



South Carolina

Drug Threat Assessment



National Drug Intelligence Center
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South Carolina Drug Threat Assessment

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Preface

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

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Executive Summary

South Carolina is a destination and, to a far greater extent, a transshipment point for illicit drugs destined for the Southeast and other areas of the nation. Colombian, Mexican, Dominican, and African American criminal groups transport most of the drugs to South Carolina from sources in foreign countries and from U.S. distribution centers. Passenger vehicles, package delivery services, air packages or couriers, and commercial buses, trucks, and railways are the most common means used to transport drugs. Mexican, African American, Caucasian, and Dominican criminal groups, street gangs, outlaw motorcycle gangs, and independent dealers are involved in the distribution and retail sale of drugs. Violent crime associated with street gangs is a significant threat in urban centers such as Charleston, Columbia, and Greenville. Statewide, publicly funded treatment center admissions for all drugs increased more than 11 percent from fiscal year 1997 to fiscal year 2000, during a time when the population of the state increased only 6 percent. From 1991 to 1998, the number of adolescents entering publicly funded drug treatment facilities in the state increased by 324 percent.

The availability, distribution, and abuse of **powdered and crack cocaine** constitute the primary drug threats in South Carolina. Crack cocaine abuse is seen in both rural and urban areas, and is associated with high levels of violent crime. The number of cocaine-related admissions to publicly funded treatment programs decreased slightly between 1997 and 2000 but remains near the national average. Colombian drug trafficking organizations routinely smuggle multihundred-kilogram shipments of powdered cocaine into the Port of Charleston on board commercial container ships, although most of these large shipments are likely destined for other East Coast markets. African American criminal groups are the primary transporters and wholesale distributors of cocaine in South Carolina. African American street gangs and local independent dealers are the primary retail distributors of cocaine in the state.

Marijuana, particularly that which is Mexico-produced, is the most readily available and widely abused drug in South Carolina. Marijuana publicly funded treatment center admissions are above the national average and are continuing to increase. Mexican criminal groups are the primary transporters of marijuana into the state, and they control wholesale distribution, but cannabis also is cultivated domestically in South Carolina. Most

cannabis is grown outdoors, but the number of indoor cannabis operations is increasing. Multihundred-kilogram shipments of Mexico-produced and Caribbean-produced marijuana are smuggled into the Port of Charleston and are often destined for areas outside South Carolina. Street gangs and outlaw motorcycle gangs control the retail distribution of marijuana in the cities, but Caucasian and African American local independent dealers control the retail distribution in rural areas of the state.

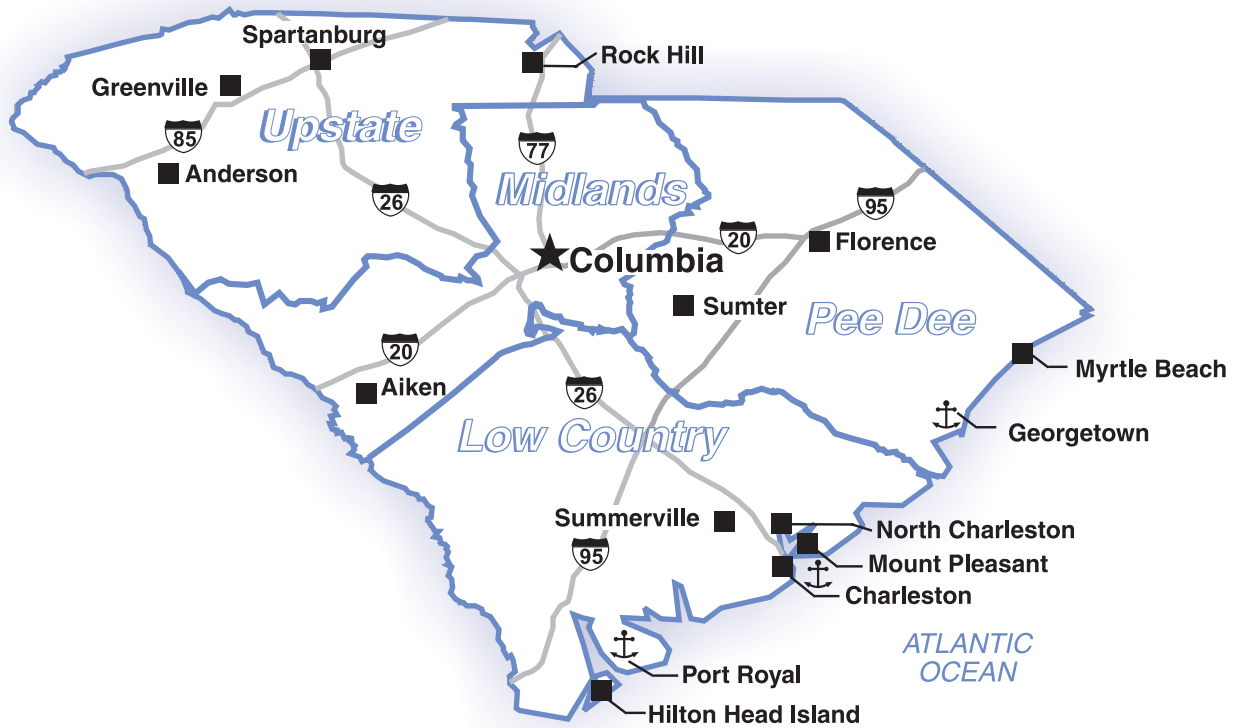
Methamphetamine production, distribution, and abuse are significant threats to the western part of the state, particularly Greenville. Methamphetamine may be growing in popularity because it has a lower cost and longer euphoric effect than crack cocaine. Most of the methamphetamine sold in South Carolina is produced in high-volume laboratories in Mexico and California. Methamphetamine production was extremely unusual in the state, but methamphetamine laboratory seizures had become somewhat more common in 2000. Mexican criminal groups, outlaw motorcycle gangs, and Caucasian criminal groups control the transportation and distribution of methamphetamine in the state. Few methamphetamine abusers have sought publicly funded treatment in the state, but as methamphetamine becomes more available and its use more common, the number of abusers requiring treatment may increase.

The distribution and abuse of **heroin** are limited mainly to the metropolitan areas of Charleston, Greenville, and Columbia. Dominican criminal groups, African American street gangs, and independent dealers distribute heroin. Retail distributors in the cities supply heroin to users who travel to the cities solely to purchase the drug. Isolated increases in heroin overdoses occurred in these metropolitan areas when higher-purity heroin was distributed. While the rate of admissions in South Carolina to publicly funded treatment programs for heroin abuse is well below the national average, there was a slight increase between fiscal years 1998 and 2000. In addition, South Carolina's Youth Risk Behavior Surveillance data indicate rates of heroin abuse greater than the national average.

Other dangerous drugs, such as club drugs and diverted pharmaceuticals, are available throughout the state. GHB, MDMA, LSD, and Rohypnol are growing threats and are used primarily by juveniles and young adults. Recent GHB overdoses in Greenville and the emergence of raves across the state indicate an increasing threat from these drugs.

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South Carolina.

Note: This map displays features mentioned in the report.



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Overview

South Carolina is the twenty-sixth largest state in the nation, with a population of over 4 million. The population is not concentrated in any particular region, but is scattered across the mostly rural state. In 1999, South Carolina had a lower percentage of Caucasian, Hispanic, and Asian residents than the national average, but a higher percentage of African American residents. African Americans make up nearly 30 percent of the population in South Carolina.

South Carolina is a distribution center for both licit and illicit commodities in the Southeast, due mostly to its geographic location and its multi-faceted transportation infrastructure. The seaports of Charleston, Georgetown, and Port Royal are susceptible targets for international drug trafficking. The Port of Charleston is the seventh busiest seaport in the country for container traffic. More than 40 shipping lines conduct trade between Charleston and 140 countries around the world. In 1998, the Port of Charleston handled more than 12 million tons of cargo valued at \$29 billion. The Port of Charleston commonly is used for trade between the United States and South America. The Ports of Georgetown and Port Royal, while not as busy as the Port of Charleston, also handle large amounts of cargo. In 1998, more than 1.5 million tons of cargo were transported through the Port of Georgetown. In 1998, Port Royal handled

Fast Facts	
South Carolina	
Population (2000)	4 million
U.S. population ranking	26th
Median household income (1999)	\$36,563
Unemployment rate (1999)	4.5%
Land area	30,111 square miles
Shoreline	2,876 miles
Capital	Columbia
Other principal cities	Charleston, North Charleston, Greenville/Spartanburg, Florence, Myrtle Beach
Number of counties	46
Principal industries	Agriculture, textiles, chemicals, paper, and machinery

274,083 tons of cargo, more than double the amount handled the year before.

The Charleston, Columbia, Greenville/Spartanburg, and Myrtle Beach airports connect South Carolina passengers and cargo with

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nearly every major city in the United States and with many major cities around the world.

