0000	1.0000	1.9286
5	Arkansas	54	105	1.9444	1.0000	1.0000	1.9444
8	Colorado	22	89	4.0455	1.0000	1.0000	4.0455
9	Connecticut	23	73	3.1739	1.0000	1.0000	3.1739
10	Delaware	12	12	1.0000	1.0000	1.0909	1.0909
12	Florida	39	192	4.9231	1.0000	1.0000	4.9231
13	Georgia	49	243	4.9592	1.0000	1.0000	4.9592
16	Idaho	50	50	1.0000	1.0000	1.0000	1.0000
17	Illinois	76	375	4.9342	1.0000	1.0556	5.2085
18	Indiana	55	171	3.1091	1.0000	1.0000	3.1091
19	Iowa	58	104	1.7931	1.0000	1.0545	1.8908
20	Kansas	46	91	1.9783	1.0000	1.0000	1.9783
21	Kentucky	65	126	1.9385	1.0000	1.0317	2.0000
22	Louisiana	22	109	4.9545	1.0000	1.0476	5.1903
23	Maine	64	80	1.2500	1.0000	1.0323	1.2904
24	Maryland	29	41	1.4138	1.0000	1.0000	1.4138
25	Massachusetts	53	230	4.3396	1.0000	1.0600	4.6000
26	Michigan	50	247	4.9400	1.0000	1.0204	5.0408
27	Minnesota	63	154	2.4444	1.0000	1.2115	2.9614
28	Mississippi	73	124	1.6986	1.0000	1.0139	1.7222
29	Missouri	65	221	3.4000	1.0000	1.0000	3.4000
30	Montana	32	32	1.0000	1.0000	1.0000	1.0000
31	Nebraska	46	46	1.0000	1.0000	1.0000	1.0000
32	Nevada	18	18	1.0000	1.0000	1.0000	1.0000
33	New Hampshire	57	68	1.1930	1.0000	1.0556	1.2593
34	New Jersey	73	363	4.9726	1.0000	1.0139	5.0417
35	New Mexico	36	49	1.3611	1.0000	1.0000	1.3611
36	New York	53	264	4.9811	1.0000	1.0000	4.9811
37	North Carolina	51	232	4.5490	1.0000	1.0625	4.8333

Table A1. NDTs 2004 Sample Design (3,429 of 3,484 Agencies Responding) (Continued)

	Stratum	Sample Count	Total	Original Base Weight	Poststratification Factor	Nonresponse Adjustment Factor	Final Weight
38	North Dakota	21	21	1.0000	1.0000	1.0000	1.0000
39	Ohio	85	424	4.9882	1.0000	1.0119	5.0476
40	Oklahoma	51	122	2.3922	1.0000	1.0000	2.3922
41	Oregon	31	77	2.4839	1.0000	1.0000	2.4839
42	Pennsylvania	73	360	4.9315	1.0000	1.0000	4.9315
44	Rhode Island	26	26	1.0000	1.0000	1.0000	1.0000
45	South Carolina	34	103	3.0294	1.0000	1.0000	3.0294
46	South Dakota	16	16	1.0000	1.0000	1.0000	1.0000
47	Tennessee	43	168	3.9070	1.0000	1.0000	3.9070
48	Texas	83	414	4.9880	1.0000	1.0375	5.1751
49	Utah	39	60	1.5385	1.0000	1.0000	1.5385
50	Vermont	31	31	1.0000	1.0000	1.0690	1.0690
51	Virginia	24	59	2.4583	1.0000	1.0000	2.4583
53	Washington	42	119	2.8333	1.0000	1.0000	2.8333
54	West Virginia	43	49	1.1395	1.0000	1.0238	1.1666
55	Wisconsin	53	198	3.7358	1.0000	1.0000	3.7358
56	Wyoming	28	28	1.0000	1.0000	1.0000	1.0000
91	Southern California	11	58	5.2727	1.0000	1.0000	5.2727
92	Northern California	34	167	4.9118	1.0000	1.0000	4.9118
97	Certainities due to size (75 or more FTEs)	1209	1209	1.0000	1.0000	1.0100	1.0100
98	State agency certainties	72	72	1.0000	1.0000	1.0000	1.0000
99	Certainty agencies outside United States	3	3	1.0000	1.0000	1.0000	1.0000

Table A2. NDTS 2004 Response Rates

State/Territory/District	Respondents	Sample Size	Response Rate (%)
Guam Northern Mariana Islands Puerto Rico	3	3	100.0
Alabama	75	75	100.0
Alaska	18	18	100.0
Arizona	47	47	100.0
Arkansas	69	69	100.0
California	184	184	100.0
Colorado	48	48	100.0
Connecticut	47	48	97.9
Delaware	15	16	93.8
District of Columbia	1	1	100.0
Florida	138	138	100.0
Georgia	96	96	100.0
Hawaii	5	5	100.0
Idaho	57	57	100.0
Illinois	119	123	96.7
Indiana	82	82	100.0
Iowa	68	71	95.8
Kansas	60	60	100.0
Kentucky	69	71	97.2
Louisiana	64	65	98.5
Maine	66	68	97.1
Maryland	47	47	100.0
Massachusetts	90	93	96.8
Michigan	88	89	98.9
Minnesota	66	79	83.5
Mississippi	86	87	98.9
Missouri	89	89	100.0
Montana	37	37	100.0
Nebraska	51	51	100.0
Nevada	28	28	100.0
New Hampshire	59	62	95.2

Table A2. NDTS 2004 Response Rates (Continued)

State/Territory/District	Respondents	Sample Size	Response Rate (%)
New Jersey	137	142	96.5
New Mexico	48	48	100.0
New York	107	107	100.0
North Carolina	102	106	96.2
North Dakota	25	25	100.0
Ohio	127	128	99.2
Oklahoma	64	64	100.0
Oregon	50	50	100.0
Pennsylvania	92	92	100.0
Rhode Island	35	35	100.0
South Carolina	62	63	98.4
South Dakota	20	20	100.0
Tennessee	72	72	100.0
Texas	158	164	96.3
Utah	50	50	100.0
Vermont	31	33	93.9
Virginia	48	48	100.0
Washington	63	63	100.0
West Virginia	47	48	97.9
Wisconsin	85	85	100.0
Wyoming	34	34	100.0

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Appendix B

Selected National Substance Abuse Indicators

Table B1. Percentage of NSDUH Respondents Reporting Use of Specific Drugs in Lifetime, Past Year, and Past Month, by Age Group, 2002–2003

Cocaine	Lifetime		Past Year		Past Month	
	2002	2003	2002	2003	2002	2003
12-17	2.7	2.6	2.1	1.8	0.6	0.6
18-25	15.4	15.0	6.7	6.6	2.0	2.2
26 and older	15.9	16.3	1.8	1.9	0.7	0.8
12 and older	14.4	14.7	2.5	2.5	0.9	1.0
Crack						
12-17	0.7	0.6	0.4	0.4	0.1	0.1
18-25	3.8	3.8	0.9	0.9	0.2	0.2
26 and older	3.9	3.6	0.7	0.6	0.3	0.3
12 and older	3.6	3.3	0.7	0.6	0.2	0.3
Methamphetamine						
12-17	1.5	1.3	0.9	0.7	0.3	0.3
18-25	5.7	5.2	1.7	1.6	0.5	0.6
26 and older	5.7	5.7	0.4	0.4	0.2	0.2
12 and older	5.3	5.2	0.7	0.6	0.3	0.3
Marijuana						
12-17	20.6	19.6	15.8	15.0	8.2	7.9
18-25	53.8	53.9	29.8	28.5	17.3	17.0
26 and older	40.8	41.2	7.0	6.9	4.0	4.0
12 and older	40.4	40.6	11.0	10.6	6.2	6.2
Heroin						
12-17	0.4	0.3	0.2	0.1	0.0	0.1
18-25	1.6	1.6	0.4	0.3	0.1	0.1
26 and older	1.7	1.7	0.1	0.1	0.1	0.0
12 and older	1.6	1.6	0.2	0.1	0.1	0.1
MDMA						
12-17	3.3	2.4	2.2	1.3	0.5	0.4
18-25	15.1	14.8	5.8	3.7	1.1	0.7
26 and older	2.6	3.1	0.5	0.3	0.1	0.1
12 and older	4.3	4.6	1.3	0.9	0.3	0.2
LSD						
12-17	2.7	1.6	1.3	0.6	0.2	0.2
18-25	15.9	14.0	1.8	1.1	0.1	0.2
26 and older	10.5	10.8	0.1	0.0	0.0	0.0
12 and older	10.4	10.3	0.4	0.2	0.0	0.1

Table B1. Percentage of NSDUH Respondents Reporting Use of Specific Drugs in Lifetime, Past Year, and Past Month, by Age Group, 2002–2003 (Continued)

PCP	Lifetime		Past Year		Past Month	
	2002	2003	2002	2003	2002	2003
12-17	0.9	0.8	0.4	0.4	0.1	0.1
18-25	2.7	3.0	0.3	0.4	0.0	0.1
26 and older	3.5	3.3	0.0	0.0	0.0	*
12 and older	3.2	3.0	0.1	0.1	0.0	0.0

***Low precision; no estimate reported.**

Source: U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration Office of Applied Science National Survey on Drug Use and Health, 2002-2003.

Note: Prior to 2002, the NSDUH was called the National Household Survey on Drug Abuse (NHSDA). Because of methodological changes to the 2002 survey, NSDUH data for 2002 and 2003 generally should not be compared with 2001 and earlier NHSDA data.

Table B2. MTF: Trends in Lifetime Prevalence of Use of Various Drugs for Eighth, Tenth, and Twelfth Graders, by Percent, 1998–2003

Cocaine	1998	1999	2000	2001	2002	2003
8th Grade	4.6	4.7	4.5	4.3	3.6	3.6
10th Grade	7.2	7.7	6.9	5.7	6.1	5.1
12th Grade	9.3	9.8	8.6	8.2	7.8	7.7
Crack						
8th Grade	3.2	3.1	3.1	3.0	2.5	2.5
10th Grade	3.9	4.0	3.7	3.1	3.6	2.7
12th Grade	4.4	4.6	3.9	3.7	3.8	3.6
Methamphetamine						
8th Grade	—	4.5	4.2	4.4	3.5	3.9
10th Grade	—	7.3	6.9	6.4	6.1	5.2
12th Grade	—	8.2	7.9	6.9	6.7	6.2
Marijuana/Hashish						
8th Grade	22.2	22.0	20.3	20.4	19.2	17.5
10th Grade	39.6	40.9	40.3	40.1	38.7	36.4
12th Grade	49.1	49.7	48.8	49.0	47.8	46.1
Heroin						
8th Grade	2.3	2.3	1.9	1.7	1.6	1.6
10th Grade	2.3	2.3	2.2	1.7	1.8	1.5
12th Grade	2.0	2.0	2.4	1.8	1.7	1.5
MDMA						
8th Grade	2.7	2.7	4.3	5.2	4.3	3.2
10th Grade	5.1	6.0	7.3	8.0	6.6	5.4
12th Grade	5.8	8.0	11.0	11.7	10.5	8.3
LSD						
8th Grade	4.1	4.1	3.9	3.4	2.5	2.1
10th Grade	8.5	8.5	7.6	6.3	5.0	3.5
12th Grade	12.6	12.2	11.1	10.9	8.4	5.9
PCP						
8th Grade	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—
12th Grade	3.9	3.4	3.4	3.5	3.1	2.5

Source: U.S. Department of Health and Human Services National Institute on Drug Abuse Monitoring the Future Study, 2003.

— Not available.

Table B3. MTF: Trends in Past Year Prevalence of Use of Various Drugs for Eighth, Tenth, and Twelfth Graders, by Percent, 1998–2003

Cocaine	1998	1999	2000	2001	2002	2003
8th Grade	3.1	2.7	2.6	2.5	2.3	2.2
10th Grade	4.7	4.9	4.4	3.6	4.0	3.3
12th Grade	5.7	6.2	5.0	4.8	5.0	4.8
Crack						
8th Grade	2.1	1.8	1.8	1.7	1.6	1.6
10th Grade	2.5	2.4	2.2	1.8	2.3	1.6
12th Grade	2.5	2.7	2.2	2.1	2.3	2.2
Methamphetamine						
8th Grade	—	3.2	2.5	2.8	2.2	2.5
10th Grade	—	4.6	4.0	3.7	3.9	3.3
12th Grade	—	4.7	4.3	3.9	3.6	3.2
Marijuana/Hashish						
8th Grade	16.9	16.5	15.6	15.4	14.6	12.8
10th Grade	31.1	32.1	32.2	32.7	30.3	28.2
12th Grade	37.5	37.8	36.5	37.0	36.2	34.9
Heroin						
8th Grade	1.3	1.4	1.1	1.0	0.9	0.9
10th Grade	1.4	1.4	1.4	0.9	1.1	0.7
12th Grade	1.0	1.1	1.5	0.9	1.0	0.8
MDMA						
8th Grade	1.8	1.7	3.1	3.5	2.9	2.1
10th Grade	3.3	4.4	5.4	6.2	4.9	3.0
12th Grade	3.6	5.6	8.2	9.2	7.4	4.5
LSD						
8th Grade	2.8	2.4	2.4	2.2	1.5	1.3
10th Grade	5.9	6.0	5.1	4.1	2.6	1.7
12th Grade	7.6	8.1	6.6	6.6	3.5	1.9
PCP						
8th Grade	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—
12th Grade	2.1	1.8	2.3	1.8	1.1	1.3

Source: U.S. Department of Health and Human Services National Institute on Drug Abuse Monitoring the Future Study, 2003.

— Not available.

Table B4. MTF: Trends in Current Prevalence of Use of Various Drugs for Eighth, Tenth, and Twelfth Graders, by Percent, 1998–2003

Cocaine	1998	1999	2000	2001	2002	2003
8th Grade	1.4	1.3	1.2	1.2	1.1	0.9
10th Grade	2.1	1.8	1.8	1.3	1.6	1.3
12th Grade	2.4	2.6	2.1	2.1	2.3	2.1
Crack						
8th Grade	0.9	0.8	0.8	0.8	0.8	0.7
10th Grade	1.1	0.8	0.9	0.7	1.0	0.7
12th Grade	1.0	1.1	1.0	1.1	1.2	0.9
Methamphetamine						
8th Grade	—	1.1	0.8	1.3	1.1	1.2
10th Grade	—	1.8	2.0	1.5	1.8	1.4
12th Grade	—	1.7	1.9	1.5	1.7	1.7
Marijuana/Hashish						
8th Grade	9.7	9.7	9.1	9.2	8.3	7.5
10th Grade	18.7	19.4	19.7	19.8	17.8	17.0
12th Grade	22.8	23.1	21.6	22.4	21.5	21.2
Heroin						
8th Grade	0.6	0.6	0.5	0.6	0.5	0.4
10th Grade	0.7	0.7	0.5	0.3	0.5	0.3
12th Grade	0.5	0.5	0.7	0.4	0.5	0.4
MDMA						
8th Grade	0.9	0.8	1.4	1.8	1.4	0.7
10th Grade	1.3	1.8	2.6	2.6	1.8	1.1
12th Grade	1.5	2.5	3.6	2.8	2.4	1.3
LSD						
8th Grade	1.1	1.1	1.0	1.0	0.7	0.6
10th Grade	2.7	2.3	1.6	1.5	0.7	0.6
12th Grade	3.2	2.7	1.6	2.3	0.7	0.6
PCP						
8th Grade	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—
12th Grade	1.0	0.8	0.9	0.5	0.4	0.6

Source: U.S. Department of Health and Human Services National Institute on Drug Abuse Monitoring the Future Study, 2003.

— Not available.

Table B5. PRIDE: Percentage of Past Year Drug Use by Junior and Senior High School Students and Twelfth Graders, 1998–1999 Through 2002–2003 School Years

Cocaine	1998–1999	1999–2000	2000–2001	2001–2002	2002–2003
Junior High	2.7	2.2	2.1	2.1	3.1
Senior High	6.1	5.3	5.5	5.1	6.3
12th Grade	8.0	7.1	7.9	7.1	8.6
Marijuana					
Junior High	11.0	9.2	9.3	8.3	11.7
Senior High	32.3	31.4	32.3	29.4	30.0
12th Grade	37.8	38.0	39.0	35.7	35.5
Heroin					
Junior High	1.9	1.6	1.6	1.5	2.3
Senior High	3.1	2.9	3.2	2.9	3.8
12th Grade	3.6	3.2	4.4	3.7	5.0

Source: Parents' Resource Institute for Drug Education.

Table B6. PRIDE: Percentage of Current Year Drug Use by Junior and Senior High School Students and Twelfth Graders, 1998–1999 Through 2002–2003 School Years

Cocaine	1998–1999	1999–2000	2000–2001	2001–2002	2002–2003
Junior High	1.5	1.3	1.2	1.3	1.9
Senior High	3.2	2.9	3.0	2.7	3.8
12th Grade	4.1	3.6	4.2	3.8	5.3
Marijuana					
Junior High	6.5	5.2	5.3	4.7	7.1
Senior High	20.3	19.3	20.5	18.5	19.1
12th Grade	23.1	23.4	24.2	21.9	22.9
Heroin					
Junior High	1.2	1.1	1.0	1.0	1.6
Senior High	2.0	1.9	2.1	1.8	2.6
12th Grade	2.4	2.1	2.8	2.4	3.6

Source: Parents' Resource Institute for Drug Education.