Direct flights from Columbia, South Carolina, to New York, New York, and Houston, Texas, make these drug distribution centers easily accessible. In addition to commercial and private aircraft using more than 80 airports in the state, small aircraft also use numerous grass runways along the coast.

Commercial trucks, passenger vehicles, shipping lines, package delivery services, air packages or couriers, and railways are the most common means used to transport drugs into and through South Carolina. Charleston is a transshipment point for drugs destined for the Southeast, Mid-Atlantic, and Northeast, as well as for South Carolina. Commercial ships are used to transport multihundred-kilogram quantities of cocaine and marijuana into South Carolina through the seaports. Because the quantities of drugs coming into the Port of Charleston far exceed what can be consumed in the state, it is likely that these shipments are destined for other East Coast cities. Rail lines traverse the state, and many routes travel through Columbia and Charleston. In 1997, the trucking industry transported 201 million tons of manufactured freight into and out of South Carolina. In more than 80 percent of South Carolina's communities, businesses are served exclusively by trucks, which carry 87 percent of all manufactured freight transported in the state.

The combined interstate and state highway system in South Carolina is an efficient network for the movement of vehicles within the state and to other parts of the country. Interstate 95, which traverses the eastern portion of the state, provides easy access to heroin and cocaine distribution centers in New York and Miami from Columbia and Charleston. Atlanta, a transshipment point for marijuana, cocaine, heroin, and methamphetamine, is accessed via Interstate 20 from Columbia and Interstate 85 from Greenville/Spartanburg. Interstate 20 extends to Texas and provides access to the Southwest Border area, a transshipment area for cocaine, marijuana, methamphetamine, and heroin. Distribution groups in Charlotte, North Carolina, a city easily accessed from Columbia using Interstate

77, strongly influence availability and abuse of drugs in the northern part of South Carolina.

A variety of criminal groups and gangs are responsible for the transportation and distribution of drugs in South Carolina. Multiethnic street gangs control most street-level drug distribution, which is a main source of their income. Street gangs such as the Mafia Gangster Disciples, Insane Gangster Disciples, and Charlie Town Clique control the wholesale distribution of cocaine and marijuana and the retail distribution of cocaine, marijuana, and heroin. While the gang members are predominately African American, exclusive ethnicity is not a trait of most South Carolina gangs. Members of the Mafia Gangster Disciples include African American, Hispanic, and Caucasian individuals. Members of this street gang have family members in the Hells Angels outlaw motorcycle gang (OMG). Hells Angels and other OMGs transport and distribute marijuana and methamphetamine in South Carolina.

During the month of May, Myrtle Beach hosts Bike Week. Thousands of motorcycle riders, including OMG members, congregate in the well-known vacation spot. During Bike Week 2000, authorities identified approximately 650 OMG members from 38 clubs, including members from at least three foreign countries. This gathering is a prime opportunity for OMG members to arrange drug transactions, although major drug distribution is not likely to occur because of increased law enforcement presence.

Source: Myrtle Beach Police Department.

South Carolina street gangs generally have very loose ties to national gangs. Law enforcement reports indicate that many Hispanic and Asian gangs first surfaced in South Carolina when military families transferred to the area. Gang members in South Carolina may call themselves "Folks," but are not affiliated with the Chicago-based Folk Nation. South Carolina-based Bloods and Crips are affiliated loosely with the actual Los Angeles-based gangs. The Myrtle Beach Police Department reports that most members of the local Crips are Caucasian males from

middle-class families who do not maintain connections with gangs in other jurisdictions.

Gang activity and its associated violence are concentrated in several areas of South Carolina. As more local gangs form ties to national gangs and outside gangs attempt to gain a foothold in the state, gang-related activity and violence are increasing. The Charleston, Columbia, and Greenville areas have the largest number of gangs in the state, and most are involved in drug distribution. According to the North Charleston Police Department, 25 percent of all crime in its area is gang-related. The U.S. Attorney for the District of South Carolina reports that increased gang activity is resulting in more home invasions, robberies, and thefts. In Greenville County, gangs from Florida as well as the cities of Los Angeles, Chicago, and New York have moved into the area. According to the Greenville County Sheriff's Office, local turf wars between African American gangs culminate in drive-by shootings, contributing to the violence in the area. Even though it has few metropolitan centers, South Carolina has high rates of violent crime and criminal activity. In 1999, South Carolina ranked second in the nation in violent crime (847 per 100,000 residents) and sixth in the nation in prison incarceration (543 per 100,000 residents).

The nature of the drug problem in South Carolina varies by region. The availability, distribution, and abuse of crack cocaine are the primary drug problems across the state, particularly in the Midlands area, which is in the center of the state and the location of Columbia, the state capital. (See map on page vi.) Marijuana is a threat throughout the state. Methamphetamine production and abuse are expanding in the neighboring states of Tennessee, North Carolina, and Georgia as well as in the western part of South Carolina known as the Upstate. This area, also known as Piedmont, is a predominately rural area at the base of the Blue Ridge Mountains where the Greenville–Spartanburg metropolitan area is located. Heroin availability, distribution, and abuse are concentrated in Charleston (Low Country), in Greenville (Upstate), and in Columbia

(Midlands). Club drugs are an emerging threat in the Upstate and the northeastern Pee Dee area, home to the popular tourist destination of Myrtle Beach. Many young tourists frequenting the beaches in the northeast region during the summer bring drugs, particularly MDMA (3,4-methylenedioxymethamphetamine), for personal use. Greenville, located in the Upstate approximately halfway between Atlanta and Charlotte on Interstate 85, has been the location of several raves, attracting not only local youth but also young people from these nearby cities.

Arrest and treatment data indicate the availability of drugs in South Carolina is increasing. Drug arrests in South Carolina, one measure of both the availability and abuse of drugs, increased from 1995 to 1999. (See Table 1 on page 4.) Drug-related violations constituted the highest arrest category for the South Carolina State Law Enforcement Division (SLED) in 1999. The number of drug arrests in 1999 was more than 33 percent higher than the number recorded in 1995. More than 6 percent of those arrested in South Carolina for drug possession or distribution in 1999 were juveniles under the age of 17, compared with just under 8 percent nationwide.

The increase in drug abuse is confirmed in health care statistics. Statewide, publicly funded treatment center admissions for all drugs increased more than 11 percent, from 10,164 in fiscal year (FY) 1997 to 11,286 in FY2000, according to the South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS). During this same time, the population of the state increased only 6 percent.

South Carolina high school students are abusing drugs at an increasing rate. From 1991 to 1998, the number of adolescents entering publicly funded drug treatment facilities increased by 324 percent, from 526 admissions to 2,233 admissions. In 1999, 10.9 percent of youth aged 12 to 17 (an estimated 35,000) in South Carolina reported using any illicit drug during the past month, and 2.9 percent (9,000) of the same age group reported past year dependence on any illicit drug.

Table 1. Drug-Related Arrests in South Carolina, 1995-1999

Arrest Category	1995	1996	1997	1998	1999
Adults 17 and older	19,744	21,237	23,386	25,190	26,341
Juveniles 16 and younger	1,655	1,775	1,776	1,771	1,730
Total	21,399	23,012	25,162	26,961	28,071

Source: South Carolina State Law Enforcement Division (SLED).

Cocaine

The availability, distribution, and abuse of powdered and crack cocaine constitute the primary drug threats in South Carolina. Crack cocaine is also the drug most often associated

with violent crime, and more adults throughout the state are arrested for crimes related to crack than any other drug.

Abuse

Crack cocaine abuse is a significant health problem in South Carolina although publicly funded treatment center admissions are declining. According to the DAODAS, in FY1997 and FY1998 crack cocaine accounted for the highest number of publicly funded treatment center admissions for any drug, surpassed only by marijuana in FY1999 and FY2000. The number of crack cocaine users admitted to publicly funded treatment centers declined from 4,498 in FY1997 to 4,200 in FY2000. According to the Substance Abuse and Mental Health Services Administration (SAMHSA) 1998 Treatment Episode Data Set (TEDS), South Carolina publicly funded treatment center admissions for powdered (15 per 100,000) and crack cocaine (69 per 100,000) are below national numbers (26 per 100,000 and 71 admissions per 100,000 respectively). Excluding alcohol, more than 44 percent of publicly funded

treatment center admissions for the abuse of drugs were for cocaine, and 85 percent of the cocaine publicly funded treatment center admissions in FY2000 were for crack abuse.

Most juvenile cocaine abusers in the state are male. According to the U.S. Department of Health and Human Services Youth Risk Behavior Surveillance 1999 survey, cocaine abuse among male high school students in South Carolina is nearly twice that of female students for both current and lifetime use. The same approximate ratio exists for current cocaine use nationally, but no significant difference exists between males and females reporting lifetime cocaine use. South Carolina students are just as likely to use cocaine currently (3.5%) as are students nationwide (4%), but fewer students in the state report lifetime cocaine use (7.4%) than do students nationwide (9.5%).

Availability

There are indicators that powdered cocaine is increasingly available throughout South Carolina in quantities ranging from grams to kilograms with quantities in the ounce range being the norm. The price and purity of cocaine in South Carolina vary with the location of the sale. (See Table 2.) In 2000, powdered cocaine prices statewide averaged \$120 per gram, and crack cocaine averaged \$20 per rock. The purity of powdered cocaine samples seized or bought in South Carolina and submitted to the DEA laboratory during 2000 ranged from as low as 9.8 percent at the retail level to as high as 90 percent at the wholesale level.

The Federal-wide Drug Seizure System (FDSS) indicates that the amount of cocaine seized in South Carolina during the first 3 months of FY2000 increased by 1,000 percent over the amount seized during all of FY1999. (See Table 3 on page 6.) The El Paso Intelligence Center (EPIC) Pipeline Convoy database and the Jetway seizure program also recorded significant increases in the amount of cocaine seized in South Carolina from

1998 to 1999. State and local law enforcement indicate increases in the amount of cocaine seized and in the number of cocaine-related investigations and arrests from 1998 to 1999.

Operations Pipeline and Convoy

Operation Pipeline, created in 1984, is the name given to a nationwide highway interdiction program that focuses on private vehicles. Operation Convoy was created 6 years later to target drug transportation organizations that use commercial vehicles to traffic drugs. Both programs were designed to coordinate training, real-time communication, and analytic support among federal, state, and local law enforcement agencies.

The SLED reports that the total number of arrests for powdered and crack cocaine-related offenses increased from 6,980 arrests in 1990 to 7,539 arrests in 1999, an increase slightly less than the increase in state population (11%) during this time.

Table 2. Powdered and Crack Cocaine Prices in South Carolina Cities, 2000

Location	Kilogram	Ounce	Gram
Powdered Cocaine			
Columbia	\$17,000 – \$26,500	\$900	\$100 – \$150
Charleston	\$15,000 – \$25,000	\$950 – \$1,050	\$100
Greenville	\$26,000	\$1,000	\$90
Florence	\$26,000 – \$32,000	\$800	\$120
Crack Cocaine			
Location	Kilogram	Ounce	Rock
Columbia	\$27,000	\$650 – \$1,600	\$35
Charleston	\$25,000	\$800 – \$1,300	\$20
Greenville	NA	\$1,200	\$25
Florence	NA	\$800 – \$1,000	\$5

Source: DEA Columbia Resident Office.

Table 3. Powdered and Crack Cocaine Seizures in South Carolina, 1998-2000

		1998	1999	2000
Drug Type		Kilograms		
Powdered cocaine	Pipeline	3.000	15.791	NA
	Jetway	3.018	8.217	NA
Total		6.018	24.008	NA
Crack cocaine	Pipeline	0.155	0.554	NA
	Jetway	0.011	0.000	NA
Total		0.166	0.554	NA
Powdered and crack cocaine	FDSS	2,149.500	41.000	449.500

Sources: EPIC Pipeline Convoy and Jetway Databases; Federal-wide Drug Seizure System (FDSS).

Note: 1999 Pipeline and Jetway data include only the first three quarters. FDSS data are based on fiscal year. A reason for the unusually large amount seized according to FDSS in 1998 has not yet been determined. FDSS 2000 data are only for the first 3 months of the fiscal year. An increase in seizures does not necessarily indicate an increase in availability.

At the retail level, crack cocaine is one of the most available illicit drugs in the state. According to the SLED, in 1999 more people aged 17 and older were arrested for the simple possession of

crack cocaine (2,853) than for any other drug except marijuana (14,497), and arrests for the simple possession of powdered cocaine (621) ranked third.

Violence

Crack cocaine is the drug most often associated with violent crime throughout the state. Most law enforcement agencies in South Carolina cite the violent crime associated with cocaine trafficking and abuse as the most serious criminal threat to the state.

Cocaine trafficking and abuse are the catalyst for many crimes, including burglary, robbery, and firearm violations. Crack is the drug of choice in lower-income and high-crime areas such as public housing projects, and is becoming more popular in suburban and rural areas. Crack users, who often commit crimes to support their habits, fuel the increase in property and violent crime rates.

Street gangs involved in retail distribution of cocaine are responsible for a significant amount of the drug-related violence in metropolitan areas. The Insane Gangster Disciples, a multiethnic gang affiliated with the Gangster Disciples in Chicago, has a significant presence in Charleston. Insane Gangster Disciples members have been involved in assaults, homicides, home invasions, and weapons distribution. Two other violent gangs located in Charleston, the Mafia Gangster Disciples and South Side Piru Bloods, have been involved in assaults on law enforcement officers, drive-by shootings, carjackings, home invasions, homicides, and weapons distribution.

Production

Coca is neither cultivated nor processed into cocaine in South Carolina. Cocaine consumed in South Carolina is produced in South America. State and local law enforcement agencies report that street gangs and local independent dealers convert most of the powdered cocaine into crack cocaine in the state.

Retail distributors in the state generally convert powdered cocaine into crack in areas where they intend to distribute it because federal sentences are lengthier for possessing crack cocaine than powdered cocaine. Most crack cocaine is converted in stash houses and gang members' homes. While most of the crack cocaine in South Carolina is converted locally, some crack is transported from neighboring states.

Transportation

Colombian criminal organizations use maritime conveyances to smuggle multihundred-kilogram shipments of powdered cocaine primarily from Florida and New York into South Carolina through the Port of Charleston. From there, the cocaine is transported overland throughout South Carolina, although most of these larger shipments are likely destined for other East Coast markets.

In 1998 and 1999, officials seized nearly 1,850 kilograms of cocaine on commercial vessels entering South Carolina ports—the Port of Georgetown, Port Royal, and the Port of Charleston. The Port of Charleston is the seventh busiest seaport in the United States in terms of container traffic, and commonly is used for trade between the United States and South America. According to the Drug Enforcement Administration (DEA), the Port of Charleston is a primary transshipment point and distribution center for powdered and crack cocaine destined for South Carolina and other states along the eastern seaboard. In 1999, officials seized 46 kilograms of cocaine destined for foreign ports from commercial vessels intercepted at sea.

According to state and local sources, African American criminal groups and street gangs transport powdered and crack cocaine into and through South Carolina. Local independent dealers and, to a lesser extent, Haitian, Jamaican, and Mexican criminal groups and OMGs also transport significant quantities of cocaine into the state. They

Maritime Seizures in South Carolina

During June 2000, U.S. Customs Service (USCS) agents seized 55.5 kilograms of cocaine with an estimated value of \$1.1 million during an inspection of a container ship at the Port of Charleston. The cocaine was found in two bags concealed in a shipment of toilets aboard the 484-foot container ship. The vessel, registered in Germany, arrived in Charleston from San Antonio, Chile.

During June 1998, at the Wando Terminal, the largest terminal at the Port of Charleston, authorities seized 1,403 kilograms of cocaine hidden in soft luggage inside a 40-foot shipping container on a Greek-flagged vessel. The ship arrived from Colombia, South America, by way of the Bahamas. The cocaine had an estimated street value of \$100 million and was the largest seizure in South Carolina history. The leader of the drug smuggling ring was from Savannah, Georgia.

Source: *Associated Press*, 9 June 1999 and 6 July 2000.

transit South Carolina because it is centrally located between major cities in the southeast and northeast. Interstate 95, which runs along the eastern seaboard from Maine to Florida, is a primary transportation route used by drug distributors. Distributors traveling north on I-95 transport cocaine to the northern United States and make the return trip south on I-95 with the drug proceeds.

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During 1999, South Carolina law enforcement officials seized multikilogram quantities of cocaine from northbound travelers on I-95 who began their trips in Florida; they also seized more than \$600,000 in currency from southbound travelers on I-95. Distributors also transport cocaine into and through South Carolina using I-85, which runs from Montgomery, Alabama, across northern Georgia and northwestern South Carolina before connecting to I-95 in central Virginia. In 1999, law enforcement officials seized more than 4 kilograms of cocaine that were transported from Georgia by distributors on I-85.

Criminal groups commonly transport cocaine into and through South Carolina using private vehicles, commercial ships, buses, trains, aircraft, and parcel delivery services. According to the 1998 and 1999 EPIC Jetway database, law enforcement officials seized several powdered and crack cocaine shipments from distributors traveling on commercial buses from Miami and Orlando to Myrtle Beach, Beaufort, and Anderson, South Carolina. EPIC Jetway statistics also indicate law enforcement officials seized shipments of powdered cocaine ranging from 100 grams to 5 kilograms transported from Florida, New Mexico, and New York via passenger trains destined for South Carolina. Kilogram quantities of powdered cocaine are transported into South Carolina from California, Florida, and Nevada via mail and parcel delivery services. Powdered cocaine and crack also have been seized from airline passengers traveling from Houston to South Carolina.