Table B7. DAWN: Estimated Number of Emergency Department Drug Mentions and Mentions of Selected Drugs by Year, 1995–2002

	1995	1996	1997	1998	1999	2000	2001	2002
Total Mentions (all drugs)	899,977	906,078	941,627	981,286	1,013,688	1,098,915	1,165,148	1,209,938
Drug Mentions (specific drugs)								
Cocaine	135,711	152,420	161,083	172,011	168,751	174,881	193,034	199,198
Methamphetamine	15,933	11,002	17,154	11,486	10,447	13,505	14,923	17,696
Marijuana	45,259	53,770	64,720	76,842	87,068	96,426	110,512	119,472
Heroin	69,556	72,980	70,712	75,688	82,192	94,804	93,064	93,519
MDMA	421	319	637	1,143	2,850	4,511	5,542	4,026
GHB*	145	638	762	1,282	3,178	4,969	3,340	3,330
Ketamine	–	81	–	209	396	263	679	260
Rohypnol	–	–	–	–	–	–	–	–
LSD	5,682	4,569	5,219	4,982	5,126	4,016	2,821	891
PCP	5,963	3,441	3,626	3,436	3,663	5,404	6,102	7,648
Hydrocodone drugs	9,686	11,419	11,570	13,611	15,252	20,098	21,567	25,197
Oxycodone drugs	3,393	3,190	5,012	5,211	6,429	10,825	18,409	22,397

Source: U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration Drug Abuse Warning Network, Final Estimates 1995-2002.

* Includes GHB and its precursor GBL.

– Incomplete data.

Table B8. Treatment Admissions and Admissions by Selected Primary Substances of Abuse, 1994–2002

	1994	1995	1996	1997	1998	1999	2000	2001	2002
Treatment Admissions (Total)	1,671,039	1,680,697	1,643,731	1,607,957	1,712,268	1,729,878	1,778,352	1,788,646	1,882,584
Primary Substance									
Cocaine	297,408	278,421	263,896	236,770	254,365	243,697	241,511	231,386	241,699
Smoked	220,614	207,608	195,751	174,900	186,973	177,893	176,585	168,955	176,014
Nonsmoked	76,794	70,813	68,145	61,870	67,392	65,804	64,926	62,431	65,685
Methamphetamine	33,443	47,695	41,045	53,694	56,517	58,795	66,975	81,799	104,481
Marijuana/hashish	142,906	171,344	192,918	197,840	220,173	232,407	251,549	265,242	283,527
Heroin	216,452	227,989	224,366	235,143	247,069	257,340	273,446	277,911	285,667

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

Sources

Central Intelligence Agency

Crime and Narcotics Center

Executive Office of the President

Office of National Drug Control Policy
High Intensity Drug Trafficking Areas

Appalachia	New York/New Jersey
Atlanta	Northern California
Central Florida	North Florida
Central Valley California	North Texas
Chicago	Northwest
Gulf Coast	Ohio
Hawaii	Oregon
Houston	Philadelphia/Camden
Lake County	Puerto Rico/U.S. Virgin Islands
Los Angeles	Rocky Mountain
Midwest	Southeast Michigan
Milwaukee	South Florida
Nevada	Southwest Border
New England	Washington/Baltimore

National Alliance of Gang Investigators Associations**National Center on Addiction and Substance Abuse**

Columbia University

Parents' Resource Institute for Drug Education**Partnership Attitude Tracking Study****Royal Canadian Mounted Police****United Nations International Narcotics Control Board****U.S. Department of Agriculture**

U.S. Forest Service
National Forest System

U.S. Department of Defense

Defense Intelligence Agency
Joint Interagency Task Force-West
Joint Task Force

Naval Criminal Investigative Service
U.S. Air Force

U.S. Department of Health and Human Services

Centers for Disease Control and Prevention
National Institutes of Health
National Institute on Drug Abuse
Community Epidemiology Work Group
Monitoring the Future
University of Mississippi
Potency Monitoring Project

Substance Abuse and Mental Health Services Administration
Drug Abuse Warning Network
National Survey on Drug Use and Health
Treatment Episode Data Set
U.S. Food and Drug Administration

U.S. Department of Homeland Security

Directorate of Border and Transportation Security
U.S. Customs and Border Protection
Border Patrol Intelligence Center
U.S. Immigration and Customs Enforcement
U.S. Coast Guard
Maritime Intelligence Center

U.S. Department of the Interior

- Bureau of Land Management
 - Law Enforcement
 - U.S. Park Police

U.S. Department of Justice

- Bureau of Alcohol, Tobacco, Firearms and Explosives
- Bureau of Justice Assistance
 - Middle Atlantic–Great Lakes Organized Crime Law Enforcement Network
 - Mid-States Organized Crime Information Center
 - New England State Police Information Network
 - Regional Information Sharing Systems
 - Regional Organized Crime Information Center
 - Rocky Mountain Information Network
 - Western States Information Network
- Drug Enforcement Administration
 - Atlanta Field Division
 - Boston Field Division
 - Caribbean Field Division
 - Chicago Field Division
 - Cocaine Signature Program
 - Dallas Field Division
 - Denver Field Division
 - Detroit Field Division
 - Domestic Cannabis Eradication/Suppression Program
 - Domestic Monitor Program
 - El Paso Field Division
 - El Paso Intelligence Center
 - National Clandestine Laboratory Seizure System
 - Operation Convoy
 - Operation Jetway
 - Operation Pipeline
 - Federal-Wide Drug Seizure System
 - Heroin Signature Program
 - Houston Field Division
 - Los Angeles Field Division
 - Miami Field Division
 - National Forensic Laboratory Information System
 - Newark Field Division
 - New Orleans Field Division
 - New York Field Division
 - Office of Diversion Control
 - Philadelphia Field Division
 - Phoenix Field Division
 - San Diego Field Division
 - San Francisco Field Division
 - Seattle Field Division
 - Special Operations Division
 - St. Louis Field Division
 - System to Retrieve Information From Drug Evidence
 - Washington, D.C., Field Division
- Executive Office for United States Attorneys
 - U.S. Attorneys' Offices

- Federal Bureau of Investigation
 - Albany Field Office
 - Albuquerque Field Office
 - Anchorage Field Office
 - Atlanta Field Office
 - Baltimore Field Office
 - Birmingham Field Office
 - Boston Field Office
 - Buffalo Field Office
 - Charlotte Field Office
 - Chicago Field Office
 - Cincinnati Field Office
 - Cleveland Field Office
 - Columbia Field Office
 - Dallas Field Office
 - Denver Field Office
 - Detroit Field Office
 - El Paso Field Office
 - Honolulu Field Office
 - Houston Field Office
 - Indianapolis Field Office
 - Jackson Field Office
 - Jacksonville Field Office
 - Kansas City Field Office
 - Knoxville Field Office
 - Las Vegas Field Office
 - Little Rock Field Office
 - Los Angeles Field Office
 - Louisville Field Office
 - Memphis Field Office
 - Milwaukee Field Office
 - Minneapolis Field Office
 - Mobile Field Office
 - Newark Field Office
 - New Haven Field Office
 - New Orleans Field Office
 - New York Field Office
 - Norfolk Field Office
 - North Miami Beach Field Office
 - Oklahoma City Field Office
 - Omaha Field Office
 - Philadelphia Field Office
 - Phoenix Field Office
 - Pittsburgh Field Office
 - Portland Field Office
 - Richmond Field Office
 - Sacramento Field Office
 - Salt Lake City Field Office
 - San Antonio Field Office
 - San Diego Field Office
 - San Francisco Field Office
 - San Juan Field Office
 - Seattle Field Office
 - Springfield Field Office
 - St. Louis Field Office

Strategic Intelligence and Analysis Unit
Tampa Field Office
Washington, D.C., Field Office
Federal Bureau of Prisons
National Institute of Justice
Arrestee Drug Abuse Monitoring Program

Office of Justice Programs
National Youth Gang Center
Organized Crime Drug Enforcement Task Force
U.S. Marshals Service

U.S. Department of State

International Narcotics Control Strategy Report

U.S. Department of the Treasury

Financial Crimes Enforcement Network
Internal Revenue Service
Criminal Investigation Division

U.S. General Accounting Office

U.S. Postal Service

U.S. Postal Inspection Service

U.S. Sentencing Commission

State-Level Sources

Alabama

Abbeville Police Department
Alabama Bureau of Investigation
Alabama Department of Public Safety
Alabaster Police Department
Alexander City Police Department
Andalusia Police Department
Anniston Police Department
Arab Police Department
Auburn Police Department
Barbour County Drug Task Force
Bayou La Batre Police Department
Bessemer Police Department
Birmingham Police Department
Blount County Sheriff
Brighton Police Department
Calhoun-Cleburne County Drug and Violent Crime Task Force
Central Alabama Drug Task Force
Chambers County Sheriff
Clarke County Sheriff
Colbert County Drug Task Force
Colbert County Sheriff
Creola Police Department
Cullman County Sheriff
Dale County Sheriff
Daleville Department of Public Safety
Dallas County Sheriff
Daphne Police Department
Decatur Police Department
DeKalb County Drug and Major Crimes Task Force
Demopolis Police Department
Dothan Police Department
Elba Police Department
Escambia County Sheriff
Etowah County Drug-Major Crime Task Force

Etowah County Sheriff Department
Eufaula Police Department
Fairfield Police Department
Fayette County Sheriff
Florence Police Department
Fort Payne Police Department
Gadsden Police Department
Gardendale Police Department
Georgiana Police Department
Haleyville Police Department
Hartselle Police Department
Hoover Police Department
Huntsville Police Department
Irondale Police Department
Jackson Police Department
Jasper Police Department
Narcotics Division
Jefferson County Sheriff
Lanett Police Department
Lauderdale Drug Task Force
Leeds Police Department
Lincoln Police Department
Livingston Police Department
Lowndes County Sheriff
Madison County Sheriff
Madison-Morgan County HIDTA Strategic Counterdrug Team
Marshall County Drug Enforcement Unit
Millbrook Police Department
Mobile County Sheriff
Mobile Police Department
Monroe County Sheriff
Montgomery County Sheriff
Montgomery Police Department
Moody Police Department

National Drug Threat Assessment 2005

Mountain Brook Police Department
Multi-Agency Drug Enforcement Team
Northport Police Department
Opelika Police Department
Oxford Police Department
Pell City Police Department
Pike County Sheriff
Rainsville Police Department
Shelby County Sheriff
Narcotics Unit
St. Clair County Sheriff

Task Force One
Thomasville Police Department
Troy Police Department
Tuscaloosa County Sheriff
Tuscaloosa Police Department
Tuscumbia Police Department
Walker County Sheriff
West Alabama Narcotics Task Force
Wetumpka Police Department
Winston County Sheriff

Alaska

Alaska State Troopers
Anchorage Police Department
Bethel City Police Department
Fairbanks Police Department
Homer Department of Public Safety
Juneau Police Department
Kenai Police Department
Ketchikan Police Department
Kodiak Police Department

Kotzebue Police Department
North Pole Police Department
North Slope Borough Police Department
Palmer Police Department
Sitka Police Department
Soldotna Police Department
Unalaska Police Department
Valdez Police Department
Wasilla Police Department

Arizona

Apache County Sheriff
Arizona Department of Public Safety
Highway Patrol Division
Benson Police Department
Chandler Police Department
Cochise County Sheriff
Border Alliance Group
Coconino County Sheriff
Metro Narcotics Unit
Counter Narcotics Alliance
El Mirage Police Department
Eloy Police Department
Flagstaff Police Department
Gila County Narcotics Task Force
Gila County Sheriff
Gilbert Police Department
Glendale Police Department
Goodyear Police Department
Graham County Sheriff
Greenlee County Narcotics Task Force
Greenlee County Sheriff
Holbrook Police Department
Kingman Police Department
Lake Havasu City Police Department
La Paz County Narcotics Task Force
Marana Police Department
Maricopa County Sheriff
Mesa Police Department
Mohave Area General Narcotics Enforcement Team
Mohave County Sheriff
Nogales Police Department
Northern Arizona Street Crimes Task Force
Page Police Department
Payson Police Department

Peoria Police Department
Phoenix Police Department
Pima County Sheriff
Pima County/Tucson Metropolitan Counter Narcotics Alliance
Pinal County Narcotics Task Force
Pinal County Sheriff
Prescott Police Department
Prescott Valley Police Department
Safford Police Department
San Carlos Police Department–Tribal
San Luis Police Department
Santa Cruz County Metro Task Force
Santa Cruz County Sheriff
Scottsdale Police Department
Sedona Police Department
Show Low Police Department
Sierra Vista Police Department
Somerton Police Department
Southwest Border Alliance
Surprise Police Department
Tempe Police Department
Thatcher Police Department
Tolleson Police Department
Tucson Police Department
Wickenburg Police Department
Wilcox Police Department
Yavapai-Apache Nation Police Department
Yavapai County Sheriff
Yuma County Sheriff
Yuma Police Department

Arkansas

18th East Drug Task Force	Jacksonville Police Department
Arkansas County Sheriff	Jonesboro Police Department
Arkansas State Police	Lafayette County Sheriff
Ashdown Police Department	Little Rock Police Department
Barling Police Department	Logan County Sheriff
Benton County Sheriff	Lonoke County Sheriff
Bentonville Police Department	Lowell Police Department
Blytheville Police Department	Marion Police Department
Brinkley Police Department	McGehee Police Department
Bryant Police Department	Mena Police Department
Camden Police Department	Montgomery County Sheriff
Clark County Sheriff	Morrilton Police Department
Clarksville Police Department	Newport Police Department
Conway County Sheriff	Osceola Police Department
Conway Police Department	Paragould Police Department
Crawford County Sheriff	Perry County Sheriff
Crittenden County Sheriff	Pine Bluff Police Department
Cross County Sheriff	Vice and Narcotics Unit
DeQueen Police Department	Polk County Sheriff
Desha County Sheriff	Pope County Sheriff
Dumas Police Department	Pulaski County Sheriff
El Dorado Police Department	Sevier County Sheriff
Eureka Springs Police Department	Sheridan Police Department
Fayetteville Police Department	Sherwood Police Department
Forrest City Police Department	Springdale Police Department
Fort Smith Police Department	St. Francis County Sheriff
Franklin County Sheriff	Stuttgart Police Department
Garland County Sheriff	Texarkana Police Department
Gravette Police Department	Union County Sheriff
Greene County Sheriff	Warren Police Department
Harrison Police Department	Washington County Sheriff
Hope Police Department	West Memphis Police Department
Hot Springs Police Department	White County Sheriff
Independence County Sheriff	White Hall Police Department
Jackson County Sheriff	Wynne Police Department

California

Alameda County Sheriff	California Department of Justice
Alameda Police Department	Bureau of Narcotic Enforcement
Alhambra Police Department	Border Interdiction Team
Alpine County Sheriff	San Diego Regional Office
Anaheim Police Department	California Highway Patrol
Antioch Police Department	Calistoga Police Department
Arcadia Police Department	Carlsbad Police Department
Azusa Police Department	Vice/Narcotics/Intelligence Unit
Bakersfield Police Department	Carmel-By-The-Sea Police Department
Bell Police Department	Ceres Department of Public Safety
Benicia Police Department	Chico Police Department
Berkeley Police Department	Chino Police Department
Beverly Hills Police Department	Chula Vista Police Department
Blythe Police Department	Clovis Police Department
Brawley Police Department	Narcotics Unit
Brea Police Department	Coalinga Police Department
Buena Park Police Department	Concord Police Department
Burbank Police Department	Contra Costa County Sheriff
Butte County Sheriff	Corcoran Police Department
Calexico Police Department	Coronado Police Department
California City Police Department	Corona Police Department

Costa Mesa Police Department
Culver City Police Department
Daly City Police Department
Downey Police Department
El Cajon Police Department
El Dorado County Sheriff
El Monte Police Department
Escondido Police Department
Eureka Police Department
Fairfield Police Department
Farmersville Police Department
Fontana Police Department
Foster City Police Department
Fremont Police Department
Fresno County Sheriff
Fresno Police Department
 Narcotic Unit
Fullerton Police Department
Galt Police Department
Gardena Police Department
Garden Grove Police Department
Gilroy Police Department
Glendale Police Department
Glenn County Sheriff
Gridley-Biggs Police Department
Half Moon Bay Police Department
Hawthorne Police Department
Hayward Police Department
Hillsborough Police Department
Humboldt County Sheriff
Huntington Beach Police Department
Huntington Park Police Department
Imperial County Narcotic Task Force
Imperial County Sheriff
Inglewood Police Department
Inland Regional Narcotics Enforcement Team
Inyo County Sheriff
Inyo Narcotic Enforcement Team
Irvine Police Department
Jackson Police Department
Kerman Police Department
Kern County Sheriff
Kings County Narcotic Task Force
Kings County Sheriff
La Habra Police Department
La Mesa Police Department
Livermore Police Department
Lodi Police Department
Long Beach Police Department
Los Altos Police Department
Los Angeles County Sheriff
Los Angeles Police Department
Madera County Sheriff
Mammoth Lakes Police Department
Manhattan Beach Police Department
Marin County Sheriff
Menlo Park Police Department
Merced County Sheriff
Merced Police Department
Milpitas Police Department

Modesto Police Department
Montclair Police Department
Montebello Police Department
Monterey County Sheriff
Monterey Park Police Department
Mountain View Police Department
Napa County Sheriff
Napa Police Department
Napa Special Investigation Bureau
National City Police Department
Nevada County Sheriff
Newport Beach Police Department
North County Regional Gang Task Force
Oakdale Police Department
Oakland Police Department
Oceanside Police Department
Ontario Police Department
Orange County Sheriff
Orange Police Department
Oxnard Police Department
Pacific Grove Police Department
Palm Springs Police Department
Palo Alto Police Department
Palos Verdes Estates Police Department
Pasadena Police Department
Pittsburg Police Department
Placer County Sheriff
Placer Special Investigation Unit
Pleasanton Police Department
Pomona Police Department
Redding Police Department
Redlands Police Department
Redondo Beach Police Department
Redwood City Police Department
Rialto Police Department
Richmond Police Department
Ridgecrest Police Department
Rio Vista Police Department
Riverside County Sheriff
Riverside Police Department
Roseville Police Department
Sacramento County Sheriff
Sacramento Police Department
Salinas Police Department
San Bernardino County Sheriff
San Bernardino County West End Narcotics Enforcement
 Team (SBWESTNET)
San Bernardino Police Department
San Diego County Sheriff
San Diego Police Department
 Narcotics Section
 Narcotic Task Force—Team 8
San Francisco Police Department
San Joaquin County Sheriff
San Jose Police Department
San Leandro Police Department
San Luis Obispo County Sheriff
San Mateo County Narcotics Task Force
San Mateo County Sheriff
San Mateo Police Department

Santa Ana Police Department
 Santa Barbara County Sheriff
 Santa Barbara Police Department
 Santa Clara County Sheriff
 Santa Clara Police Department
 Santa Cruz County Sheriff
 Santa Cruz Police Department
 Santa Maria Police Department
 Santa Monica Police Department
 Santa Rosa Police Department
 Sausalito Police Department
 Seal Beach Police Department
 Shasta County Sheriff
 Shasta Interagency Narcotic Task Force
 Simi Valley Police Department
 Solano County Sheriff
 Sonoma County Narcotics Task Force
 Sonoma County Sheriff
 Sonoma Police Department
 Southern Alameda County Narcotics Enforcement Team
 South Gate Police Department
 South Pasadena Police Department
 South San Francisco Police Department

Stanislaus Drug Enforcement Agency
 Stockton Police Department
 Sunnyvale Department of Public Safety
 Taft Police Department
 Torrance Police Department
 Tulare County Sheriff
 Tuolumne County Sheriff
 Tustin Police Department
 Ukiah Department of Public Safety
 Upland Police Department
 Vacaville Police Department
 Vallejo Police Department
 Ventura County Sheriff
 Ventura Police Department
 Visalia Police Department
 Walnut Creek Police Department
 Weed Police Department
 West Covina Police Department
 Westminster Police Department
 Whittier Police Department
 Woodland Police Department
 Yuba County Sheriff
 Yuba-Sutter Narcotic Task Force

Colorado

Adams County Sheriff
 Alamosa Police Department
 Arapahoe County Sheriff
 Arvada Police Department
 Aurora Police Department
 Basalt Police Department
 Boulder County Drug Task Force
 Boulder County Sheriff
 Boulder Police Department
 Breckenridge Police Department
 Broomfield Police Department
 Chaffee County Sheriff
 Colorado Bureau of Investigation
 Denver Laboratory
 Colorado Springs Police Department
 Metro Vice and Narcotics Investigation Section
 Colorado State Patrol
 Commerce City Police Department
 Delta-Montrose Drug Task Force
 Denver Police Department
 Vice/Drug Control Bureau
 Douglas County Sheriff
 Eagle County Crime Response Team
 Eagle County Sheriff
 Edgewater Police Department
 El Paso County Sheriff
 Elbert County Sheriff
 Englewood Department of Safety Services
 Estes Park Police Department
 Federal Heights Police Department
 Fort Collins Police Services
 Front Range Task Force
 Fruita Police Department
 Glenwood Springs Police Department
 Golden Police Department

Grand Junction Police Department
 Grand Routt and Moffat Narcotics Enforcement Team
 Grand Valley Joint Drug Task Force
 Greeley Police Department
 Gunnison County Sheriff
 Jefferson County Sheriff
 Lakewood Police Department
 Lamar Police Department
 La Plata County Sheriff
 Larimer County Drug Task Force
 Larimer County Sheriff
 Littleton Police Department
 Longmont Police Department
 Mesa County Sheriff
 Metro Gang Task Force
 Monte Vista Police Department
 Montrose County Sheriff
 Morgan County Sheriff
 North Metro Task Force
 Park County Sheriff
 Pueblo Police Department
 Southern Colorado Drug Task Force
 South Metro Drug Task Force
 Southwest Drug Task Force
 Summit County Drug Enforcement
 Teller County Sheriff
 Thornton Police Department
 Two Rivers Drug Enforcement Team
 Vail Police Department
 Weld County Drug Task Force
 Weld County Sheriff
 West Metro Drug Task Force
 Westminster Police Department
 Woodland Park Police Department

Connecticut

- | | |
|---------------------------------|----------------------------------|
| Ansonia Police Department | New London Police Department |
| Avon Police Department | North Branford Police Department |
| Bridgeport Police Department | Norwalk Police Department |
| Bristol Police Department | Norwich Police Department |
| Cheshire Police Department | Redding Police Department |
| Connecticut State Police | Ridgefield Police Department |
| Statewide Narcotics Task Force | Shelton Police Department |
| Danbury Police Department | Southington Police Department |
| Derby Police Department | South Windsor Police Department |
| East Central Narcotics | Stamford Police Department |
| East Hartford Police Department | Stratford Police Department |
| Enfield Police Department | Suffield Police Department |
| Fairfield Police Department | Thomaston Police Department |
| Farmington Police Department | Torrington Police Department |
| Greenwich Police Department | Vernon Police Department |
| Groton Police Department | Waterbury Police Department |
| Hamden Police Department | Waterford Police Department |
| Hartford Police Department | West Hartford Police Department |
| Manchester Police Department | West Haven Police Department |
| Meriden Police Department | Weston Police Department |
| Middlebury Police Department | Westport Police Department |
| Milford Police Department | Wethersfield Police Department |
| Montville Police Department | Willimantic Police Department |
| New Britain Police Department | Windsor Locks Police Department |
| New Haven Police Department | Wolcott Police Department |

Delaware

- | | |
|------------------------------|-------------------------------------|
| Delaware State Police | Milford Police Department |
| Special Investigations Unit | Newark Police Department |
| Delmar Police Department | New Castle City Police Department |
| Dover Police Department | New Castle County Police Department |
| Elsmere Bureau of Police | Rehoboth Beach Police Department |
| Georgetown Police Department | Seaford Police Department |
| Harrington Police Department | Smyrna Police Department |
| Lewes Police Department | Wilmington Police Department |

District of Columbia

- Metropolitan Police Department

Florida

- | | |
|---------------------------------------|---------------------------------|
| Alachua County Sheriff | Bunnell Police Department |
| Altamonte Springs Police Department | Cape Coral Police Department |
| Apopka Police Department | Charlotte County Sheriff |
| Arcadia Police Department | Chattahoochee Police Department |
| Aventura Police Department | ChIPLEY Police Department |
| Avon Park Police Department | Citrus County Sheriff |
| Baker County Sheriff | Clay County Sheriff |
| Bartow Police Department | Clearwater Police Department |
| Bay County Sheriff | Collier County Sheriff |
| Bay Harbor Islands Police Department | Columbia County Sheriff |
| Belle Glade Police Department | Coral Gables Police Department |
| Boca Raton Police Services Department | Coral Springs Police Department |
| Boynton Beach Police Department | Davie Police Department |
| Bradenton Police Department | Daytona Beach Police Department |
| Bradford County Sheriff | Delray Beach Police Department |
| Brevard County Sheriff | Dixie County Sheriff |
| Brooksville Police Department | Escambia County Sheriff |
| Broward County Sheriff | Flagler County Sheriff |

Florida Department of Law Enforcement	Monroe County Sheriff
Gainesville Field Office	Mulberry Police Department
Jacksonville Regional Operations Center	Naples Police Department
Miami Regional Operations Center	Nassau County Sheriff
Office of Statewide Intelligence	Neptune Beach Police Department
Florida Highway Patrol	New Port Richey Police Department
Fort Lauderdale Police Department	New Smyrna Beach Police Department
Fort Myers Police Department	Niceville Police Department
Fort Pierce Police Department	North Miami Beach Police Department
Gainesville Police Department	North Miami Police Department
Gateway Community Services, Inc.	Ocala Police Department
Gilchrist County Sheriff	Okaloosa County Sheriff
Gulf County Sheriff	Okeechobee County Sheriff
Hallandale Beach Police Department	Orange County Sheriff
Hernando County Sheriff	Orange Park Police Department
Hialeah Police Department	Orlando Police Department
Highland Beach Police Department	Ormond Beach Police Department
Highlands County Sheriff	Osceola County Investigative Bureau
Special Operations Division	Osceola County Sheriff
High Springs Police Department	Pahokee Police Department
Hillsborough County Sheriff	Palatka Police Department
Holly Hill Police Department	Palm Bay Police Department
Hollywood Police Department	Palm Beach County Sheriff
Homestead Police Department	Palm Beach Gardens Police Department
Indian Creek Village Police Department	Palm Beach Police Department
Indian River County Sheriff	Palm Springs Department of Public Safety
Jackson County Sheriff	Panama City Police Department
Jacksonville Beach Police Department	Parkland Public Safety Department
Jacksonville Sheriff	Pasco County Sheriff
Jefferson County Sheriff	Pembroke Pines Police Department
Jupiter Inlet Colony Police Department	Pensacola Police Department
Jupiter Police Department	Pinecrest Police Department
Key West Police Department	Pinellas County Sheriff
Kissimmee Police Department	HIDTA Task Force
Lady Lake Police Department	Pinellas Park Police Department
Lake Alfred Police Department	Plantation Police Department
Lake County Sheriff	Polk County Sheriff
Lakeland Police Department	Port Orange City Police Department
Lake Placid Police Department	Port St. Lucie Police Department
Lake Worth Police Department	Putnam County Sheriff
Lantana Police Department	Quincy Police Department
Largo Police Department	Riviera Beach Police Department
Lauderhill Police Department	Royal Palm Beach Police Department
Lee County Sheriff	Sanford Police Department
Leon County Sheriff	Santa Rosa County Sheriff
Levy County Sheriff	Sarasota County Sheriff
Lighthouse Point Police Department	Sarasota Police Department
Live Oak Police Department	Strategic Narcotics Section
Manatee County Sheriff	Satellite Beach Police Department
Margate Police Department	Seminole County Sheriff
Marion County Sheriff	South Daytona Police Department
Martin County Sheriff	Springfield Police Department
Medley Police Department	St. Augustine Police Department
Melbourne Police Department	St. John County Sheriff
Metropolitan Bureau of Investigation	St. Lucie County Sheriff
Miami Beach Police Department	St. Petersburg Beach Police Department
Miami-Dade Police Department	St. Petersburg Police Department
Miami Police Department	Starke Police Department
Miami Shores Police Department	Sumter County Sheriff
Miramar Police Department	Sunrise Police Department

National Drug Threat Assessment 2005

Suwannee County Sheriff
Tallahassee Police Department
Tampa Police Department
Tequesta Police Department
Titusville Police Department
Union County Sheriff
University of Florida Police Department
Venice Police Department

Volusia County Sheriff
Wauchula Police Department
West Palm Beach Police Department
Wildwood Police Department
Williston Police Department
Winter Haven Police Department
Winter Park Police Department

Georgia

Acworth Police Department
Adairsville Police Department
Adel Police Department
Albany-Dougherty Drug Unit
Albany Police Department
Altamaha Drug Task Force
Americus Police Department
Athens-Clarke County Police Department
Atlanta Police Department
Barnesville Police Department
Bartow County Sheriff
Baxley Police Department
Ben Hill County Sheriff
Berrien County Sheriff
Bibb County Sheriff
Bowdon Police Department
Brunswick Police Department
Calhoun-Gordon County Drug Task Force
Calhoun Police Department
Carroll County Sheriff
Carrollton Police Department
Cedartown Police Department
Chatham County Police Department
Chatham-Savannah Counter Narcotics Team
Chattooga County Sheriff
Cherokee Multi-Agency Narcotics Squad
Clayton County Drug Enforcement Task Force
Clayton County Police Department
Clayton County Sheriff
Cobb County Police Department
Cobb County Sheriff
Cochran Police Department
College Park City Police Department
Columbia County Sheriff
Columbus Police Department
Commerce Police Department
Conyers Police Department
Covington Police Department
Coweta County Sheriff
Crawford County Sheriff
Crisp County Sheriff
Dalton Police Department
De Kalb County Police Department
De Kalb County Sheriff
Decatur County Sheriff
Doraville Police Department
Dougherty County Sheriff
Douglas County Sheriff
Douglasville Police Department
East Point Police Department

Eatonton Police Department
Fairburn Police Department
Fayette County Sheriff
 Drug Task Force
Fayetteville Police Department
Fitzgerald Police Department
Forsyth County Sheriff
Forsyth Police Department
Fulton County Police Department
Gainesville Police Department
Georgia State Patrol
Glynn County Police Department
Gordon County Sheriff
Grady County Sheriff
Gray Police Department
Gwinnett County Police Department
Habersham County Sheriff
Hall County Multi-Agency Narcotics Squad
Hall County Sheriff
Hampton Police Department
Haralson County Sheriff
Haralson-Paulding Drug Task Force
Hart County Sheriff
Hazlehurst Police Department
Houston County Sheriff
Jonesboro Police Department
Jones County Sheriff
La Fayette Police Department
La Grange Police Department
Lilburn Police Department
Locust Grove Police Department
Lookout Mountain Judicial Circuit Drug Task Force
Lowndes County Sheriff
 Narcotics Unit
Macon County Sheriff
Macon Police Department
Marietta/Cobb/Smyrna Organized Crime Unit (Narcotics)
Marietta Police Department
McDonough Police Department
Millen Police Department
Morrow Police Department
Mount Zion Police Department
Muscogee County Sheriff
Newnan Police Department
Newton County Sheriff
Norcross Police Department
Palmetto Police Department
Paulding County Sheriff
Peachtree City Police Department
Polk County Sheriff

Powder Springs Police Department
 Putnam County Sheriff
 Rabun County Sheriff
 Richmond County Sheriff
 Rockdale County Sheriff
 Rome Police Department
 Metro Task Force
 Roswell Police Department
 Savannah Police Department
 Senoia Police Department
 Smyrna Police Department
 Snellville Police Department
 South Central Drug Task Force
 St. Marys Police Department
 Sumter County Multi-Agency Drug Task Force
 Sumter County Sheriff
 Suwanee Police Department

Sylvania Police Department
 Temple Police Department
 Thunderbolt Police Department
 Tifton City Police Department
 Toccoa Georgia Police Department
 Tri-Cities Narcotics Drug Task Force
 Trion Police Department
 Union City Department of Public Safety
 Valdosta Police Department
 Walker County Sheriff
 Walton County Sheriff
 Ware County Sheriff
 Warner Robins Police Department
 Washington Police Department
 Whitesburg Police Department
 Whitfield County Sheriff

Guam

Government of Guam
 Guam Customs and Quarantine Agency

Hawaii

Hawaii County Police Department
 Hawaii Department of Public Safety
 Narcotics Enforcement Division

Honolulu Police Department
 Kauai County Police Department
 Maui County Police Department

Idaho

Ada County Sheriff
 Adams County Sheriff
 Bandit Task Force
 Bannock County Sheriff
 Benewah County Sheriff
 Bingham County Sheriff
 Blackfoot Police Department
 Blaine County Sheriff
 Boise County Sheriff
 Boise Police Department
 Bonner County Sheriff
 Bonneville County Sheriff
 Caldwell Police Department
 Canyon County Sheriff
 Caribou County Sheriff
 Cassia County Sheriff
 Chubbuck Police Department
 City/County Narcotics Unit
 Clearwater County Sheriff
 Coeur d'Alene Police Department
 Elmore County Sheriff
 Emmett Police Department
 Fremont County Sheriff
 Garden City Police Department
 Gem County Sheriff
 Gooding County Sheriff
 Idaho County Sheriff
 Idaho Falls Police Department
 Idaho State Police
 Jefferson County Sheriff
 Jerome County Sheriff