Crack Seizures on South Carolina Highways

In 1999, Virginia law enforcement officials seized 154 grams of crack cocaine from two men traveling south on I-95 from New York to South Carolina. The men were from Trinidad and Tobago, and the crack was concealed inside a bag in the trunk of the car.

In 1999, South Carolina law enforcement officers seized 554 grams of crack cocaine from an individual driving to North Carolina on I-85 north.

Source: EPIC Pipeline Convoy Seizure Statistics.

In most of the cocaine seizures reported through the EPIC Pipeline Convoy program, transporters rarely used sophisticated concealment techniques to hide the drugs. Generally, the cocaine was placed either on the seat or the floor of the car, or in the trunk. In one instance, the powdered cocaine was concealed in the gas tank of the vehicle, and in another, it was bodycarried.

Distribution

African American street gangs and independent dealers are the predominant powdered and crack cocaine wholesale and retail distributors within South Carolina, primarily within the large cities. Local law enforcement agencies report that African American, Caucasian, Caribbean, Mexican, and Colombian criminal groups also supply cocaine to wholesale distributors in South Carolina after transporting the drugs into the state directly from source areas or from distribution centers across the country.

Law enforcement agencies report that African American street gangs and local independent dealers control the retail distribution of cocaine. Street gangs involved in retail crack sales in South

**Terminology
Retail and Wholesale Distribution**

The sale of drugs to users is considered retail distribution. Everything above this level is considered wholesale distribution, for example, when drugs are distributed to street level dealers, when dealers travel out of state to obtain drugs, or when they receive drugs from international smugglers.

Carolina are the New York Boys (Myrtle Beach), and the Insane Gangster Disciples and South Side Piru Bloods (North Charleston). African American, Caribbean, Caucasian, and Mexican criminal groups

also are involved in retail cocaine distribution. African American street gangs such as the Port City Posse, South Side Piru Bloods, and the New York Boys and multiethnic street gangs such as the Insane Gangster Disciples and the Mafia Gangster Disciples have affiliations across South Carolina and are the primary retail distributors. The Insane Gangster Disciples and the Mafia Gangster Disciples obtain cocaine from suppliers in Florida and Chicago and sell the drug in Charleston. The Port City Posse and South Side Piru Bloods purchase cocaine from sources in New York. The New York Boys has sources in Georgia, Los Angeles, and New York. Local independent dealers also play a significant role in retail distribution.

Crack cocaine is distributed and sold primarily in metropolitan areas. Open-air markets and crack

Crack Cookie Distribution in South Carolina

Authorities recently have identified wholesale distribution of crack "cookies" in South Carolina. Wholesalers buy cookies of crack that range from 2 to 6 inches in diameter. Each cookie typically weighs between 4 and 5 ounces. The wholesalers sell cookies to retail distributors who break them into user-sized quantities for retail distribution.

Source: South Carolina State Law Enforcement Division (SLED).

houses are common venues for crack cocaine distribution, where users make small purchases, generally one-quarter ounce or less. These street dealers typically carry between 1 ounce and 1.5 ounces of crack at any one time.

Marijuana

Marijuana is the most readily available and most widely abused drug in South Carolina, and the number of users is increasing. The rural areas

of South Carolina, which have adequate precipitation, provide an environment conducive to the domestic cultivation of cannabis.

Abuse

Treatment admissions for marijuana abuse have increased steadily from 1997 to 2000 and are greater than the national rate. According to the DAODAS, the number of marijuana publicly funded treatment center admissions increased from 3,651 in FY1997 to 4,967 in FY2000. The number of marijuana abusers admitted for treatment surpassed crack cocaine abusers for the first time in FY1999. TEDS admission statistics for 1998, based on primary drug of abuse, indicated that in South Carolina 90 admissions per 100,000 were for marijuana compared with 81 admissions per 100,000 nationally.

Caucasian adults are the primary abusers of marijuana in South Carolina according to local law enforcement agencies. According to the SLED, in 1999, of the more than 14,000 adults arrested for simple possession of marijuana, almost 50 percent

(7,106) were Caucasian males while 37 percent (5,398) were African American males. Among both adults and juveniles, Caucasian females were twice as likely to be arrested for marijuana possession as African American females.

According to the 1999 National Household Survey on Drug Abuse, 13.1 percent (50,000) of those aged 18 to 25 and 2.1 percent (51,000) of adults over age 26 used marijuana in the month preceding the survey. These rates are similar to national rates: 14.7 percent of those aged 18 to 25 and 3.2 percent of adults over age 26 used marijuana in the month preceding the survey.

Marijuana is the drug most widely abused by high school students in South Carolina. According to the Youth Risk Behavior Surveillance 1999 survey, nearly 50 percent of high school males and nearly 40 percent of high school females

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admit to having used marijuana in their lifetime, nearly equal to the national abuse rates of 51 percent for males and 43 percent for females. The percentage of high school students who report current marijuana use is similar to the nationwide rate and this number did not change significantly from 1997 to 1999. In 1999 in South Carolina, 28.4 percent of males and 20.8 percent of females reported current use compared with 31.0 percent

of males and 21.0 percent of females in 1997. Nationally, 30.8 percent of males and 22.6 percent of females reported current marijuana use in 1999. According to the 1999 National Household Survey on Drug Abuse, the rate for current marijuana use by juveniles aged 12 to 17 was 7.8 percent (25,000) for South Carolina, nearly equal to the national rate of 7.9 percent.

Availability

Mexico-produced marijuana is more widely available and less expensive than locally produced marijuana. Mexico-produced marijuana is relatively inexpensive, has a low THC (tetrahydrocannabinol) content, and is transported into the state in large quantities. The DEA Atlanta Field Division indicates that the wholesale price of Mexico-produced marijuana ranged from \$850 to \$1,000 per pound in 2000. Domestically cultivated cannabis plants, particularly those grown indoors, produce a highly potent, more marketable marijuana that is available at a higher

price but in much smaller quantities. In general, Mexico-produced marijuana is at the lower end of the price range while locally produced marijuana is at the higher end. Most local agencies in South Carolina reported that the price of marijuana, both Mexico-produced and locally produced, is between \$900 and \$1,800 per pound and \$125 to \$175 per ounce. At the wholesale level, the price of a kilogram of marijuana is \$3,500. At the retail level, the price of a marijuana cigarette, commonly called a joint, is \$5 and the price of a gram is \$10.

Table 4. Cannabis Eradication and Suppression Data, South Carolina, 1998 and 1999

	1998	1999
Outdoor Operations		
Plots eradicated	99	148
Cultivated plants eradicated	1,934	4,563
Indoor Operations		
Grows seized	5	11
Plants eradicated	126	201
Totals		
Total plants eradicated	2,060	4,764

Source: DEA, 1998 and 1999 Domestic Cannabis Eradication and Suppression Program Reports.

Note: An increase in seizures does not necessarily indicate an increase in cannabis cultivation.

In spite of soil erosion and recent droughts in the state, law enforcement seizures of cannabis plants and marijuana are increasing. According to law enforcement agencies, the drought has hindered the concealment of cannabis plants, leading to an increase in the number of seizures. Because much of the outside foliage is dry and withered from lack of precipitation, the detection of thriving, green cannabis plants has become easier. The quantities of seized marijuana reported to the DEA have increased. According to the FDSS, in the first 3 months of FY2000 law enforcement seized 1,400 kilograms of marijuana, which was more than the 875 kilograms seized in all of

FY1999. Law enforcement agencies participating in the DEA Domestic Cannabis Eradication and Suppression Program eradicated more than twice the number of cannabis plants in 1999 (4,764) than they did in 1998 (2,060). (See Table 4.) Conversely, the SLED seized less marijuana in FY1999 (226 kilograms) than in FY1998 (621 kilograms); however, because this agency assists local agencies only upon request, its seizures may not be representative of statewide availability. Marijuana-related arrests have increased from 11,664 arrests in 1995 to 17,913 arrests in 1999. In 1999, 60 percent of all drug-related arrests in the state were for marijuana-related offenses.

Marijuana Seizures in South Carolina

In August 2000, the South Carolina Highway Patrol Aggressive Criminal Enforcement (ACE) Team seized more than 400 pounds of marijuana during two traffic stops in Greenville County. Both drivers, from North Carolina, were traveling on Interstate 85. The first seizure of 51 pounds of marijuana was concealed in a black trash bag in the trunk of the car. The second seizure of 386 pounds of marijuana consisted of 12 blocks of marijuana covered in plastic and wrapping paper hidden in the trunk, and occurred within 1 mile of the earlier seizure. The combined street value of the seized marijuana was approximately \$874,000.

On September 20, 2000, the South Carolina Highway Patrol ACE Team seized more than 442 pounds of marijuana with a street value of approximately \$1.1 million during a traffic stop in Jasper County in the southeastern part of the state. The driver, a female from California, was traveling from Arkansas to Georgia with the marijuana, wrapped in cellophane and dryer sheets, concealed in the trunk of the car.