Jerome Police Department
 Ketchum Police Department
 Kootenai County Joint Agency Drug Task Force
 Kootenai County Sheriff
 Latah County Sheriff
 Lewiston Police Department
 Madison County Sheriff
 McCall Police Department
 Meridian Police Department
 Minidoka County Sheriff
 Moscow Police Department
 Mountain Home Police Department
 Nampa Police Department
 Nez Perce County Sheriff
 Oneida County Sheriff
 Owyhee County Sheriff
 Payette County Sheriff
 Payette Police Department
 Pocatello Police Department
 Post Falls Police Department
 Rathdrum Police Department
 Rexburg Police Department
 Rupert Police Department
 Sandpoint Police Department
 Shoshone County Sheriff
 Sundance Drug Task Force
 Twin Falls County Sheriff
 Twin Falls Police Department
 Valley County Sheriff
 Weiser Police Department

Illinois

- Alexander County Sheriff
- Alton Police Department
- Antioch Police Department
- Arlington Heights Police Department
- Aurora Police Department
- Barrington Hills Police Department
- Barrington-Inverness Police Department
- Bartlett Police Department
- Bartonville Police Department
- Bedford Park Police Department
- Belleville Police Department
- Bellwood Police Department
- Berkeley Police Department
- Berwyn Police Department
- Bloomington Police Department
- Blue Island Police Department
- Bolingbrook Police Department
- Braidwood Police Department
- Broadview Police Department
- Burbank Police Department
- Burr Ridge Police Department
- Cahokia Police Department
- Calumet City Police Department
- Calumet Park Police Department
- Canton Police Department
- Carlinville Police Department
- Carol Stream Police Department
- Cary Police Department
- Caseyville Police Department
- Champaign Police Department
- Chicago Heights Police Department
- Chicago Police Department
 - Postal Interdiction Team
- Chicago Ridge Police Department
- Christian County Sheriff
- Cicero Police Department
- Colona Police Department
- Cook County Sheriff's Police Department
 - Narcotics Unit
- Crest Hill Police Department
- Crestwood Police Department
- Crete Police Department
- Crystal Lake Police Department
- Decatur Police Department
- DeKalb County Sheriff
- Des Plaines Police Department
- De Witt County Sheriff
- DuPage County Sheriff
- East Hazel Crest Police Department
- Elgin Police Department
- Elk Grove Village Police Department
- Evanston Police Department
- Evergreen Park Police Department
- Fairview Heights Police Department
- Forest Park Police Department
- Forest View Police Department
- Fox Lake Police Department
- Frankfort Police Department
- Franklin Park Police Department
- Freeport Police Department
- Fulton County Sheriff
- Galesburg Police Department
- Genoa Police Department
- Glen Carbon Police Department
- Glenwood Police Department
- Grant Park Police Department
- Hanover Park Police Department
- Harvey Police Department
- Havana Police Department
- Hillside Police Department
- Hoffman Estates Police Department
- Homewood Police Department
- Illinois State Police
- Indian Head Park Police Department
- Island Lake Police Department
- Itasca Police Department
- Jefferson County Sheriff
 - Narcotics Division
- Joliet Metropolitan Area Narcotics Squad
- Joliet Police Department
 - Narcotics Unit
- Kane County Sheriff
- Kendall County Cooperative Police Assistance Team
- Kewanee Police Department
- LaGrange Police Department
- Lake County Sheriff
- Lake in the Hills Police Department
- Lake Villa Police Department
- Lake Zurich Police Department
- Lemont Police Department
- Litchfield Police Department
- Lockport Police Department
- Loves Park Police Department
- Lynwood Police Department
- Lyons Police Department
- Macon County Sheriff
- Madison County Sheriff
- Marshall Police Department
- Maryville Police Department
- Mascoutah Police Department
- Mason County Sheriff
- Matteson Police Department
- Mattoon Police Department
- Maywood Police Department
- McHenry County Sheriff
- Melrose Park Police Department
- Mendota Police Department
- Mercer County Sheriff
- Moline Police Department
- Mount Prospect Police Department
- Mount Vernon Police Department
- Mundelein Police Department
- Murphysboro Police Department
- Naperville Police Department
- Norridge Police Department
- Northbrook Police Department
 - Investigations Unit
- Northfield Police Department

Northlake Police Department	Sauk Village Police Department
Oak Brook Police Department	Schaumburg Police Department
Oak Lawn Police Department	Silvis Police Department
Oak Park Police Department	Skokie Police Department
Orland Park Police Department	South Barrington Police Department
Palatine Police Department	South Chicago Heights Police Department
Palos Heights Police Department	Springfield Police Department
Park Forest Police Department	Streamwood Police Department
Peoria County Sheriff	Summit Police Department
Peoria Police Department	Tazewell County Sheriff
Peotone Police Department	Tinley Park Police Department
Phoenix Police Department	University Park Police Department
Pike County Sheriff	Warrenville Police Department
Posen Police Department	Waukegan Police Department
Prospect Heights Police Department	Wheaton Police Department
Quincy Police Department	Wheeling Police Department
Riverdale Police Department	Will County Cooperative Police Assistance Team
River Grove Police Department	Will County Sheriff
Rock Falls Police Department	Williamson County Sheriff
Rockford Police Department	Willow Springs Police Department
Rock Island Police Department	Winnebago County Sheriff's Police Department
Rosemont Police Department	Metro Narcotic Unit
Sangamon County Sheriff	Woodstock Police Department

Indiana

Albany Police Department	Hammond Police Department
Alexandria City Police Department	Harrison County Sheriff
Allen County Sheriff	Highland Police Department
Anderson Police Department	Hobart Police Department
Angola Police Department	Howard County Drug Enforcement Task Force
Bloomington Police Department	Huntingburg Police Department
Boone County Sheriff	Huntington County Sheriff
Boonville Police Department	Indianapolis Police Department
Brownsburg Police Department	Indiana State Police
Carmel Metropolitan Police Department	Bureau of Criminal Investigations
Cass County Sheriff	District 13 Office
Cedar Lake Police Department	Drug Enforcement Section
Charlestown Police Department	Johnson County Sheriff
Chesterton Police Department	Kendallville Police Department
Cicero Police Department	Knox County Sheriff
Clay County Sheriff	Kokomo Police Department
Columbia City Police Department	Lafayette Police Department
Drug Task Force	Lake County Drug Task Force
Crawfordsville Police Department	Lake County Sheriff
Crown Point Police Department	Lake Station Police Department
Daviess County Sheriff	La Porte County Metro Operations
De Kalb County Sheriff	La Porte County Sheriff
Delaware County Drug Task Force	Lawrence Police Department
Dyer Metropolitan Police Department	Lebanon Police Department
East Chicago Police Department	Logansport Police Department
Elkhart County Prosecutor	Lowell Police Department
Elkhart County Sheriff	Marion County Sheriff
Elkhart Police Department	Marion Police Department
Evansville Police Department	Marshall County Sheriff
Fort Wayne Police Department	Merrillville Police Department
Frankton Police Department	Michigan City Police Department
Gary Police Department	Mishawaka Police Department
Greenfield City Police Department	Monroe County Sheriff
Greensburg Police Department	Montgomery County Sheriff
Griffith Police Department	Muncie Police Department

National Drug Threat Assessment 2005

Munster Police Department
New Albany Police Department
New Castle Department of Police
Noblesville Police Department
North Vernon Police Department
Parke County Sheriff
Plainfield Police Department
Plymouth City Police Department
Portage Police Department
Porter County Sheriff
Posey County Narcotics Unit
Posey County Sheriff
Richmond Police Department
Schererville Police Department
Seymour Police Department
South Bend Police Department
St. John Police Department

St. Joseph County Police Department
Switzerland County Sheriff
Tell City Police Department
Terre Haute Police Department
Tippecanoe County Sheriff
Tipton Police Department
Vanderburgh County Sheriff
Vermillion County Sheriff
Vigo County Drug Task Force
Vigo County Sheriff
Vincennes City Police Department
Wabash County Sheriff
Warrick County Sheriff
Whiting Police Department
Winchester Police Department
Zionsville Police Department

Iowa

Algona Police Department
Altoona Police Department
Ames Police Department
Appanoose County Sheriff
Atlantic Police Department
Bettendorf Police Department
Black Hawk County Sheriff
Burlington Police Department
Carroll County Sheriff
Carroll Police Department
Cedar Falls Police Department
Cedar Rapids Police Department
Cerro Gordo County Sheriff
Clarinda Police Department
Clayton County Sheriff
Clinton Police Department
Clive Police Department
Coralville Police Department
Council Bluffs Police Department
Creston Police Department
Davenport Police Department
Delaware County Sheriff
Denison City Police Department
Des Moines County Sheriff
Des Moines Police Department
Dubuque County Sheriff
Dubuque Police Department
Estherville Police Department
Fremont County Sheriff
Grinnell Police Department
Grundy County Sheriff
Harrison County Sheriff
Henry County Sheriff
Indianola Police Department
Iowa City Police Department
Iowa Department of Public Safety
 Division of Narcotics Enforcement
 Intelligence Bureau

Iowa Falls Police Department
Jasper County Sheriff
Lee County Narcotics Task Force
Lee County Sheriff
Le Mars Police Department
Linn County Sheriff
Lucas County Sheriff
Mahaska County Sheriff
Marion County Sheriff
Marion Police Department
Marshall County Sheriff
Mid-Iowa Drug Task Force
Muscatine County Drug Task Force
Muscatine County Sheriff
Muscatine Police Department
Newton Police Department
O'Brien County Sheriff
Osceola County Sheriff
Pella Police Department
Pleasant Hill Police Department
Polk County Sheriff
Red Oak Police Department
Scott County Sheriff
Sioux City Police Department
Southwest Iowa Narcotics Task Force
Storm Lake Police Department
Tama County Sheriff
Tri-State Drug Task Force
Van Buren County Sheriff
Warren County Sheriff
Washington Police Department
Waterloo Police Department
Waverly Police Department
Webster City Police Department
West Des Moines Police Department
Windsor Heights Police Department
Woodbury County Sheriff

Kansas

Arkansas City Police Department	Leavenworth Police Department
Atchison Police Department	Lenexa Police Department
Baxter Springs Police Department	Linn County Sheriff
Bonner Springs Police Department	Lyon County Sheriff
Butler County Sheriff	McPherson County Sheriff
Cherokee County Sheriff	McPherson Police Department
Coffey County Sheriff	Merriam Police Department
Colby Police Department	Miami County Sheriff
Columbus Police Department	Montgomery County Sheriff
Crawford County Sheriff	Neosho County Sheriff
Derby Police Department	Newton Police Department
Dickinson County Sheriff	Olathe Police Department
Drug Enforcement Unit	Osawatomie Police Department
Dodge City Police Department	Ottawa Police Department
Douglas County Drug Enforcement Unit	Overland Park Police Department
Douglas County Sheriff	Parsons Police Department
Edwardsville Police Department	Phillips County Sheriff
El Dorado Police Department	Pittsburg Police Department
Emporia Police Department	Pratt Police Department
Ford County Sheriff	Reno County Sheriff
Fort Scott Police Department	Riley County Police Department
Garden City Police Department	Roeland Park Police Department
Grant County Sheriff	Salina County Sheriff
I-135/I-70 Drug Task Force	Saline Police Department
Johnson County Sheriff	Sedgwick County Sheriff
Kansas Bureau of Investigation	Shawnee County Sheriff
Great Bend Regional Task Office	Shawnee Police Department
Southeast Kansas Drug Enforcement Task Force	Sumner County Sheriff
Kansas City Police Department	Thomas County Sheriff
Kansas Highway Patrol	Topeka Police Department
Kearny County Sheriff	Ulysses Police Department
Labette County Sheriff	Wellington Police Department
Lansing Police Department	Wichita Police Department
Lawrence Police Department	

Kentucky

Adair County Sheriff	Georgetown Police Department
Albany Police Department	Graves County Sheriff
Barbourville Police Department	Grayson County Sheriff
Bell County Sheriff	Hardin County Sheriff
Bellevue Police Department	Harlan City Police Department
Bowling Green Police Department	Harlan County Sheriff
Burkesville Police Department	Harrodsburg Police Department
Campbellsville Police Department	Highland Heights Police Department
Clark County Sheriff	Independence Police Department
Clinton County Sheriff	Jackson Police Department
Columbia Police Department	Jeffersonton Police Department
Corbin Police Department	Johnson County Sheriff
Covington Police Department	Kenton County Police Department
Cumberland County Sheriff	Kenton County Sheriff
Edgewood Police Department	Kentucky State Police
Elizabethtown Police Department	Knox County Sheriff
Evarts Police Department	La Grange City Police
Florence Police Department	Lebanon Police Department
Floyd County Sheriff	Leitchfield Police Department
Fort Wright Police Department	Letcher County Sheriff
Frankfort Police Department	Lexington-Fayette Urban County Division of Police
Franklin County Sheriff	Logan County Sheriff
Franklin Police Department	London Police Department

National Drug Threat Assessment 2005

Louisville Metro Police Department
Narcotics Unit
Madison County Sheriff
Marion County Sheriff
Marshall County Sheriff
Mayfield Police Department
McCracken County Sheriff
McCreary County Sheriff
Middlesboro Police Department
Montgomery County Sheriff
Monticello Police Department
Mount Sterling Police Department
Mount Vernon Police Department
Mount Washington Police Department
Nelson County Sheriff
Oldham County Police Department
Owensboro Police Department
Owsley County Sheriff
Paducah Police Department
Paintsville Police Department
Perry County Sheriff

Pike County Sheriff
Pikeville Police Department
Pineville Police Department
Prestonsburg Police Department
Princeton Police Department
Richmond Police Department
Russell Police Department
Russellville Police Department
Salyersville Police Department
Scott County Sheriff
Scottsville Police Department
Shelbyville Police Department
Shepherdsville Police Department
Shively Police Department
Somerset Police Department
St. Matthews Police Department
Taylor County Sheriff Office
Versailles Police Department
West Buechel Police Department
Williamsburg Police Department
Winchester Police Department

Louisiana

Acadia Parish Sheriff
Alexandria Police Department
Allen Parish Sheriff
Ascension Parish Sheriff
Avoyelles Parish Sheriff
Narcotics Division
Baton Rouge Police Department
Beauregard Parish Sheriff
Bossier City Police Department
Bossier Parish Sheriff
Caddo Parish Sheriff
Calcasieu Multi-Jurisdictional Task Force
Calcasieu Parish Sheriff
Cameron Parish Sheriff
Catahoula Parish Sheriff
Church Point Police Department
Claiborne Parish Sheriff
Concordia Parish Sheriff
Denham Springs Police Department
De Soto Parish Sheriff
East Baton Rouge Parish Sheriff
Franklinton Police Department
Grand Isle Police Department
Gretna Police Department
Harahan Police Department
Iberville Parish Sheriff
Jefferson Parish Sheriff
Jennings Police Department
Kenner Police Department
Lafayette Metro Narcotics Task Force
Lafayette Parish Sheriff
Lafayette Police Department
Lafourche Parish Drug Task Force
Lafourche Parish Sheriff
Lake Charles Police Department
Livingston County Sheriff
Livonia Police Department

Louisiana State Police
Investigative Support Center
Narcotics Section
North District
South District
West District
Madison Parish Sheriff
Marksville Police Department
Metro Narcotics Unit – FBI Task Force
Monroe Police Department
Morehouse Parish Sheriff
Natchitoches Multi-Jurisdictional Task Force
Natchitoches Police Department
New Orleans Police Department
New Roads Police Department
North Louisiana Drug Enforcement Bureau
Ouachita Parish Sheriff
Plaquemine Police Department
Plaquemines Parish Sheriff
Pointe Coupee Parish Sheriff
Rapides Parish Sheriff
Rapides Metro Narcotics Task Force
Richwood Police Department
Sabine Parish Sheriff
Shreveport Police Department
St. Bernard Parish Sheriff
St. Charles Parish Sheriff
St. James Parish Sheriff
St. John the Baptist Parish Sheriff
St. Landry Parish Sheriff
St. Martin Parish Sheriff
St. Mary Parish Multi-Jurisdictional Drug Task Force
St. Mary Parish Sheriff
St. Tammany Parish Sheriff
Sulphur Police Department
Tangipahoa Parish Sheriff
Terrebonne Parish Sheriff

Thibodaux Police Department
 Vernon Parish Sheriff
 Washington Parish Sheriff

Webster Parish Sheriff
 Welsh Police Department

Maine

Androscoggin County Sheriff
 Aroostook County Sheriff
 Auburn Police Department
 Augusta Police Department
 Baileyville Police Department
 Bangor Police Department
 Bar Harbor Police Department
 Biddeford Police Department
 Brewer Police Department
 Bridgton Police Department
 Buxton Police Department
 Calais Police Department
 Camden Police Department
 Cape Elizabeth Police Department
 Caribou Police Department
 Cumberland County Sheriff
 Cumberland Police Department
 Damariscotta Police Department
 Dixfield Police Department
 Fairfield Police Department
 Falmouth Police Department
 Farmington Police Department
 Fort Kent Police Department
 Freeport Police Department
 Gorham Police Department
 Hampden Police Department
 Houlton Police Department
 Kennebec County Sheriff
 Kennebunk Police Department
 Kennebunkport Police Department
 Kittery Police Department
 Knox County Sheriff
 Lewiston Police Department
 Lincoln County Sheriff
 Lisbon Police Department
 Livermore Falls Police Department