Source: South Carolina Department of Public Safety, 2 August and 21 September 2000.

Violence

While marijuana abuse normally is not tied directly to violent behavior, cannabis growers often are quite violent when protecting their crops. Domestic cannabis growers often are heavily armed, and commonly use boobytraps and warning devices to protect their cultivation sites from law enforcement authorities and the public. The U.S. Forest Service reports that visitors to public lands may be endangered by the presence of cannabis cultivation sites, which routinely are

booby-trapped with explosives, trip-wire firing devices, hanging fishhooks, and punji stakes buried around the cannabis plots. The number of weapons seized during cannabis eradication program operations nationwide more than doubled over the past decade.

Production

Local independent dealers, mostly Caucasian, are the primary growers of cannabis, operating mostly in the rural areas of the state. The sparsely populated regions of South Carolina provide ideal conditions for cannabis cultivation, but during the late 1990s, droughts and soil erosion adversely affected growing conditions. According to the Greenville County Sheriff's Office, cannabis is grown in rural areas in the western part of the state, and according to the DEA Charleston Resident Office, cannabis is cultivated in the national forests in eastern South Carolina. Opinions vary whether cannabis cultivation is on the increase or decrease statewide. According to the SLED, the ready availability of Mexico-produced marijuana is resulting in a decrease in the number of South Carolina residents cultivating cannabis, but according to DEA statistics, domestically cultivated cannabis is increasing. USCS in Greenville reports that seizures of cannabis plants are increasing despite a decrease in outdoor grows; outdoor cannabis plants are merely seized more frequently because they stand out from the surrounding dry, withered foliage. Many cannabis growers concerned with mandatory sentencing requirements for cultivating large single plots

have begun planting numerous smaller plots containing fewer plants scattered over a larger area.

Outdoor cannabis fields are more common than indoor operations in South Carolina, but indoor operations are increasing significantly. According to the DEA Domestic Cannabis Eradication and Suppression program, law enforcement agencies eradicated more than 20 times as many outdoor plants (4,563) as indoor plants (201) during 1999 and eradicated more indoor cannabis plants in 1999 than in 1998 (126 plants). (See Table 4 on page 10.) From FY1997 to FY1999, the SLED saw increases in the number of seizures of indoor cannabis plants—80 plants in FY1997, 216 plants in FY1998, and 230 plants in FY1999.

Many growers attempt elaborate concealment methods to disguise cannabis plants from law enforcement detection. For instance, growers often plant cannabis among other crops in “windrows,” making detection from aircraft more difficult. Law enforcement can detect cannabis plants grown in windrows only if the aircraft flies over from a certain direction. As another tactic to conceal plants, growers burn an area before planting, so the cannabis will grow at the same rate as the other plants.

Transportation

Mexican criminal groups are the primary transporters of marijuana into the state. Multikilogram shipments of marijuana also are transported to South Carolina from the Southwest Border area, Florida, and Georgia. Multihundred-kilogram shipments of marijuana have been occasionally transhipped through the Port of Charleston.

Mexican criminal groups smuggle marijuana into South Carolina from Mexico through the Southwest Border area, using the interstate highway system, mostly in private vehicles. Interstate 40 is a major transit route for Mexico-produced

marijuana destined for South Carolina. Local distributors also transport Mexico-produced and Caribbean-produced marijuana into South Carolina from Atlanta via Interstates 85 and 20, and from Florida via the I-95 corridor.

Distributors also use parcel delivery services and commercial airlines, buses, and ships to transport marijuana into the state. Distributors frequently mail multikilogram shipments of marijuana to South Carolina from California and Texas. Multikilogram quantities of marijuana also have been seized from airline passengers traveling

Marijuana Seizure at the Port of Charleston

In November 2000, a shipment of almost 3,000 pounds of marijuana with a street value of \$1.2 million was smuggled through the Port of Charleston and seized in North Carolina, resulting in five arrests. The marijuana, concealed in a container of napkins and detergent, was smuggled aboard a steamship from Mexico. USCS agents inspected the container after they found discrepancies in the shipping manifest. They found 171 packages containing 2,871 pounds of marijuana inside boxes of powdered soap. Agents repackaged the marijuana and watched the container until it was picked up from the terminal. A USCS airplane followed the container as a truck took it to Greensboro, North Carolina. The arrests were made during the following weekend by Guilford County, North Carolina, sheriff's deputies. Authorities also seized three vehicles and \$80,000.

Source: U.S. Customs Service and *Associated Press*, 5 December 2000.

to South Carolina from Los Angeles, Houston, and Las Vegas and from commercial bus passengers traveling from Mexico, Florida, and Texas to the state. Maritime vessels also are used to smuggle

multihundred-kilogram quantities of marijuana directly from Mexico and the Caribbean through the Port of Charleston to the eastern United States.

Distribution

Mexican criminal groups, OMGs, and Caucasian and African American independent dealers control wholesale distribution of marijuana in South Carolina. Street gangs and OMGs are the primary retail distributors of marijuana in cities, while Caucasian and African American independent dealers are the primary retail distributors in rural areas.

Mexican criminal groups control the wholesale distribution of Mexico-produced marijuana in South Carolina. OMGs and local independent dealers as well as Caribbean, Caucasian, and African American criminal groups control the wholesale market for domestically produced

marijuana; they also supply Mexico-produced marijuana to retailers, typically between 10 and 60 pounds at a time.

Local independent dealers, primarily Caucasian and African American, are the primary retail marketers, except in the large cities where street gangs and OMGs are also involved, according to state and local agencies. Street gangs typically distribute marijuana on street corners and out of stash houses while OMGs typically distribute marijuana and methamphetamine in bars. Marijuana also is sold from vehicles, in dope houses where users may purchase and use drugs, and in other public places.

Methamphetamine

Although not yet a significant statewide threat, methamphetamine production and abuse constitute the fastest-growing drug threat in western South Carolina. Methamphetamine is growing in

popularity because it has a lower cost and longer-lasting euphoric effect than crack cocaine.

Abuse

Methamphetamine abuse in South Carolina is currently well below the national average. The DAODAS indicates the number of publicly funded treatment center admissions for methamphetamine abuse has remained relatively stable between FY1999 (44) and FY2000 (47) after a decrease from FY1998 (85). TEDS admission statistics for 1998, based on primary drug of abuse, indicate that there were 3 admissions per 100,000 for methamphetamine abuse to publicly funded treatment in South Carolina compared with 29 admissions per 100,000 nationally. While overall abuse appears low, juvenile abuse rates are near national averages. The Youth Risk Behavior Surveillance 1999 survey indicates that in South Carolina, 8.0 percent of high school students reported lifetime methamphetamine

abuse, a number near to the national average of 9.1 percent. Law enforcement reports that methamphetamine abuse is increasing, particularly in Greenville County and other parts of the Upstate.

The primary users of methamphetamine in South Carolina are Caucasian. Commercial truck drivers use the drug to increase alertness, crack abusers switch to methamphetamine for its longer-lasting euphoric effects and lower cost, and young people use the drug at rave parties. Among high school students in South Carolina, females (7.2%) were nearly as likely as males (8.8%) to report lifetime methamphetamine use, similar to national averages of 8.4 percent for females and 9.9 percent for males.

Availability

Methamphetamine is available in gram, ounce, pound, and kilogram quantities. Kilogram quantities of methamphetamine are supplied by Mexican criminal groups and vary in price—between \$17,000 and \$28,000 per kilogram. In the state, the price of an ounce averages \$1,400 and a gram \$100.

The purity of methamphetamine in South Carolina is relatively low; samples seized in the state and tested by DEA did not exceed 30 percent

between 1998 and 2000. Nationwide, the average purity of methamphetamine samples tested by the DEA laboratory was 35.3 percent in 2000, a slight increase from 30.7 percent in 1999. Local producers contribute to the availability of methamphetamine by processing small quantities of high-purity methamphetamine that they dilute with cutting agents, increasing the quantity available for sale while decreasing the purity.

Table 5. Methamphetamine Prices in South Carolina Cities, 2000

Location	Kilogram	Pound	Ounce	Gram
Charleston	\$17,000 – \$19,000	\$15,000	\$900 – \$1,500	\$85
Greenville	\$28,000	NA	\$1,200	NA
Florence	NA	NA	\$1,300 – \$1,400	\$100

Source: DEA Columbia Resident Office.

Note: Prices are not available for Columbia.