Maine Drug Enforcement Agency
 Alfred Task Force Office
 Houlton Task Force Office
 Portland Task Force Office
 Maine State Police
 Mexico Police Department
 Millinocket Police Department
 Oakland Police Department
 Ogunquit Police Department
 Old Orchard Beach Police Department
 Old Town Police Department
 Orono Police Department
 Oxford County Sheriff
 Paris Police Department
 Penobscot County Sheriff
 Portland Police Department
 Presque Isle Police Department
 Rockland City Police Department
 Rumford Police Department
 Saco Police Department
 Sagadahoc County Sheriff
 Sanford Police Department
 Scarborough Police Department
 Skowhegan Police Department
 Somerset County Sheriff
 South Berwick Police Department
 South Portland Police Department
 Waldo County Sheriff
 Washington County Sheriff
 Wells Police Department
 Westbrook Police Department
 Windham Town Police Department
 Winthrop Police Department
 Yarmouth Police Department
 York County Sheriff
 York Police Department

Maryland

Aberdeen Police Department
 Allegany County Sheriff
 Annapolis Police Department
 Anne Arundel County Police Department
 Baltimore City Police Department
 Organized Crime Division Narcotics Section
 Baltimore County Police Department
 Bel Air Police Department
 Berlin Police Department
 Brunswick Police Department
 Calvert County Sheriff
 Cambridge Police Department
 Caroline County Sheriff
 Cecil County Sheriff
 Charles County Sheriff
 Cheverly Police Department
 Chevy Chase Village Police Department

Combined County Criminal Investigation Narcotic Unit
 Cumberland Police Department
 Delmar Police Department
 District Heights Police Department
 Easton Police Department
 Frederick County Sheriff
 Frederick Police Department
 Drug Enforcement Unit
 Frostburg Police Department
 Fruitland Police Department
 Garrett County Narcotics Task Force
 Garrett County Sheriff
 Hagerstown Police Department
 Harford County Sheriff
 Havre de Grace Police Department
 Howard County Department of Police
 Hyattsville Police Department

National Drug Threat Assessment 2005

Kent County Sheriff
Laurel Police Department
Maryland State Police
Montgomery County Police Department
Mount Rainier Police Department
Ocean City Police Department
Prince George's County Police Department
Queen Anne's County Drug Task Force
Queen Anne's County Sheriff
Riverdale Park Police Department

Rockville City Police Department
Salisbury Police Department
Seat Pleasant Police Department
St. Mary's County Sheriff
Talbot County Narcotics Task Force
Westminster Police Department
Wicomico County Narcotics Task Force
Wicomico County Sheriff
Worcester County Bureau of Investigation
Worcester County Sheriff

Massachusetts

Agawam Police Department
Amesbury Police Department
Amherst Police Department
Barnstable Police Department
Bedford Police Department
Bellingham Police Department
Beverly Police Department
Boston Police Department
 Drug Control Division
Bourne Police Department
Braintree Police Department
Brewster Police Department
Brockton Police Department
Brookline Police Department
Cambridge Police Department
Canton Police Department
Carlisle Police Department
Chelsea Police Department
Chicopee Police Department
Cohasset Police Department
Dartmouth Police Department
Dedham Police Department
Douglas Police Department
East Brookfield Police Department
Essex County Drug Task Force
Everett Police Department
Fairhaven Police Department
Fall River Police Department
 Vice and Intelligence Unit
Fitchburg Police Department
Foxboro Police Department
Framingham Police Department
Great Barrington Police Department
Halifax Police Department
Hanson Police Department
Haverhill Police Department
Holliston Police Department
Holyoke Police Department
Lakeville Police Department
Lawrence Police Department
Lee Police Department
Leominster Police Department
Lowell Police Department
Lynn Drug Task Force
Lynn Police Department
Malden Police Department
Manchester Police Department
Mashpee Police Department

Massachusetts State Police
Medford Police Department
Melrose Police Department
Methuen Police Department
Middleton Police Department
Millis Police Department
Monson Police Department
New Bedford Police Department
Newton Police Department
Norfolk Police Department
Oak Bluffs Police Department
Palmer Police Department
Peabody Police Department
Pittsfield Police Department
Plainville Police Department
Plymouth Police Department
Provincetown Police Department
Quincy Police Department
Raynham Police Department
Revere Police Department
Rochester Police Department
Salem Police Department
Saugus Police Department
Somerville Police Department
Southwick Police Department
Springfield Police Department
 Narcotics Bureau
Sterling Police Department
Sturbridge Police Department
Taunton Police Department
Templeton Police Department
Truro Police Department
Waltham Police Department
Ware Police Department
Warren Police Department
Wellesley Police Department
Westfield Police Department
Westford Police Department
Weston Police Department
Westport Police Department
West Springfield Police Department
Weymouth Police Department
Whitman Police Department
Williamstown Police Department
Winthrop Police Department
Woburn Police Department
Worcester Police Department

Michigan

Allegan County Sheriff	Livonia Police Department
Almont Police Department	Macomb County Sheriff
Ann Arbor Police Department	Madison Heights Police Department
Arenac County Sheriff	Marysville Police Department
Auburn Hills Police Department	Mecosta County Sheriff
Battle Creek Police Department	Michigan State Police
Bay City Police Department	Milan Police Department
Bay County Sheriff	Monroe County Sheriff
Berkley Police Department	Mundy Township Police Department
Bloomfield Township Police Department	Muskegon County Sheriff
Burton Police Department	Muskegon Police Department
Canton Township Police Department	Negaunee Police Department
Center Line Department of Public Safety	Oakland County Sheriff
Chelsea Police Department	Oceana County Sheriff
Chesterfield Township Police Department	Ogemaw County Sheriff
Clinton County Sheriff	Oscoda County Sheriff
Clinton Township Police Department	Ottawa County Sheriff
Davison Police Department	Petoskey Department of Public Safety
Dearborn Heights Police Department	Plymouth Police Department
Dearborn Police Department	Pontiac Police Department
Detroit Police Department	River Rouge Police Department
Dickinson County Sheriff	Riverview Police Department
Emmett Township Police Department	Rochester Police Department
Farmington Hills Police Department	Roseville Police Department
Flint City Police Department	Royal Oak Police Department
Flushing Police Department	Saginaw City Police Department
Genesee County Sheriff	Saugatuck/Douglas Police Department
Genesee Township Police Department	Southfield Police Department
Grand Rapids Police Department	St. Clair Police Department
Green Oak Township Police Department	St. Clair Shores Police Department
Grosse Pointe Farms Department of Public Safety	St. Joseph City Police Department
Grosse Pointe Woods Department of Public Safety	Sterling Heights Police Department
Hamtramck Police Department	Sumpter Township Police Department
Ingham County Sheriff	Taylor Police Department
Ironwood Public Safety Department	Trenton Police Department
Kalamazoo County Sheriff	Troy Police Department
Kalamazoo Department of Public Safety	Tuscola County Sheriff
Kalamazoo Valley Enforcement Team	Warren Police Department
Kent County Sheriff	Washtenaw County Sheriff
Kentwood Police Department	Waterford Police Department
Lake County Sheriff	Wayne County Sheriff
Lansing Police Department	Westland Police Department
Lapeer Police Department	Wexford County Sheriff
Livingston County Sheriff	Wixom Police Department
Livingston-Washtenaw Narcotics Enforcement Team	Wyoming Police Department

Minnesota

Aitkin County Sheriff	Centennial Lakes Police Department
Alexandria Police Department	Chisholm Police Department
Anoka County Sheriff	Clay County Sheriff
Anoka-Hennepin Narcotics and Violent Crimes Task Force	Columbia Heights Police Department
Austin Police Department	Cottage Grove Police Department
Becker County Sheriff	Crow Wing County Sheriff
Benton County Sheriff	Dakota County Drug Task Force
Bloomington Police Department	Dakota County Sheriff
Brooklyn Park Police Department	Duluth City Police Department
Brown County Sheriff	Eagan police Department
Carver County Sheriff	Faribault Police Department

National Drug Threat Assessment 2005

Farmington Police Department
Fergus Falls Police Department
Glencoe Police Department
Goodhue County Sheriff
Hennepin County Sheriff
Hopkins Police Department
Kanabec County Sheriff
Koochiching County Sheriff
Lakeville Police Department
Le Sueur County Sheriff
Lino Lakes Police Department
Little Falls Police Department
Lyon County Sheriff
Maple Grove Police Department
Marshall Public Safety
Meeker County Sheriff
Minneapolis Police Department
 Narcotics Unit
Minnesota Department of Public Safety
 Bureau of Criminal Apprehension
Minnesota State Patrol
Minnetonka Police Department
Mound Police Department
Mower County Sheriff
New Hope Police Department

New Ulm Police Department
Orono Police Department
Pipestone County Sheriff
Plymouth Police Department
Ramsey County Sheriff
Ramsey Police Department
Red Wing Police Department
Renville County Sheriff
Richfield Police Department
Rochester Police Department
Rosemount Police Department
Roseville Police Department
Saint Peter Police Department
Sartell Police Department
Shakopee Police Department
Sherburne County Sheriff
Southwest Metro Drug Task Force
St. Cloud Police Department
St. Louis County Sheriff
St. Paul Police Department
Thief River Falls Police Department
Waite Park Police Department
Watonwan County Sheriff
White Bear Lake Police Department

Mississippi

Aberdeen Police Department
Adams County Sheriff
Alcorn County Sheriff
Amory Police Department
Attala County Sheriff
Baldwyn Police Department
Batesville Police Department
Biloxi Police Department
Booneville Police Department
Brandon Police Department
Canton Police Department
Clarke County Sheriff
Clarksdale Police Department
Clinton Police Department
Columbia Police Department
Columbus Police Department
 Metro Narcotics Division
Crystal Springs Police Department
Desoto County Metro Narcotics
Desoto County Sheriff
Durant Police Department
East Mississippi Drug Task Force
Ellisville Police Department
Florence Police Department
Flowood Police Department
Forrest County Sheriff
Forrest-Perry County Metro Narcotics Task Force
Gautier Police Department
Greenville Police Department
Greenwood Police Department
Grenada County Sheriff
Grenada Police Department
Gulfport Police Department

Harrison County Sheriff
Hattiesburg Police Department
Hazlehurst Police Department
Hernando Police Department
Hinds County Sheriff
Houston Police Department
Humphreys County Sheriff
Itawamba County Sheriff
Jackson Police Department
Jones County Sheriff
Kosciusko Police Department
Lafayette County Metro Narcotics Unit
Lamar County Sheriff
Leake County Sheriff
Lee County Sheriff
Lincoln County Sheriff
Long Beach Police Department
Louisville Police Department
Lowndes County Sheriff
Lucedale Police Department
Macon Police Department
Magee Police Department
Marion County Sheriff
Marshall County Sheriff
McComb Police Department
Meridian Police Department
Mississippi Bureau of Narcotics
Mississippi Highway Patrol
Monroe County Sheriff
Moss Point Police Department
Natchez Police Department
Neshoba County Sheriff
North Mississippi Narcotic Unit

Ocean Springs Police Department
 Oxford Police Department
 Panola County Narcotics Task Force
 Panola County Sheriff
 Pascagoula Police Department
 Pass Christian Police Department
 Picayune Police Department
 Pike County Sheriff
 Pontotoc Police Department
 Poplarville Police Department
 Prentiss County Sheriff
 Quitman Police Department
 Rankin County Sheriff
 Scott County Sheriff

Senatobia Police Department
 Simpson County Sheriff
 Southeast Mississippi Drug Task Force
 South Mississippi Drug Task Force
 Tunica County Sheriff
 Union County Sheriff
 Vicksburg Police Department
 Walthall County Sheriff
 Washington County Sheriff
 Water Valley Police Department
 Waveland Police Department
 Waynesboro Police Department
 Wiggins Police Department
 Yazoo County Sheriff

Missouri

Andrew County Sheriff
 Audrain County Sheriff
 Belton Police Department
 Blue Springs Police Department
 Breckenridge Hills Police Department
 Camden County Sheriff
 Camdenton Police Department
 Cape Girardeau County Sheriff
 Cape Girardeau Police Department
 Carroll County Sheriff
 Chariton County Sheriff
 Charlack Police Department
 Charleston Department of Public Safety
 Chesterfield Police Department
 Christian County Sheriff
 Clay County Sheriff
 Clayton Police Department
 Clinton Police Department
 Cole County Sheriff
 Columbia Police Department
 Cool Valley Police Department
 Crawford County Sheriff
 Dellwood Police Department
 Farmington Police Department
 Ferguson Police Department
 Festus Police Department
 Florissant Police Department
 Franklin County Sheriff
 Frontenac Police Department
 Grain Valley Police Department
 Greene County Sheriff
 Hannibal Police Department
 Independence Police Department
 Jackson County Drug Task Force
 Jackson County Sheriff
 Jasper County Drug Task Force
 Jefferson City Police Department
 Jefferson County Sheriff
 Joplin Police Department
 Kansas City Police Department
 Kearney Police Department
 Kinloch City Police Department
 Kirkwood Police Department
 Ladue Police Department

Lake Area Narcotics Enforcement Group
 Lake St. Louis Police Department
 Lawrence County Sheriff
 Lees Summit Police Department
 Manchester Police Department
 Marshall Police Department
 Maryland Heights Police Department
 Mexico Public Safety Department
 Miller County Sheriff
 Missouri State Highway Patrol
 Division of Drug and Crime Control
 Moniteau County Sheriff
 Montgomery County Sheriff
 Neosho City Police Department
 Overland Police Department
 Ozark Police Department
 Pagedale Police Department
 Park Hills Police Department
 Pevely Police Department
 Phelps County Sheriff
 Pike County Sheriff
 Pine Lawn Police Department
 Pleasant Valley Police Department
 Portageville Police Department
 Potosi Police Department
 Raymore Police Department
 Republic Police Department
 Rock Hill Police Department
 Southeast Missouri Drug Task Force
 Springfield Police Department
 St. Charles County Police Department
 St. Charles County Regional Drug Task Force
 St. Charles County Sheriff
 St. Joseph Police Department
 St. Louis County Police Department
 St. Louis Metropolitan Police Department
 St. Peters Police Department
 Stoddard County Sheriff
 Sullivan Police Department
 University City Police Department
 Velda Village Police Department
 Versailles Police Department
 Warrensburg Police Department
 Warrenton Police Department

National Drug Threat Assessment 2005

Washington County Sheriff
Washington Police Department
Weatherby Lake Police Department

Webb City Police Department
Webster Groves Police Department
Wright City Police Department

Montana

Anaconda/Deer Lodge County Law Enforcement Agency
Beaverhead County Sheriff
Big Horn County Sheriff
Billings Police Department
Bozeman Police Department
Butte-Silver Bow Sheriff
Cascade County Sheriff
Central Montana Drug Task Force
City/County Special Investigations Unit
Flathead County Sheriff
Gallatin County Sheriff
Glendive Police Department
Great Falls Police Department
Hamilton Police Department
Havre Police Department
Helena Police Department
Hill County Sheriff
Kalispell Police Department
Lake County Sheriff
Laurel Police Department
Lewis and Clark County Sheriff
Lewistown Police Department

Lincoln County Sheriff
Livingston Police Department
Miles Police Department
Missoula County Sheriff
Missoula Police Department
Missouri River Drug Task Force
Montana Department of Justice
 Division of Criminal Investigations
Montana Highway Patrol
Northwest Montana Drug Task Force
Park County Sheriff
Powell County Sheriff
Ravalli County Sheriff
Roosevelt County Sheriff
Rosebud County Sheriff
Teton County Sheriff
Toole County Sheriff
Tri-Agency Drug Task Force
Valley County Sheriff
Whitefish City Police Department
Yellowstone County Sheriff

Nebraska

III Corps Drug and Violent Crime Task Force
Adams County Sheriff
Alliance Police Department
Beatrice Police Department
Bellevue Police Department
Blair Police Department
Buffalo County Sheriff
Cass County Sheriff
Chadron Police Department
Columbus Police Department
Crete Police Department
Dakota County Sheriff
Dawson County Sheriff
Dodge County Sheriff
Douglas County Sheriff
Elkhorn Police Department
Fremont Police Department
Gage County Sheriff
Gering Police Department
Grand Island Police Department
Hall County Sheriff
Hastings Police Department
Kearney Police Department
Keith County Sheriff
Lancaster County Sheriff
Lavista Police Department
Lexington Police Department
Lincoln County Sheriff
Lincoln/Lancaster County Narcotics Task Force
Lincoln Police Department
Madison County Sheriff

McCook Police Department
Omaha Area Metro Drug Task Force
Nebraska City Police Department
Nebraska State Patrol
Norfolk Police Department
North Platte Police Department
Ogallala Police Department
Omaha Police Department
Otoe County Sheriff
Papillion Police Department
Platte County Sheriff
Ralston Police Department
Saline County Sheriff
Sarpy County Sheriff
Saunders County Sheriff
Scottsbluff County Sheriff
Scottsbluff Police Department
Seward County Sheriff
Seward Police Department
Sidney Police Department
Southeast Area Drug Enforcement Task Force
South Sioux Police Department
Tri-City Drug Task Force
Washington County Sheriff
Western Nebraska Intelligence and Narcotics Group Task Force
York Police Department

Nevada

Boulder City Police Department	Mineral County Sheriff
Carson City Sheriff	Nevada Department of Public Safety
Churchill County Sheriff	Investigation Division
Douglas County Sheriff	North Las Vegas Police Department
Elko County Sheriff	Nye County Sheriff
Elko Police Department	Pershing County Sheriff
Eureka County Sheriff	Reno Police Department
Fallon Police Department	Sparks Police Department
Henderson Police Department	Storey County Sheriff
Humboldt County Sheriff	Tri-Net Narcotic Task Force
Lander County Sheriff	Washoe County Sheriff
Las Vegas Metro Police Department	West Wendover Police Department
Lincoln County Sheriff	White Pine County Sheriff
Lyon County Sheriff	Winnemucca Police Department
Mesquite City Police Department	Yerington Police Department

New Hampshire

Alton Police Department	Littleton Police Department
Amherst Police Department	Londonderry Police Department
Belknap County Sheriff	Manchester Police Department
Belmont Police Department	Meredith Police Department
Bow Police Department	Milford Police Department
Claremont Police Department	Moultonborough Police Department
Colebrook Police Department	Nashua Police Department
Concord Police Department	New Hampshire Attorney General's Drug Task Force
Conway Police Department	New Hampshire State Police
Derry Police Department	Newington Police Department
Dover Police Department	New Market Police Department
Durham Police Department	Northfield Police Department
Enfield Police Department	North Hampton Police Department
Epping Police Department	Pelham Police Department
Farmington Police Department	Pembroke Police Department
Franklin Police Department	Peterborough Police Department
Goffstown Police Department	Plaistow Police Department
Gorham Police Department	Plymouth Police Department
Grafton County Sheriff	Portsmouth Police Department
Hampton Police Department	Raymond Police Department
Hanover Police Department	Rochester Police Department
Henniker Police Department	Rockingham County Sheriff
Hillsboro Police Department	Salem Police Department
Hillsborough County Sheriff	Seabrook Police Department
Hooksett Police Department	Somersworth Police Department
Hudson Municipal Police Department	Stratham Police Department
Jaffrey Police Department	Swanzey Police Department
Keene Police Department	Tilton Police Department
Laconia Police Department	Winchester Police Department
Lebanon Police Department	Windham Police Department
Litchfield Police Department	Wolfeboro Police Department

New Jersey

Andover Township Police Department	Bernardsville Police Department
Atlantic City Police Department	Bloomfield Police Department
Avalon Police Department	Bordentown Township Police Department
Bayonne Police Department	Bound Brook Police Department
Beachwood Police Department	Brick Township Police Department
Bergen County Prosecutor	Brigantine Police Department
Narcotic Task Force	Camden City Police Department
Berkeley Township Police Department	Camden County Prosecutor

Cape May County Prosecutor
Carlstadt Police Department
Carneys Point Police Department
Cedar Grove Police Department
Cherry Hill Police Department
Chesilhurst Borough Police Department
Clayton Police Department
Cliffside Park Police Department
Clifton Police Department
Delran Police Department
Dover Township Police Department
Eastampton Township Police Department
East Brunswick Police Department
East Greenwich Township Police Department
East Orange Police Department
Eatontown Police Department
Elizabeth Police Department
Englewood Cliffs Police Department
Essex County Sheriff
 Bureau of Narcotics
Ewing Police Department
Fairfield Township Police Department
Fairview Police Department
Flemington Police Department
Fort Lee Police Department
Franklin Township Police Department
Garfield Police Department
Garwood Police Department
Gloucester Township Police Department
Guttenberg Police Department
Hackensack Police Department
Hackettstown Police Department
Haddon Township Police Department
Hamilton Township Police Department
Hammonton Police Department
Haworth Police Department
Hazlet Township Police Department
Hillsdale Police Department
Hoboken Police Department
Howell Township Police Department
Hudson County Prosecutor
Irvington Police Department
Jackson Township Police Department
Jersey City Police Department
Kearny Police Department
Kenilworth Police Department
Lakewood Police Department
Lavallette Police Department
Linden Police Department
Logan Township Police Department
Long Beach Township Police Department
Long Branch Police Department
Longport Police Department
Magnolia Police Department
Manalapan Township Police Department
Mansfield Township Police Department
Maple Shade Police Department
Middle Township Police Department
Middletown Township Police Department
Montclair Police Department

Montvale Police Department
Moorestown Township Police Department
Morris County Prosecutor
Mountain Lakes Police Department
Mount Holly Township Police Department
Netcong Borough Police Department
Newark Police Department
New Brunswick Police Department
New Jersey State Police
North Bergen Township Police Department
North Brunswick Township Police Department
Oaklyn Police Department
Ocean City Police Department
Ocean County Prosecutor
Old Bridge Township Police Department
Orange City Police Department
Paramus Police Department
Parsippany Police Department
Passaic County Prosecutor
 Joint Narcotics Task Force
Passaic Police Department
Paterson Police Department
Pennsauken Police Department
Perth Amboy Police Department
Pine Hill Police Department
Piscataway Township Police Department
Plainfield Police Department
Pompton Lakes Police Department
Princeton Borough Police Department
Rahway Police Department
Randolph Township Police Department
Readington Township Police Department
Ridgefield Park Police Department
Ridgewood Police Department
Riverside Township Police Department
Rockaway Township Police Department
Sayreville Police Department
Ship Bottom Borough Police Department
Shrewsbury Borough Police Department
South Bound Brook Police Department
Spring Lake Police Department
Surf City Borough Police Department
Sussex County Prosecutor
Teaneck Police Department
Trenton Police Department
Union City Police Department
 Narcotics Task Force
Union County Police Department
Union County Prosecutor
 Narcotic Strike Force
Upper Saddle River Police Department
Verona Police Department
Vineland Police Department
Voorhees Township Police Department
Wallington Police Department
Washington Township Police Department
Wayne Police Department
West Caldwell Police Department
West Milford Police Department
West New York Police Department

West Orange Township Police Department
West Paterson Borough Police Department

Willingboro Township Police Department

New Mexico

Alamogordo Department of Public Safety
Albuquerque Police Department
Artesia Police Department
Belen Police Department
Bernalillo County Sheriffs Department
Bloomfield Police Department
Border Operations Task Force
Bosque Farms Police Department
Carlsbad Police Department
Chaves County Metro Narcotics Task Force
Chaves County Sheriff
Cibola County Sheriff
Clovis Police Department
Corrales Police Department
Curry County Sheriff
Deming Police Department
Department of Public Safety
 Motor Transportation Division
 Anthony Office
 Lordsburg Office
 New Mexico State Police
Dona Ana County Sheriff
Eddy County Sheriff
Española Police Department
Farmington Police Department
Grant County Sheriff
Hidalgo County Sheriff
Hobbs Police Department
Las Cruces Police Department
Las Vegas Police Department
Lea County Drug Task Force

Lea County Sheriff
Lincoln County Sheriff
Lordsburg Police Department
Los Alamos County Police Department
Los Lunas Police Department
Lovington Police Department
Luna County Sheriff
Otero County Narcotics Enforcement Unit
Otero County Sheriff
Pecos Valley Drug Task Force
Portales Police Department
Raton Police Department
Region I Narcotics Enforcement Task Force
Region II Narcotics Enforcement Task Force
Region III Narcotics Enforcement Task Force
Region V Narcotics Enforcement Task Force
Regional Interagency Drug Task Force
Rio Rancho Department of Public Safety
Roswell Police Department
Sandoval County Sheriff
San Juan County Sheriff
San Miguel County Sheriff
Santa Fe Police Department
Socorro County Sheriff
Socorro Police Department
Sunland Park Police Department
Taos County Sheriff
Torrance County Sheriff
Truth or Consequences Police Department
Tucumcari Police Department

New York

Albany County Sheriff
Albany Police Department
Allegany County Sheriff
Amherst Town Police Department
Binghamton Police Department
Broome County Sheriff
Buffalo Police Department
Carthage Village Police Department
Catskill Village Police Department
Cattaraugus County Sheriff
Chautauqua County Sheriff
Cheektowaga Town Police Department
Clarkstown Police Department
Clinton County Sheriff
Colonie Town Police Department
Columbia County Sheriff
Cornwall Town Police Department
Depew Village Police Department
Dobbs Ferry Village Police Department
Dryden Village Police Department
Dunkirk Police Department
Dutchess County Drug Task Force
Dutchess County Sheriff

East Greenbush Police Department
East Rochester Village Police Department
Elmira Police Department
Endicott Village Police Department
Erie County Sheriff
Evans Town Police Department
 Detective Bureau
Fishkill Town Police Department
Frankfort Village Police Department
Freeport Village Police Department
Fulton County Sheriff
Garden City Village Police Department
Geddes Town Police Department
Glen Cove Police Department
Great Neck Estates Police Department
Greece Town Police Department
Greenburgh Town Police Department
Guilderland Town Police Department
Hamburg Town Police Department
Haverstraw Village Police Department
Hempstead Village Police Department
Highland Falls Village Police Department
Hyde Park Police Department

National Drug Threat Assessment 2005

Ithaca Police Department
Kingston Police Department
Lackawanna Police Department
Lake Placid Village Police Department
Lake Success Village Police Department
Lakewood-Busti Village Police Department
Lloyd Town Police Department
Malone Village Police Department
Manlius Town Police Department
Monroe County Sheriff
Mount Morris Village Police Department
Mount Vernon Police Department
Nassau County Police Department
Newburgh Police Department
New Castle Town Police Department
New Paltz Town Police Department
New Rochelle Police Department
New York City Police Department
New York State Police
Niagara County Sheriff
 Drug Task Force
Niagara Falls Police Department
Norwich Police Department
Ocean Beach Village Police Department
Office of Alcohol and Substance Abuse Services
Oneida County Sheriff
Onondaga County Sheriff
Ontario County Sheriff
Orange County Sheriff
 Narcotics Department
Orangetown Town Police Department
Oswego Police Department
Poughkeepsie Police Department
Poughkeepsie Town Police Department
Putnam County Sheriff

Ramapo Town Police Department
Rensselaer County Sheriff
Rochester Police Department
Rockland County Narcotics Task Force
Rockland County Sheriff
Rome Police Department
Rotterdam Town Police Department
Saratoga County Sheriff
Saugerties Village Police Department
Schenectady Police Department
Schodack Town Police Department
Seneca Falls Village Police Department
Sleepy Hollow Village Police Department
Southampton Town Police Department
Southern Tier Regional Drug task Force
South Nyack-Grand View Police Department
Spring Valley Village Police Department
St. Lawrence County Sheriff
Steuben County Sheriff
Suffern Village Police Department
Suffolk County District Attorney
Suffolk County Police Department
Syracuse Police Department
Tarrytown Village Police Department
Tioga County Sheriff
Tonawanda Town Police Department
Troy Police Department
Utica Police Department
Washingtonville Village Police Department
Watervliet Police Department
Westchester County Police Department
White Plains Police Department
Yonkers Police Department
 Narcotics Unit

North Carolina

Alamance County Sheriff
Archdale Police Department
Asheville Police Department
Beaufort Police Department
Belmont Police Department
Biltmore Forest Police Department
Brunswick County Sheriff
Burke County Sheriff
Burlington Police Department
Cabarrus County Sheriff
Cary Police Department
Catawba County Sheriff
Chapel Hill Police Department
Charlotte-Mecklenburg Police Department
Cherryville Police Department
Cleveland County Sheriff
Columbus County Sheriff
Concord Police Department
Cumberland County Sheriff
Davidson County Sheriff
Davidson Police Department
Durham County Sheriff
 Anti-Crime and Narcotics Division

Durham Police Department
Fayetteville Police Department
Forsyth County Sheriff
Franklin Police Department
Garner Police Department
Gaston County Police Department
Gastonia City Police Department
Goldsboro Police Department
Graham Police Department
Greensboro Police Department
Greenville Police Department
Guilford County Sheriff
Haywood County Sheriff
Henderson County Sheriff
Hendersonville Police Department
Hertford County Sheriff
Hickory Police Department
High Point Police Department
Holly Springs Police Department
Iredell County Sheriff
Jacksonville Police Department
Johnston County Sheriff
Kenly Police Department

Kernersville Police Department
 Kinston Department of Public Safety
 Lincoln County Sheriff
 Lumberton Police Department
 Maggie Valley Police Department
 Maiden Police Department
 Marion Police Department
 Martin County Sheriff
 Mayodan Police Department
 McDowell County Sheriff
 Metropolitan Enforcement Group
 Morganton Department of Public Safety
 Murfreesboro Police Department
 New Bern Police Department
 North Carolina State Bureau of Investigation
 North Carolina State Highway Patrol
 Oak Island Police Department
 Ocean Isle Beach Police
 Onslow County Sheriff
 Orange County Sheriff
 Person County Sheriff
 Pitt County Sheriff
 Raleigh Police Department
 Randolph County Sheriff
 Reidsville Police Department
 Rockingham County Sheriff
 Rocky Mount Police Department
 Rowan County Sheriff
 Roxboro Police Department
 Rutherford County Sheriff

Salisbury Police Department
 Sampson County Sheriff
 Special Investigation Division
 Sanford Police Department
 Scotland Neck Police Department
 Selma Police Department
 Sharpsburg Police Department
 Shelby Police Department
 Siler City Police Department
 Southern Pines Police Department
 Spindale Police Department
 St. Pauls Police Department
 Surf City Police Department
 Taylorsville Police Department
 Thomasville Police Department
 Transylvania County Sheriff
 Union County Sheriff
 Vance County Sheriff
 Wake County Sheriff
 Warren County Sheriff
 Washington County Sheriff
 Wayne County Sheriff
 Weaverville Police Department
 Whiteville Police Department
 Wilmington Police Department
 Wilson Police Department
 Winston-Salem Police Department
 Yadkinville Police Department
 Yancey County Sheriff

North Dakota

Bismarck Police Department
 Bottineau County Sheriff
 Burleigh County Sheriff
 Cass County Sheriff
 Devils Lake Police Department
 Dickinson Police Department
 Fargo Police Department
 Grafton Police Department
 Grand Forks County Sheriff
 Grand Forks Police Department
 Jamestown Police Department
 Mandan City Police Department
 McLean County Sheriff
 Minot Police Department

Morton County Sheriff
 North Dakota Bureau of Criminal Investigation
 Northwest Narcotics Task Force
 Richland County Sheriff
 Rolette County Sheriff
 Stark County Sheriff
 Valley City Police Department
 Wahpeton Police Department
 Ward County Narcotics Task Force
 Ward County Sheriff
 West Fargo Police Department
 Williams County Sheriff
 Williston Police Department

Northern Mariana Islands

Commonwealth of the Northern Mariana Islands
 DEA/Commonwealth of the North Mariana Islands
 Narcotic Task Force

Ohio

Adams County Sheriff
 Akron Police Department
 Alliance Police Department
 Ashland Police Department
 Athens County Sheriff
 Auglaize County Sheriff
 Bath Police Department

Bay Village Police Division
 Beachwood Police Department
 Beaver Township Police Department
 Bedford Heights Police Department
 Bexley Police Department
 Blue Ash Police Department
 Boardman Police Department