Table 6. Methamphetamine Seizures, 1997-1999

	Grams		
	1997	1998	1999
Within South Carolina			
Pipeline	0.00	0.00	0.00
Jetway	0.00	0.00	5.00
FDSS	0.00	0.00	6,500.00
SLED Seizures	0.00	797.27	173.50
SLED Buys	71.72	237.50	191.40
Total	71.72	1,034.77	6,869.90
Outside, but destined for, South Carolina			
Pipeline	1,149.00	908.00	1,814.00
Jetway	162.00	0.00	6,276.00
Total	1,311.00	908.00	8,090.00

Sources: EPIC Pipeline Convoy and Jetway databases; Federal-wide Drug Seizure System (FDSS); South Carolina State Law Enforcement Division (SLED).

Note: 1999 Pipeline and Jetway data include only the first three quarters. FDSS and SLED data are based on fiscal year. An increase in seizures does not necessarily indicate an increase in availability.

Methamphetamine availability is increasing in South Carolina. Mexican-produced methamphetamine is increasingly being transported into the state; many of the seizures are of Mexican-produced methamphetamine transported to South Carolina from the Southwest Border. SLED seizures and purchases from FY1997 to FY1999 were

72 grams, 1,035 grams, and 365 grams, respectively. Seizures of methamphetamine were reported to the EPIC Jetway and FDSS databases in 1999 for the first time in 3 years. Methamphetamine seized in other states but intended for South Carolina increased from 1.3 kilograms in FY1997 to 8 kilograms in the first 3 quarters of FY1999.

Violence

The potential for violence associated with methamphetamine is significant. Methamphetamine producers often booby-trap laboratories, resulting in increased danger to unsuspecting civilians and law enforcement personnel. Methamphetamine abusers are often unpredictable and will go to great lengths to obtain the drug. Methamphetamine users experience feelings of paranoia, fright, and confusion and often become violent; they frequently arm themselves against perceived threats and may become violent without provocation.

Local independent dealers, OMGs, and street gangs that transport methamphetamine throughout the state commit a number of violent crimes, according to state and local law enforcement sources. One local independent group is alleged to have killed two informants. In Charleston, the Hells Angels is involved in weapons distribution and in assaults on law enforcement officers. Members of the Mafia Gangster Disciples are methamphetamine and weapons distributors, and are involved in assaults, carjackings, drive-by shootings, home invasions, and homicides.

Production

Methamphetamine production in South Carolina is an emerging trend. Individual jurisdictions, particularly in the western part of the state, report the quantities of methamphetamine seized and the number of methamphetamine laboratories are increasing. One Caucasian criminal group operated several methamphetamine laboratories from 1999 to 2000 in Greenville, Spartanburg, Laurens, and Anderson Counties, according to the Greenville County Sheriff’s Office.

While the U.S. Attorney for South Carolina considers methamphetamine distribution the second most serious drug threat, its production and distribution are limited mainly to Upstate South Carolina. Laboratories have been discovered in private residences, motel rooms, cars, trucks, trailers, and secluded wooded areas.

Most of the methamphetamine available in the state is Mexican-produced, but small quantities of the drug are produced in local laboratories. Its production and abuse cause serious safety and environmental concerns in South Carolina because of the hazardous chemicals used in the production process and the violence often associated with methamphetamine abuse.

Most of the methamphetamine sold in South Carolina and the United States is produced in high volume laboratories in Mexico and in California. These high capacity superlabs—capable of producing 10 pounds or more of methamphetamine per cook—are most frequently found in rural areas of California, but also have been found in Arizona, Colorado, and Nevada.

“Nazi” method laboratories are the most common encountered by law enforcement in South Carolina. The Nazi method does not require extensive knowledge of chemistry, uses no heat, and laboratories can be set up in something as small as a cardboard box. Small quantities of methamphetamine, usually an ounce or less with purity levels of 90 percent, can be produced in less than an hour. The ready availability of

anhydrous ammonia, a commonly used chemical fertilizer, is resulting in an increase in Nazi method production. Increased thefts and legal purchases of anhydrous ammonia, which is used to speed the chemical process, point to an increase in methamphetamine production in the Upstate area.

Nazi Method	
<ul style="list-style-type: none"> • Quicker than the ephedrine reduction method • Easily mobile laboratories • Yields less per cook—but less risk to cooker • Operated primarily in the South and Midwest • Most ingredients available over the counter 	
Ingredient	Source
Acetone	Paint thinner
Pseudoephedrine	Decongestant
Lithium	Batteries
Sodium hydroxide	Drain cleaner
Ether	Starter fluid
Anhydrous ammonia	Fertilizer

The ephedrine–pseudoephedrine reduction or “Red P” method also is used to produce methamphetamine in South Carolina. This method uses ephedrine or pseudoephedrine as a precursor chemical and the essential chemicals iodine and red phosphorus. Diet pills are one readily available source of ephedrine, and many over-the-counter cold medicines contain pseudoephedrine. Methamphetamine producers extract the ephedrine or pseudoephedrine from these pills during cooks using coffee filters, coffeepots, tabletop grills, and microwave ovens. This method typically produces ounce quantities, often only enough for personal use. The process does not require heat, although heat may be applied to acquire a higher quality yield.

Most methamphetamine available in South Carolina is diluted with cutting agents to increase the quantity available for sale. Most locally produced methamphetamine is intended for personal use, and many producers sell 1 ounce or less of

diluted methamphetamine at a time. The profits from the sale are used to purchase the chemicals required to produce another batch. Most methamphetamine sold in the state, both locally and Mexican-produced, is diluted with cutting agents such as dimethylsulfone (DMSO₂), also known as methylsulfonylmethane (MSM). DMSO₂ has become the prevalent methamphetamine-cutting agent within the United States because it is inexpensive and legally obtainable as a nutritional supplement for horses and humans. Caffeine, niacinamide, and inositol are also used as cutting agents.

Methamphetamine production is a serious safety and environmental concern. The chemicals used in the production process are volatile, and the dangers associated with methamphetamine laboratories are a concern to law enforcement as

well as to anyone living near the laboratory. Methamphetamine laboratories contain a variety of highly flammable, toxic chemicals and vapors. The production process creates toxic and hazardous waste that endangers law enforcement personnel, emergency response teams, and the environment. Laboratories produce 5 to 6 pounds of toxic waste for every pound of methamphetamine produced. Most toxic residue from methamphetamine production is dumped in the local area, contaminating groundwater and killing vegetation. Nationwide, cleanup costs have risen dramatically, draining the budgets of federal, state, and county agencies as well as those of private landowners. Government agencies spend millions of dollars every year to clean up laboratory sites.

Transportation

Mexican criminal groups and, to a lesser extent, OMGs transport methamphetamine into South Carolina from Mexico, the Midwest, California, and the Southwest Border area and frequently ship the drug with marijuana. Methamphetamine primarily is transported via tractor-trailers and personal vehicles outfitted with hidden compartments. Several local law enforcement agencies in South Carolina report that methamphetamine from California is

shipped to the state via the mail and other package delivery services, and by distributors handcarrying methamphetamine aboard commercial airlines and buses. Independent distributors also transport methamphetamine from Florida to South Carolina in private vehicles. In June 1999, during a traffic stop in Hillsborough, Florida, police seized nearly 2 kilograms of methamphetamine from a Caucasian female driving north on I-75 to South Carolina.

Distribution

Mexican criminal groups transport and distribute methamphetamine in South Carolina. Methamphetamine is also distributed by Caucasian criminal groups who produce the drug locally, and OMGs and multiethnic street gangs who obtain the drugs from producers and Mexican distributors.

Mexican criminal groups dominate wholesale distribution of methamphetamine and supply a variety of criminal organizations in the United States and South Carolina. OMGs and Caucasian criminal groups are involved in wholesale

distribution to a lesser extent. The Hells Angels, an OMG that operates throughout the state, distributes wholesale quantities of methamphetamine according to local law enforcement agencies. Mexican criminal groups are the predominant retail distributors of Mexican-produced methamphetamine, often selling it out of bars.

While there is increasing methamphetamine production in South Carolina there is little widespread distribution of locally produced methamphetamine by the Caucasian producers.

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Most producers are interested in manufacturing enough for their own personal use and sell only enough to maintain their habit and operation. Methamphetamine retail level sales and consumption take place predominantly in rural areas. Methamphetamine primarily is sold in bars and private mobile homes. Some teenagers and young adults also purchase methamphetamine at raves.

Nationally affiliated OMGs and street gangs conduct retail methamphetamine sales. The Mafia Gangster Disciples, a multiethnic street gang, as well as the Hells Angels and Confederates OMGs, is involved in the retail distribution of methamphetamine. Law enforcement sources indicate some crack cocaine dealers also sell methamphetamine.

Heroin

Heroin availability and abuse are a minimal problem in the state. Virtually all heroin users are concentrated in the urban areas of South

Carolina. Most heroin users are African Americans or Caucasians. The number of young Caucasian users is increasing.