- Brookville Police Department
- Brown County Sheriff
- Butler County Sheriff
- Butler Township Police Department
- Cadiz Police Department
- Canton Police Department
 - Vice Unit
- Carey Police Department
- Carroll County Sheriff
- Celina Police Department
- Centerville Police Department
- Cincinnati Police Department
- Circleville Police Department
- Clark County Sheriff
- Clermont County Narcotics Unit
- Clermont County Sheriff
- Cleveland Heights Police Department
- Cleveland Police Department
 - Bureau of Special Services
- Clinton Township Police Department
- Columbus Division of Police
- Copley Township Police Department
- Coshocton County Sheriff
- Crestline Police Department
- Cuyahoga County Sheriff
- Cuyahoga Falls Police Department
- Dayton Police Department
- Defiance Police Department
- Delaware County Sheriff
- Dover Police Department
- Dublin Police Department
- East Palestine Police Department
- Elyria Police Department
- Empire Police Department
- Euclid Police Department
- Evendale Police Department
- Fairborn Police Department
- Fairfield County Sheriff
- Fairfield-Hocking Major Crimes Unit
- Fairfield Police Department
- Fairlawn Police Department
- Fairview Park Police Department
- Fayette County Sheriff
- Franklin City Police Department
- Franklin County Sheriff
- Gauga County Sheriff
- Geneva City Police Department
- Georgetown Police Department
- Glenwillow Police Department
- Grandview Heights Police Department
- Granville Police Department
- Green Township Police Department
- Greene County Agencies for Combined Enforcement Task Force
- Greene County Sheriff
- Grove City Division of Police
- Hamilton City Police Department
- Hamilton County Sheriff
 - Regional Narcotics Unit
- Hancock County Sheriff
- Highland Heights Police Department
- Hilliard Division of Police
- Hillsboro Police Department
- Huber Heights Police Department
- Jackson Police Department
- Kettering Police Department
- Kirtland Police Department
- Lake County Narcotics Agency
- Lakewood Police Department
- Lancaster Police Department
- Licking County Sheriff
- Lima Police Department
- Logan Police Department
- Lorain Police Department
- Louisville Police Department
- Lucas County Sheriff
- Lyndhurst Police Department
- Madison Township Police Department
- Mahoning County Sheriff
- Mahoning Valley Law Enforcement Task Force
- Mansfield Police Department
- Maple Heights Police Department
- Mariemont Police Department
- Marlboro Township Police Department
- Martins Ferry Police Department
- Medina Police Department
- Mentor Police Department
- METRICH Enforcement Unit
- Miamisburg Police Department
- Miami Township Police Department
- Middleburg Heights Police Department
- Middletown Division of Police
- Mingo Junction Police Department
- Montgomery County Sheriff
- Montgomery Police Department
- Moreland Hills Police Department
- Morgan County Sheriff
- Muskingum County Sheriff
- Newark Police Department
- Newton Falls Police Department
- North Olmsted Police Department
- North Randall Police Department
- Norwood Police Division
- Ohio Bureau of Criminal Identification and Investigation
- Ohio State Highway Patrol
- Oregon Police Department
- Ottawa County Sheriff
- Ottawa Police Department
- Parma Heights Police Department
- Parma Police Department
- Perrysburg Township Police Department
- Pickerington Police Department
- Pike County Sheriff
- Poland Township Police Department
- Port Clinton City Police Department
- Reynoldsburg Police Department
- Rittman City Police Department
- Ross County Sheriff
- Sandusky Police Department
- Shaker Heights Police Department

Sharonville Police Department
 Sheffield Lake Police Department
 Solon Police Department
 Springdale Police Department
 Springfield Police Department
 Stark County Metro Narcotics Unit
 Stark County Sheriff
 Stark County Violent Crimes Initiative
 Strongsville Police Department
 Summit County Drug Unit
 Summit County Sheriff
 Sylvania Police Division
 Toledo Police Department
 Troy Police Department
 Trumbull, Ashtabula, Geauga Law Enforcement Task Force
 Twinsburg Police Department
 Union Township Police Department
 Upper Arlington Police

Wakeman Police Department
 Warren-Clinton Drug Task Force
 Warren County Sheriff
 Warren Police Department
 Washington County Sheriff
 Wayne County Sheriff
 Wellsville Police Department
 Westerville Division of Police
 West Jefferson Police Department
 Westshore Enforcement Bureau
 Narcotics/Vice/Pharmaceutical Diversion Task Force
 Whitehall Police Department
 Wickliffe Police Department
 Willowick Police Department
 Wood County Sheriff
 Worthington Police Department
 Wyoming Police Department
 Youngstown Police Department

Oklahoma

19th District District Attorney Drug Task Force
 Ada Police Department
 Ardmore Police Department
 Atoka City Police Department
 Bartlesville Police Department
 Bristow Police Department
 Broken Arrow Police Department
 Bryan County Sheriff
 Caddo County Sheriff
 Catoosa Police Department
 Cherokee County Sheriff
 Chickasha Police Department
 Choctaw Police Department
 Clinton Police Department
 Creek County Sheriff
 Davis Police Department
 Delaware County Sheriff
 District II Drug Task Force
 Duncan Police Department
 Durant Police Department
 Edmond Police Department
 Elk City Police Department
 Enid Police Department
 Eufaula Police Department
 Garfield County Sheriff
 Glenpool Police Department
 Grady County Sheriff
 Guthrie Police Department
 Harrah Police Department
 Healdton Police Department
 Holdenville Police Department
 Hugo Police Department
 Jenks Police Department
 Kay County Sheriff

Lawton Police Department
 Lexington Police Department
 Marlow Police Department
 McClain County Sheriff
 Midwest City Police Department
 Muskogee Police Department
 Mustang Police Department
 Newcastle Police Department
 Nichols Hills Police Department
 Nicoma Park Police Dept
 Norman Police Department
 Okfuskee County Sheriff
 Oklahoma City Police Department
 Oklahoma County Sheriff
 Oklahoma Department of Public Safety
 Oklahoma Highway Patrol
 Oklahoma State Bureau of Narcotics and Dangerous
 Drugs Control
 Okmulgee County Sheriff
 Pawnee County Sheriff
 Payne County Sheriff
 Pittsburg County Sheriff
 Poteau Police Department
 Purcell Police Department
 Spencer Police Department
 Stillwater Police Department
 Tahlequah Police Department
 The Village Police Department
 Tulsa County Sheriff
 Tulsa Police Department
 Warr Acres Police Department
 Watonga Police Department
 Woodward County Sheriff
 Yukon Police Department

Oregon

Albany Police Department
 Baker City Police Department
 Beaverton Police Department
 Canby Police Department

Central Oregon Drug Enforcement Team
 Clackamas County Sheriff
 Clatsop County Sheriff
 Coos Bay Police Department

National Drug Threat Assessment 2005

Coos County Sheriff
Cornelius Police Department
Corvallis Police Department
Deschutes County Sheriff
Douglas County Sheriff
Douglas Interagency Narcotics Team
Eugene Police Department
Fairview Police Department
 Gang/Narcotics Enforcement
Forest Grove Police Department
Gladstone Police Department
Gresham Police Department
High Desert Drug Enforcement Task Force
Hillsboro Police Department
 Street Crimes Unit
Hood River County Sheriff
Hood River Police Department
Interagency Gang Enforcement Team
Jackson County Narcotic Enforcement Team
Jackson County Sheriff
Jefferson County Sheriff Office
Josephine County Sheriff
Josephine Interagency Narcotic Team
Keizer Police Department
Klamath County Sheriff
Klamath Falls Police Department
La Grande Police Department
Lake Oswego Police Department
Lane County Interagency Narcotics Enforcement Team
Lane County Sheriff
Linn County Sheriff
Malheur County Sheriff
Marion County Sheriff
Medford City Police Department
Milton-Freewater Police Department
Milwaukie Police Department
Molalla Police Department

Morrow County Sheriff
Multnomah County Sheriff
 Special Investigations Unit
Newport Police Department
North Plains Police Department
Ontario Police Department
Oregon City Police Department
Oregon State Police
Polk County Sheriff
Portland Police Department
 Drugs and Vice Division
 Gang Enforcement Team
Port of Portland Police
Prineville Police Department
Redmond Police Department
Regional Organized Crime Narcotics Task Force
Salem Police Department
Sandy Police Department
Seaside Police Department
Sherwood Police Department
Silverton Police Department
South Coast Interagency Narcotics Team
Springfield Police Department
St. Helens Police Department
Stayton Police Department
Sweet Home Police Department
The Dalles Police Department
Tigard Police Department
Troutdale Police Department
Tualatin Police Department
Wallowa County Sheriff
Washington County Sheriff
West Linn Police Department
Westside Interagency Narcotics Team
Woodburn Police Department
Yamhill County Sheriff

Pennsylvania

Abington Township Police Department
Aliquippa Police Department
Allegheny County Police Department
Allentown Police Department
Beaver Borough Police Department
Bensalem Township Police Department
Bethlehem Police Department
Bethlehem Township Police Department
Blakely Police Department
Bradford Police Department
Butler Police Department
Castle Shannon Police Department
Central Berks Regional Police Department
Chambersburg Police Department
Cheltenham Township Police Department
Chester Police Department
Conshohocken Borough Police Department
Derry Township Police Department
Donora Police Department
Dormont Police Department
Downingtown Police Department

East Hempfield Township Police Department
East Pennsboro Township Police Department
East Whiteland Township Police Department
Eddystone Police Department
Elizabethtown Police Department
Ephrata Township Police Department
Erie Police Department
Fox Chapel Police Department
Franklin Park Borough Police
Franklin Police Department
Grove City Police Department
Hampden Township Police Department
Harrisburg Police Department
Hatboro Police Department
Hellertown Borough Police Department
Hopewell Township Police Department
Huntingdon Borough Police Department
Huntingdon County Drug Task Force
Indiana Borough Police Department
Jefferson Hills Borough Police Department
Jenkintown Police Department

Kennedy Township Police Department	Pittsburgh Bureau of Police
Kennett Square Police Department	Plains Township Police Department
Lancaster Bureau of Police	Radnor Township Police Department
Lancaster County Drug Task Force	Reading Police Department
Lehigh County Drug Task Force	Richland Township Police Department
Lititz Borough Police Department	Ridley Township Police Department
Lower Merion Township Police Department	Robinson Township Police Department
Lower Paxton Township Police Department	Sandy Township Police Department
Lower Pottsgrove Township Police Department	Scranton Police Department
Lower Salford Township Police Department	Somerset Borough Police Department
Marple Township Police Department	South Whitehall Township Police Department
Meadville Police Department	Trainer Police Department
Monongahela Police Department	Tullytown Borough Police Department
Monroeville Police Department	Turtle Creek Police Department
Muhlenberg Township Police Department	Uniontown Police Department
Murrysville Police Department	Upper Darby Township Police Department
New Britain Township Police Department	Upper Gwynedd Police Department
New Kensington Police Department	Upper Merion Township Police Department
Northampton Township Police Department	Warren Police Department
Northern Berks Regional Police Department	Warwick Township Police Department
North Versailles Township Police Department	Washington Township Police Department
Pennsylvania Office of Attorney General Bureau of Narcotics Investigation	West Norriton Township Police Department
Pennsylvania State Police Bureau of Drug Law Enforcement	West Pittston Police Department
Philadelphia Police Department Narcotics Field Unit – East	Westtown-East Goshen Regional Police Department
Narcotics Field Unit – South	White Oak Police Department
Narcotics Strike Force	Whitpan Township Police Department
	Wilkes-Barre Police Department
	Willistown Township Police Department
	York Police Department

Puerto Rico

Puerto Rico Department of Justice Special Investigation Bureau	Puerto Rico Police Department Air and Marine Interdiction
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Rhode Island

Barrington Police Department	North Kingstown Police Department
Bristol Police Department	North Providence Police Department
Burrillville Police Department	North Smithfield Police Department
Central Falls Police Department	Pawtucket Police Department
Charlestown Police Department	Portsmouth Police Department
Coventry Police Department	Providence Police Department
Cranston Police Department	Rhode Island Department of Attorney General
Cumberland Police Department	Rhode Island State Police
East Greenwich Police Department	Scituate Police Department
East Providence Police Department	Smithfield Police Department
Glocester Police Department	South Kingstown Police Department
Hopkinton Police Department	Tiverton Police Department
Jamestown Police Department	Warren Police Department
Johnston Police Department	Warwick Police Department
Lincoln Police Department	Westerly Police Department
Middletown Police Department	West Warwick Police Department
Narragansett Police Department	Woonsocket Police Department
Newport Police Department	

South Carolina

Aiken County Sheriff	Barnwell Police Department
Aiken Department of Public Safety	Beaufort County Sheriff
Anderson Police Department	Multi-Jurisdictional Drug Task Force
Bamberg Police Department	Berkeley County Sheriff
Barnwell County Sheriff	Bishopville Police Department

National Drug Threat Assessment 2005

Charleston County Sheriff
Charleston Police Department
Chesterfield County Sheriff
Columbia Police Department
Darlington Police Department
Dorchester County Sheriff
Easley Police Department
Florence County Sheriff
Florence Police Department
Fort Mill Police Department
Fountain Inn Police Department
Georgetown Police Department
Greenville County Sheriff
Greenville Police Department
Greenwood County Sheriff
 Narcotics Division
Greenwood Police Department
Hampton County Sheriff
Hardeeville Police Department
Horry County Police Department
Isle of Palms Police Department
Kershaw County Sheriff
Lancaster County Sheriff
Lancaster Police Department
Lexington County Sheriff
Lexington Police Department
Liberty Police Department

Marion Police Department
Mauldin Police Department
McCormick County Sheriff
Mount Pleasant Police Department
Myrtle Beach Police Department
Newberry County Sheriff
Newberry Police Department
North Charleston Police Department
North Myrtle Beach Department of Public Safety
Orangeburg County Sheriff
Orangeburg Department of Public Safety
Pageland Police Department
Richland County Sheriff
Rock Hill Police Department
Simpsonville Police Department
South Carolina Law Enforcement Division
South Carolina State Highway Patrol
Spartanburg County Sheriff
Spartanburg Public Safety Department
Sumter County Sheriff
Sumter Police Department
Surfside Beach Police Department
Tega Cay Police Department
Union County Sheriff
Walterboro Police Department
Williamston Police Department
York County Sheriff

South Dakota

Aberdeen City Police Department
Brookings Police Department
Brown County Sheriff
Huron Police Department
Lawrence County Sheriff
Madison Police Department
Meade County Sheriff
Minnehaha County Sheriff
Mitchell Department of Public Safety
Pennington County Sheriff
Pierre Police Department

Rapid City Police Department
Sioux Falls Area Drug Task Force
Sioux Falls Police Department
South Dakota Division of Criminal Investigation
South Dakota Highway Patrol
Spearfish Police Department
Sturgis Police Department
Unified Narcotics Enforcement Team
Vermillion Police Department
Watertown Police Department
Yankton Police Department

Tennessee

4th Judicial District Drug Task Force
19th Judicial District Drug Task Force
25th Judicial District Drug Task Force
Alcoa Police Department
Algood Police Department
Anderson County Sheriff
Baileyton Police Department
Bartlett Police Department
Baxter Police Department
Belle Meade Police Department
Blount County Sheriff
Bradley County Sheriff
Campbell County Sheriff
Carter County Sheriff
Chattanooga Police Department
Chester County Sheriff
Church Hill Department of Public Safety
Claiborne County Sheriff

Clarksville Police Department
Clay County Sheriff
Cleveland Police Department
Coffee County Sheriff
Columbia Police Department
 Narcotics and Vice Division
Cookeville Police Department
Cowan Police Department
Crossville Police Department
Decherd Police Department
Dickson County Sheriff
 Vice Division
Dunlap Police Department
Fairview Police Department
Fentress County Sheriff
Franklin Police Department
Gatlinburg Police Department
Germantown Police Department

Giles County Sheriff
 Goodlettsville Police Department
 Greene County Sheriff
 Grundy County Sheriff
 Hamilton County Sheriff
 Hancock County Sheriff
 Hardin County Sheriff
 Hawkins County Sheriff
 Haywood County Sheriff
 Henderson County Sheriff
 Hendersonville Police Department
 Hickman County Sheriff
 Jackson County Sheriff
 Jackson Police Department
 Metro Narcotics
 Jefferson City Police Department
 Jefferson County Sheriff
 Jellico Police Department
 Johnson City Bureau of Police
 Jonesborough Department of Public Safety
 Kingsport Police Department
 Knox County Sheriff
 Knoxville Police Department
 Lafayette Police Department
 La Follette City Police Department
 Lawrence County Sheriff
 Lenoir City Police Department
 Lewisburg Police Department
 Livingston Police Department
 Macon County Sheriff
 Marion County Sheriff
 Martin Police Department
 McKenzie Police Department
 Memphis Police Department
 Metro Nashville Police Department
 Monroe County Sheriff
 Monteagle Police Department
 Montgomery County Sheriff
 Morristown Police Department

Mountain City Police Department
 Mount Carmel Police Department
 Murfreesboro Police Department
 New Tazewell Police Department
 Oak Ridge Police Department
 Overton County Sheriff
 Paris Police Department
 Pickett County Sheriff
 Portland Police Department
 Rhea County Sheriff
 Ripley Police Department
 Roane County Sheriff
 Rogersville Police Department
 Rutherford County Sheriff
 Rutledge Police Department
 Scott County Sheriff
 Selmer Police Department
 Sequatchie County Sheriff
 Sevier County Sheriff
 Sevierville Police Department
 Sewanee Police Department
 Shelby County Sheriff
 Narcotics Unit
 Shelbyville Police Department
 Smith County Sheriff
 Somerville Police Department
 Sparta Police Department
 Stewart County Sheriff
 Sullivan County Sheriff
 Sweetwater Police Department
 Tennessee Bureau of Investigation
 Tennessee Highway Patrol
 Van Buren County Sheriff
 Warren County Sheriff
 White County Sheriff
 White Pine Police Department
 Whitwell Police Department
 Williamson County Sheriff
 Wilson County Sheriff

Texas

33rd Judicial District Narcotics Enforcement Team
 81st Judicial District Task Force
 Abilene Police Department
 Allen Police Department
 Alpine Police Department
 Alvin Police Department
 Amarillo Police Department
 Andrews County Sheriff
 Arlington Police Department
 Atascosa County Sheriff
 Athens Police Department
 Austin Police Department
 Bastrop County Sheriff
 Baytown Police Department
 Beaumont Police Department
 Bell County Sheriff
 Bexar County Sheriff
 Bonham Police Department
 Borger Police Department

Bosque County Sheriff
 Brazoria County Sheriff
 Brazos County Sheriff
 Brewster County Sheriff
 Brownsboro Police Department
 Brownsville Police Department
 Brownwood Police Department
 Bryan Police Department
 Bullard Police Department
 Burleson County Sheriff
 Caddo Mills Police Department
 Calhoun County Sheriff
 Cameron County Sheriff
 Canyon Police Department
 Carrollton Police Department
 Carson County Sheriff
 Castle Hills Police Department
 Cedar Hill Police Department
 Central Texas Narcotics Task Force

- Cockrell Hill Police Department
- College Station Police Department
- Colleyville Police Department
- Collin County Sheriff
- Comal County Sheriff
- Conroe Police Department
- Converse Police Department
- Coppell Police Department
- Corpus Christi Police Department
- Corsicana Police Department
- Crowley Police Department
- Culberson County Sheriff
- Dallas Police Department
- Dayton Police Department
- Deer Park Police Department
- Denton County Sheriff
- Denton Police Department
- Duncanville Police Department
- Eagle Pass Police Department
- Ector County Sheriff
- Edinburg Police Department
- Elgin Police Department
- Ellis County Sheriff
- El Paso County Metro Narcotics Task Force
- El Paso County Sheriff
- El Paso Police Department
 - Narcotics Division
- Elsa Police Department
- Ennis Police Department
- Erath County Sheriff
- Eules Police Department
- Fannin County Sheriff
- Ferris Police Department
- Flower Mound Police Department
- Fort Bend Narcotics Task Force
- Fort Worth Police Department
- Frisco Police Department
- Galena Park Police Department
- Galveston County Sheriff
- Garland Police Department
- Glenn Heights Police Department
- Gonzales County Sheriff
- Gonzales Police Department
- Granbury Police Department
- Grand Prairie Police Department
- Grapevine Police Department
- Grayson County Sheriff
- Groves Police Department
- Haltom City Police Department
- Harker Heights Police Department
- Harlingen Police Department
- Harris County Organized Crime Narcotics Task Force
- Harris County Sheriff
- Hays County Sheriff
- Hereford Police Department
- Hidalgo County Sheriff
- Hidalgo Police Department
- Highland Village Police Department
- Hondo Police Department
- Hood County Sheriff
- Hopkins County Sheriff
- Houston Police Department
- Howard County Sheriff
- Hudspeth County Sheriff
- Hurst Police Department
- Irving Police Department
- Jasper County Sheriff
- Jefferson County Narcotics Task Force
- Jersey Village Police Department
- Johnson County Sheriff
- Joshua Police Department
- Katy Police Department
- Kaufman County Sheriff
- Keller Police Department
- Kenedy County Sheriff
- Killeen Police Department
- La Feria Police Department
- Lago Vista Police Department
- Lake Jackson Police Department
- Lakeside Police Department
- Lakeway Police Department
- Lake Worth Police Department
- Lampasas Police Department
- Lancaster Police Department
- Laredo Police Department
- Lewisville Police Department
- Liberty Police Department
- Limestone County Sheriff
- Lindale Police Department
- Livingston Police Department
- Longview Police Department
- Lubbock County Sheriff
- Lubbock Police Department
- Luling Police Department
- Mabank Police Department
- Mansfield Police Department
- Marble Falls Police Department
- McAllen Police Department
- McLennan County Sheriff
- Melissa Police Department
- Metro Narcotics Intelligence and Coordination Unit
- Midland County Sheriff
- Midland Police Department
- Montague County Sheriff
- Montgomery County Sheriff
- Navasota Police Department
- New Boston Police Department
- New Braunfels Police Department
- New Deal Police Department
- North Central Texas Narcotics Task Force
- Northeast Area Drug Interdiction Task Force
- North Richland Hills Police Department
- Nueces County Sheriff
- Odessa Police Department
- Olmos Park Police Department
- Orange County Sheriff
- Orange Police Department
- Panhandle Regional Narcotics Trafficking Task Force
- Pasadena Police Department

Pecos Police Department
 Pharr Police Department
 Plano Police Department
 Polk County Sheriff
 Port Arthur Police Department
 Portland Police Department
 Potter County Sheriff
 Presidio County Sheriff
 Raymondville Police Department
 Red Oak Police Department
 Richardson Police Department
 Richland Hills Police Department
 Richmond Police Department
 Rio Vista Police Department
 Roanoke Police Department
 Round Rock Police Department
 Rowlett Police Department
 Rusk County Sheriff
 Sachse Police Department
 San Angelo Police Department
 San Antonio Police Department
 San Marcos Police Department
 Seminole Police Department
 Shallowater Police Department
 Smith County Sheriff
 South Padre Island Police Department
 South Plains Regional Narcotics Task Force
 Springtown Police Department
 Stephenville Police Department
 Stop The Offenders Program Narcotics Task Force
 Sugar Land Police Department
 Sunset Valley Police Department
 Tarrant County Sheriff

Temple Police Department
 Terrell Hills Police Department
 Terrell Police Department
 Texarkana Police Department
 Texas Commission on Alcohol and Drug Abuse
 Texas Department of Public Safety
 Narcotics Service
 Alpine Narcotics Service
 Houston Narcotics Service
 Post Seizure Analysis Team
 The Colony Police Department
 Titus County Sheriff
 Travis County Sheriff
 Trinidad Police Department
 Tyler Police Department
 Unified Narcotics Intelligence Task Force
 Victoria County Sheriff
 Victoria Police Department
 Waco Police Department
 Watauga Department of Public Safety
 Waxahachie Police Department
 Weatherford Police Department
 Webb County Sheriff
 Criminal Investigation Division
 Webster Police Department
 Wharton County Sheriff
 White Settlement Police
 Wichita Falls Police Department
 Williamson County Sheriff
 Willow Park Police Department
 Wilmer Police Department
 Windcrest Police Department
 Wylie Police Department

Utah

American Fork Police Department
 Bountiful Police Department
 Box Elder County Sheriff
 Box Elder Narcotics Strike Force
 Cache County Sheriff
 Cache/Rich Drug Task Force
 Carbon County Sheriff
 Carbon Metro Drug Task Force
 Central Utah Narcotics Strike Force
 Clearfield Police Department
 Davis County Sheriff
 Davis Metro Narcotics Strike Force
 Duchesne County Sheriff
 Farmington Police Department
 Grand County Sheriff
 Grand/San Juan Narcotics Strike Force
 Heber City Police Department
 Hurricane Police Department
 Kaysville Police Department
 Layton Police Department
 Lehi Police Department
 Logan Police Department
 Midvale Police Department
 Moab Police Department
 Morgan County Sheriff

Murray Police Department
 Nephi City Police Department
 Drug Task Force
 North Ogden Police
 North Salt Lake City Police Department
 Ogden Police Department
 Ogden/Weber Metro Gang Unit
 Orem Department of Public Safety
 Pleasant Grove Police Department
 Price Police Department
 Provo Police Department
 Richfield Police Department
 Riverdale Police Department
 Roosevelt City Police Department
 Salt Lake City Metro Narcotics Task Force
 Salt Lake City Police Department
 Salt Lake County Sheriff
 Sandy City Police Department
 San Juan County Sheriff
 Sanpete County Sheriff
 Sevier County Sheriff
 South Jordan Police Department
 South Ogden Police Department
 South Salt Lake Police Department
 Springville Police Department

National Drug Threat Assessment 2005

Summit County Sheriff
Tooele County Sheriff
Tooele Drug Task Force
Tooele Police Department
Utah County Major Crimes Task Force
Utah County Sheriff
Utah Department of Public Safety
Utah National Guard Counterdrug Program

Vernal City Police Department
Wasatch Range Task Force
Washington County Drug Task Force
Washington County Sheriff
Weber/Morgan Narcotics Strike Force
West Jordan Police Department
West Valley City Police Department
Woods Cross Police Department

Vermont

Addison County Sheriff
Barre City Police Department
Barre Town Police Department
Bennington County Sheriff
Bennington Police Department
Berlin Town Police Department
Brandon Police Department
Brattleboro Police Department
Burlington Police Department
Caledonia County Sheriff
Colchester Police Department
Essex Police Department
Hartford Police Department
Middlebury Police Department
Milton Police Department
Montpelier Police Department

Newport Police Department
Orange County Sheriff
Orleans County Sheriff
Rutland County Sheriff
Rutland Police Department
Shelburne Police Department
South Burlington Police Department
Springfield Police Department
St. Albans Police Department
Stowe Police Department
Swanton Village Police Department
Vermont State Police
Washington County Sheriff
Williston Police Department
Windham County Sheriff
Winooski Police Department

Virginia

Albemarle County Police Department
Alexandria Police Department
Arlington County Police Department
Ashland Police Department
Big Stone Gap Police Department
Bristol Police Department
Charlottesville Police Department
Chesapeake Police Department
Chesterfield County Police Department
Chincoteague Police Department
Christiansburg Police Department
Colonial Beach Police Department
Danville Police Department
Emporia Police Department
Fairfax City Police Department
Fairfax County Police Department
Falls Church Police Department
Fauquier County Sheriff
Fredericksburg Police Department
Galax Police Department
Hampton Police Division
Harrisonburg Police Department
Henrico County Police Department
Leesburg Police Department
Loudoun County Sheriff
Luray Police Department
Lynchburg Police Department
Manassas City Police Department
Manassas Park Police Department

Martinsville Police Department
Newport News Police Department
Norfolk Police Department
 Narcotics Division
Orange Police Department
Petersburg Police Department
Poquoson Police Department
Portsmouth Police Department
Prince George County Police Department
Prince William County Police Department
Pulaski Police Department
Richmond Police Department
Roanoke County Police Department
Roanoke Police Department
Rocky Mount Police Department
South Boston Police Department
Staunton Police Department
Strasburg Police Department
Suffolk Police Department
Virginia Beach Police Department
 Special Investigations
Virginia State Police
 Bureau of Criminal Investigation
 Drug Enforcement Division
 Fairfax Field Office
Wise Police Department

Washington

Auburn Police Department	Okanogan County Sheriff
Bainbridge Island Police Department	Olympia Police Department
Bellevue Police Department	Olympic Peninsula Narcotics Enforcement Team
Bellingham Police Department	Pacific County Sheriff
Benton County Sheriff	Pend Orielle County Sheriff
Blaine Police Department	Pierce County Sheriff
Bonney Lake Police Department	Port Angeles Police Department
Brier Police Department	Prosser Police Department
Centralia Police Department	Renton Police Department
Cheney Police Department	Richland Police Department
Clallam County Sheriff	San Juan County Sheriff
Clark County Sheriff	Seattle Police Department
Colville Police Department	Selah Police Department
Des Moines Police Department	Shelton Police Department
Edmonds Police Department	Snohomish County Sheriff
Everett Police Department	Snohomish Regional Drug Task Force
Federal Way Police Department	Snoqualmie Police Department
Ferndale Police Department	Spokane County Sheriff
Fife Police Department	Spokane Police Department
Forks Police Department	Sultan Police Department
Goldendale City Police Department	Sumner Police Department
Grant County Sheriff	Sunnyside Police Department
Kennewick Police Department	Tacoma Police Department
Kent Police Department	Thurston County Sheriff
King County Sheriff	Toppenish Police Department
Kitsap County Sheriff	Tukwila Police Department
Klickitat County Sheriff	Unified Narcotics Enforcement Team
Lacey Police Department	Vancouver Police Department
Mason County Sheriff	Walla Walla County Sheriff
Medina Police Department	Washington State Patrol
Milton Police Department	West Richland Police Department
Monroe Police Department	West Sound Narcotic Enforcement Team
Mountlake Terrace Police Department	Yakima Police Department
Mukilteo Police Department	

West Virginia

Barboursville Police Department	Huntington Police Department
Beckley Police Department	Huntington Violent Crime/Drug Task Force
Berkeley County Sheriff	Hurricane Police Department
Bluefield Police Department	Jackson County Sheriff
Boone County Sheriff	Jefferson County Sheriff
Bridgeport Police Department	Kanawha County Sheriff
Brooke County Sheriff	Kimball Police Department
Cabell County Sheriff	Lewis County Sheriff
Central West Virginia Drug Task Force	Logan County Sheriff
Ceredo Police Department	Madison Police Department
Chapmanville Police Department	Marion County Sheriff
Charleston Police Department	Martinsburg Police Department
Clarksburg Police Department	Mason County Sheriff
Danville Police Department	McDowell County Sheriff
Fayette County Sheriff	Mercer County Sheriff
Gary Police Department	Metro Drug Enforcement Network Team
Gassaway Police Department	Morgantown Police Department
Glenville Police Department	Moundsville Police Department
Greenbrier County Drug and Violent Crime Task Force	New Martinsville Police Department
Greenbrier County Sheriff	Nicholas County Sheriff
Hancock County Sheriff	Nitro Police Department
Harrison County Sheriff	Oak Hill Police Department

National Drug Threat Assessment 2005

Ohio County Sheriff
Parkersburg Police Department
Parkersburg Violent Crime and Narcotic Task Force
Princeton Police Department
Putnam County Sheriff
 Narcotics Unit
Raleigh County Sheriff
South Charleston Police Department
St. Albans Police Department
Summersville Police Department
Sutton Police Department

Tri-Lateral Drug Enforcement Network Team
Vienna Police Department
Wayne County Sheriff
Weirton Police Department
Welch Police Department
Weston Police Department
West Virginia State Police
Wheeling Police Department
Wood County Sheriff
Wyoming County Sheriff

Wisconsin

Adams County Sheriff
Appleton Police Department
Ashwaubenon Public Safety
Barron County Sheriff
Bayside Police Department
Beloit Police Department
Beloit Town Police Department
Brown County Sheriff
Burlington Town Police Department
Caledonia Police Department
Cedarburg Police Department
Chippewa Falls Police Department
Clintonville Police Department
Columbus Police Department
Crawford County Sheriff
Dane County Sheriff
Eau Claire Police Department
Elkhorn Police Department
Fitchburg Police Department
Fond du Lac County Sheriff
Fond du Lac Police Department
Forest County Sheriff
Germantown Police Department
Glendale Police Department
Green Bay Police Department
Green Lake County Sheriff
Hartford Police Department
Hudson Police Department
Iowa County Sheriff
Janesville Police Department
Jefferson County Sheriff
Kaukauna Police Department
Kenosha County Sheriff
Kenosha Police Department
Kiel Police Department
La Crosse Police Department
Lake Winnebago Area Metropolitan Enforcement Group
Langlade County Sheriff
Madison Police Department
Manitowoc County Sheriff
Marathon County Sheriff
Marinette County Sheriff
Marquette County Sheriff
Marshfield Police Department
Mauston Police Department
Menasha Town Police Department

Milton Police Department
Milwaukee County Sheriff
Milwaukee Police Department
Mount Pleasant Police Department
Oregon Police Department
Oshkosh Police Department
Outagamie County Sheriff
Ozaukee County Sheriff
Pepin County Sheriff
Pewaukee Police Department
Plymouth Police Department
Portage County Sheriff
Portage Police Department
Racine County Metro Drug Unit
Racine County Sheriff
Racine Police Department
 Special Investigations Unit
Richland Center Police Department
Rock County Sheriff
Shawano Police Department
Sheboygan County Sheriff
Sheboygan Police Department
South Milwaukee Police Department
Superior Police Department
Two Rivers Police Department
Vernon County Sheriff
Verona Police Department
Viroqua Police Department
Walworth County Drug Enforcement Unit
Walworth County Sheriff
Washburn County Sheriff
Waukesha County Metro Drug Enforcement Unit
Waukesha County Sheriff
Waukesha Police Department
Waupaca County Sheriff
Waupaca Police Department
Waupun Police Department
Waushara County Sheriff
Wauwatosa Police Department
West Allis Police Department
West Milwaukee Police Department
Winnebago County Sheriff
Wisconsin Department of Justice
 Division of Narcotic Enforcement
Wisconsin State Patrol

Wyoming

Albany County Sheriff	Powell Police Department
Campbell County Sheriff	Rawlins Police Department
Carbon County Sheriff	Riverton Police Department
Casper Police Department	Rock Springs Police Department
Cheyenne Police Department	Sheridan County Sheriff
Cody Police Department	Sheridan Police Department
Douglas Police Department	Sublette County Sheriff
Evanston Police Department	Sweetwater County Sheriff
Gillette Police Department	Teton County Sheriff
Goshen County Sheriff	Torrington Police Department
Green River Police Department	Uinta County Sheriff
Jackson Police Department	Wheatland City Police Department
Johnson County Sheriff	Worland City Police Department
Lander Police Department	Wyoming Division of Criminal Investigation
Laramie County Sheriff	Mountain Enforcement Team
Laramie Police Department	Northwest Enforcement Team
Lincoln County Sheriff	Southwest Enforcement Team
Natrona County Sheriff	Wyoming Highway Patrol
Park County Sheriff	

International

The Netherlands
 Unit Synthetic Drugs

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