Abuse

Caucasian and African American males are the primary abusers of heroin in South Carolina, a state where the heroin abuse rate is much lower than the national average. According to the DAODAS, the number of heroin admissions to publicly funded treatment centers increased from 353 in FY1998 to 445 in FY2000. The number of both adult and juvenile arrests for the simple possession of heroin remained stable with 116 in 1996 and only 134 in 1999. Arrest statistics for simple possession support assertions by law enforcement that Caucasian and African American males are the primary heroin abusers. Among adults, African American males were just as likely to be arrested for heroin possession as Caucasian males, but Caucasian females were seven times more likely to be arrested for heroin possession than African American females. Arrest and treatment statistics reflect the low levels of heroin abuse in the state. According to the SLED, less than 1 percent (129) of all adult drug-related arrests for simple possession (18,481) were for heroin. TEDS admissions statistics for 1998, based on heroin as the primary drug of abuse, indicated 7 admissions to publicly funded treatment centers per 100,000, significantly lower than the national rate of 89 admissions per 100,000. During the late 1990s, treatment admissions for heroin increased while heroin arrests remained stable.

The only publicly funded methadone clinic operating in South Carolina and the only one reporting admissions to DAODAS and TEDS is located in Charleston, although four private clinics operate in Charleston, Greenville, and Columbia. The heroin abuser population in South Carolina—concentrated in the Charleston, Greenville, and Columbia areas—uses different methods to administer the drug. Most heroin abusers in the state inject the drug, but some also snort heroin or use it in combination with other drugs. Some heroin abusers use a combination of heroin and cocaine, known as a speedball.

South Carolina's juveniles are more likely to abuse heroin than are juveniles nationwide; however, they abuse heroin less frequently than any other major illicit drug in the state. The Youth Risk Behavior Surveillance 1999 survey indicates that 3.4 percent of high school students have used heroin at least once in their lifetime, higher than the national heroin abuse rate of 2.4 percent. More male high school students (4.7%) have abused heroin during their lifetime than have female high school students (2.0%) in South Carolina. The SLED indicates that there were only five juveniles arrested for the simple possession of heroin in South Carolina in 1999, fewer than the number arrested for marijuana, crack cocaine, or powdered cocaine. The Youth Risk Behavior

Surveillance 1999 survey indicates high school students in South Carolina reported lower rates of

lifetime abuse of heroin than of marijuana, inhalants, methamphetamine, and cocaine.

Availability

Small quantities of all types of heroin are available, primarily in Charleston, Columbia, and Greenville. The most common types are South American, Southeast Asian, and Southwest Asian white powdered heroin. White heroin refers to any heroin that is white, off-white, or tan in color. South American (primarily Colombian) heroin has captured a large share of the U.S. heroin market, and anecdotal law enforcement reporting indicates it may be gaining a share of the market in South Carolina. Due to the lack of signature identification of heroin in the state, it is not determined which source area—South America, Southeast Asia, or Southwest Asia—is the most common. Mexican brown powdered and black tar heroin are available in very limited quantities.

The price of heroin in South Carolina varies depending on the city where it was purchased and the purity of the drug. In South Carolina during 2000, the average price of a gram of white heroin was \$300, and an ounce sold between \$3,500 and \$4,500. (See Table 7 for DEA prices in selected cities.) The introduction of high-purity heroin in South Carolina has resulted in an increase in heroin overdoses. The average purity of the 48 exhibits of heroin tested by the DEA in 2000 was 56 percent. During 1999 and 2000, higher purity heroin—as

high as 90 percent—was distributed in Columbia, Greenville, and Charleston, causing overdoses among users accustomed to lower purity levels. Toxicology tests indicated that some overdose victims in Charleston also consumed MDMA.

Rash of Heroin Overdoses in Charleston

During the second and third quarters of FY2000, Charleston experienced a surge in heroin overdose deaths and nonfatal overdoses due to increased heroin purity. During a 1-week period, 15 heroin overdose deaths occurred in Charleston. The number of new patients admitted to methadone programs in Charleston also increased during this time.

Source: DEA Atlanta Field Division, *Trends in Traffic*, 2nd and 3rd Quarters 2000.

Law enforcement seizures of heroin are minimal. The FDSS indicates that law enforcement in South Carolina seized 2.2 kilograms of heroin during 1998, but no heroin in 1999. The SLED seized only 7 grams of heroin in 1999, less than in 1998 (9 grams) and in 1997 (20 grams). The EPIC Pipeline Convoy database reported 1,135 grams of heroin seized in South Carolina in 1998, but no seizures during the first three quarters of 1999.

Table 7. Heroin Prices in South Carolina Cities, 2000

Location	Gram	Ounce	Kilogram
Columbia	\$200	NA	NA
Florence	\$180	NA	NA
Greenville	\$600	\$4,500	NA
Charleston	\$300	\$3,500 – \$8,000	\$125,000

Source: DEA.

Table 8. Heroin Seizures in South Carolina, 1997-1999

Type	Grams		
	1997	1998	1999
SLED seizures	11.60	9.00	4.75
SLED buys	8.62	0.00	2.31
SLED total	20.22	9.00	7.06
Pipeline	199.00	1,135.00	0.00
Jetway	0.00	0.00	5.00
FDSS	100.00	2,200.00	0.00

Sources: South Carolina Law Enforcement Division (SLED); EPIC Pipeline Convoy and Jetway databases; and Federal-wide Drug Seizure Statistics (FDSS).

Note: SLED and FDSS data are based on fiscal year. Pipeline and Jetway database information is based on calendar year, with 1999 data from the first three quarters only. An increase in seizures does not necessarily indicate an increase in availability.

Violence

Reports of heroin-related violence are minimal, and are not as prevalent as those associated with powdered and crack cocaine. Local law enforcement agencies indicate that African American street gangs are involved in heroin distribution. In North Charleston, the Ashley Shores

Crew, Charlie Town Clique, Port City Posse, and South Side Piru Bloods are responsible for assaults, carjackings, drive-by shootings, home invasions, weapons distribution, and homicides. Due to the limited market for heroin in South Carolina, turf wars are not an issue.

Production

Opium is neither cultivated nor processed into heroin in South Carolina. Heroin is smuggled into the United States from four primary source areas: South America, Mexico, Southeast Asia, and Southwest Asia. Until the early 1990s, Mexico and Southeast Asia were the primary source areas

for heroin in the United States. Heroin was also smuggled from Southwest Asia but to a lesser extent. Since the early 1990s, South American heroin has captured a substantial share of the domestic heroin market. Heroin from all source areas is available in South Carolina.

Transportation

Heroin from various source areas is transported into South Carolina after being smuggled into U.S. locations in the Southeast, Midwest, and Mid-Atlantic. Most heroin is seized from criminal groups transporting it into the southern United States primarily via commercial airlines from

cities in South and Central America. Couriers, both swallows and bodycarriers, enter through distribution centers such as Miami, Atlanta, and Washington, D.C. Criminal groups in other distribution centers such as Chicago, Detroit, and New York also provide heroin to South Carolina.

Heroin is also transported to South Carolina via private and leased vehicles; commercial air, bus, and rail lines; and parcel delivery services. Distributors generally use the I-95 corridor as a transportation route from New York City to South Carolina. In 1999, South Carolina law enforcement conducted two heroin seizures from commercial train passengers transporting 5 grams and 56 grams of heroin from New York City to Columbia.

Dominican criminal groups and African American local independent dealers and gangs are the primary transporters of heroin in the state, but Nigerian and Mexican criminal groups also

transport heroin. Dominican criminal groups typically transport heroin from New York to the South Carolina coast. African American local independent dealers travel out of state, often to Atlanta and Charlotte, to purchase heroin and bring it back to South Carolina for retail distribution. Nigerian criminal groups operating in Greenville have transported Southeast and Southwest Asian heroin into South Carolina, as in a recent case, when they used a shoe export company as a cover. Mexican criminal groups also transport Mexican brown powdered and black tar heroin to South Carolina.

Distribution

Dominican criminal groups and local African American dealers and street gangs transport South American, Southeast Asian, and Southwest Asian white powdered heroin into Charleston and distribute the drug. Mexican criminal groups transport Mexican brown powdered and Mexican black tar heroin.

Dominican criminal groups transport heroin into Charleston from New York for distribution. Information from the Southeast Organized Crime and Drug Enforcement Task Force (OCDETF) and DEA Columbia Resident Office indicate Dominican criminal groups based in the northeastern part of the United States dominate South American heroin distribution in the Carolinas. In addition, local distributors travel outside the state to obtain heroin and transport it back to South Carolina.

African American street gangs and local independent dealers also distribute heroin in South Carolina. They travel to distribution centers in neighboring states and transport the drug back to Charleston, Greenville, and Columbia, where they distribute heroin. To a lesser extent, Mexican criminals distribute Mexican brown powdered and black tar heroin. In 2000, Mexican black tar heroin was observed in the state for the first time when a Mexican national distributed the drug, along with marijuana and cocaine, in the Charleston and Hilton Head areas.

Heroin Brands

Many heroin trafficking organizations identify their particular brand of heroin by stamping a brand name or picture on the glassine envelopes containing the heroin. The use of brand names allows organizations to package their products in a manner clearly designed to facilitate market loyalty and discourage competitors from infringing on their customers. Much of the retail-level heroin sold in the eastern part of the United States is sold by organizations that use brand names. By developing a loyal customer base, organizations can increase their market share and ensure greater profits. While the use of brand names or other markings is common, some organizations change brand names daily or weekly in an attempt to thwart law enforcement efforts.

Source: DEA, Heroin Conference Report, February 1997.

According to DEA Charleston, Dominican dealers from New York transport heroin to Charleston, where they rent hotel rooms, dilute the heroin with cutting agents such as caffeine, then package the heroin in bags for retail distribution. Heroin packaging varies by geographic region. Most of the heroin obtained in the Eastside of Charleston is double-bagged, but heroin in the

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Westside usually is sold in yellow bags or glassine envelopes. Both types of packaging frequently have pictures of cartoon characters or smiley faces and logos such as “New Jack City,” “Getting Stronger,” and “Paid.” The bags are packaged in “bundles” of 10 to 12. (See Heroin Brands text box on page 21.)

African American street gangs and local independent dealers are the primary retail heroin distributors, and retail distribution is concentrated predominately in isolated sections of the larger

cities of Charleston, Columbia, and Greenville. Retail distributors obtain heroin through pre-arranged deliveries at parking lots, motels, or houses, where drugs and money are exchanged. Most retail distribution occurs in houses or in open-air markets, which typically comprise a several-block section in the city or bordering city lines. Most users drive to the open-air markets. If a user circles a block more than once, a dealer will approach the vehicle to conduct the sale.

Other Dangerous Drugs

The other dangerous drugs (ODD) category includes club drugs, hallucinogens, and illegally diverted pharmaceuticals, in addition to house-

hold products and over-the-counter medications abused mostly by youth.

Club Drugs

Other dangerous drugs include those classified as “club drugs.” Club drugs are used by teens and young adults at all-night dance parties called raves that are generally held in clubs in cities and beach resorts in South Carolina. Raves feature loud music, flashing light displays, and often extensive drug use. Some club drugs are MDMA (3,4-methylenedioxymethamphetamine), LSD (lysergic acid diethylamide), GHB (gamma-hydroxybutyrate), Rohypnol (flunitrazepam), and

ketamine. These drugs run the gamut from stimulants to sedatives to hallucinogens. Local law enforcement agencies in South Carolina report increases in the popularity of club drugs in the larger metropolitan areas and in some beach communities. However, low levels of abuse are reported throughout the rest of the state. Club drugs primarily are distributed by Caucasian criminal groups and local independent dealers.

GHB and GBL

Of the club drugs available in South Carolina, GHB poses the greatest threat. GHB, also known as liquid ecstasy, scoop, grievous bodily harm, and Georgia home boy, is abused for its euphoric, sedative, and anabolic effects. However, use can induce coma and cause insomnia, anxiety, tremors, and sweating. When GHB is combined with methamphetamine, there is an increased risk of seizures. Overdoses can occur quickly; some of the signs include drowsiness, nausea, vomiting, loss of consciousness, and impaired breathing, and even death. The drug increasingly is involved in poisonings, overdoses, date rapes, and fatalities

nationwide, including South Carolina. GHB can be made from easily obtainable ingredients such as GBL (gamma-butyrolactone), a solvent commonly used as a paint stripper, or butanediol (1,4-butanediol), a chemical used in the production of plastics and adhesives. Both GBL and butanediol are metabolized into GHB in the body. GHB, GBL, and butanediol are difficult to trace because they quickly leave the body and may be difficult to detect in emergency rooms and other treatment facilities. In South Carolina, during 2000, distributors could purchase GHB illegally for \$400 a

gallon, and users could purchase GHB illegally for \$5 to \$20 per dose.

Law enforcement agencies report incidents of GHB abuse and distribution in South Carolina.

Greenville area hospitals in western South Carolina reported weekly occurrences of GHB overdoses, and the county coroner confirmed two deaths due to GHB overdoses in 2000.

In 2000, three Virginia men were convicted of producing and distributing GHB in Myrtle Beach. The defendants testified that they used GHB to get high and because they believed it increased muscle mass.

In 2000, a Charleston medical student received 500 milliliters of GHB from a relative in Iowa via a package delivery service. When arrested, he told police he intended to treat two women who were suffering from illness and depression.

GBL, sometimes called liquid ecstasy, a controlled chemical used in the production of GHB, is a widely available industrial strength commercial cleaner used as a solvent in floor and furniture stripping as well as in engine cleaning. On January 21, 1999, the Food and

Drug Administration (FDA) issued a warning about food supplement products containing GBL and requested that producers recall all products containing the additive. According to a January 2000 report, GBL has been implicated in at least six deaths nationwide. GBL is sold in powdered and liquid form at gyms, fitness centers, and some health food stores. GBL is a precursor used to make GHB, and produces similar effects. Once ingested, GBL metabolizes into GHB.

Law enforcement agencies in South Carolina report incidents of GBL abuse across the state.

In 2000, a 21-year-old Greenville man drank a soda bottle cap full of “home brew” after which he collapsed into a seizure and nearly died. He later discovered the substance was “Blue Nitro,” a common name for GBL.

In 2000, two Charleston brothers sold “date rape” drug kits—disguised as computer-cleaning solvents—on their web site. The \$55 kits consisted of enough GBL and sodium hydroxide to make 15 to 20 doses of GHB. Police seized a 55-gallon drum of GBL and 10 pounds of sodium hydroxide from the brothers’ home.

MDMA

MDMA, also called ecstasy, XTC, E, X, or Adam, is a synthetic psychoactive drug with amphetamine-like and hallucinogenic properties. MDMA was patented in Germany in 1914 and sometimes was given to psychiatric patients to assist in psychotherapy. The American Psychological Association or the FDA never approved this practice. Users say MDMA, sometimes called the “hug drug,” makes them feel good. However, the drug may cause psychological difficulties similar to those associated with methamphetamine and cocaine abuse including confusion, depression, sleep problems, anxiety, and paranoia. The physical effects include muscle tension, involuntary teeth clenching, blurred vision, and increased heart rate and blood pressure.

Taken in high doses, MDMA can be extremely dangerous. It can cause a marked

increase in body temperature, leading to muscle breakdown and kidney and cardiovascular system failure. MDMA use may lead to heart attack, stroke, and seizure, as reported in some fatal cases at raves. Recent research links MDMA to long-term, possibly permanent, damage to parts of the brain that are critical to thought and memory. There is also evidence that individuals who develop a rash after using MDMA may suffer severe liver damage or other serious side effects.

According to DEA estimates, about 80 percent of the MDMA consumed worldwide is produced in laboratories in the Netherlands and Belgium. While much of the MDMA in South Carolina is transported from other states, some local independent distributors are producing the drug. In 1999, DEA seized three MDMA laboratories in Charleston County.

South Carolina Drug Threat Assessment

MDMA distribution and use are most prevalent in the metropolitan and tourist areas of South Carolina. Local independent dealers dominate the retail distribution of MDMA. They travel to Atlanta, Charlotte, New York, Washington, D.C., and cities in Florida to purchase MDMA and

transport it back to South Carolina. Dealers can purchase MDMA at the wholesale level for \$12.50 a pill. Teenagers and young adults purchase MDMA at raves, nightclubs, or from retail distributors, generally between \$20 and \$30 per dose.

LSD

LSD, also known as acid, boomers, and yellow sunshines, is a hallucinogen that induces abnormalities in sensory perceptions. The effects of LSD are unpredictable depending on the amount taken, the environment in which it is used, and the user's personality, mood, and expectations. Users may feel the effects within 30 to 90 minutes. The physical effects include dilated pupils, higher body temperature, increased heart rate and blood pressure, sweating, loss of appetite, sleeplessness, dry mouth, and tremors. LSD users report numbness, weakness, or trembling, and nausea is common. Two long-term disorders associated with LSD are persistent psychosis and hallucinogen persisting perception disorder (flashbacks).

LSD is available in many forms, and law enforcement agencies report that its abuse and

availability in South Carolina are increasing, primarily among high school and college aged youth frequenting rave parties and clubs. LSD is available as a powder or liquid and is found in tablets and capsules, on pieces of paper that absorb the drug, on small candies, or as microdots. Some users hide the powder or liquid in tiny breath mint vials. LSD typically is taken by mouth, but officials in South Carolina report some users administer the drug by dropping liquid LSD from breath mint vials directly into the corners of their eyes. The SLED reported an increase in the amount of LSD seized from FY1997 (1,470 dosage units) to FY1999 (8,235 dosage units). In South Carolina, a 1,000-dosage-unit blotter sheet sells for \$1,500 and a 100-dosage-unit blotter sheet costs \$300. The price of a single dose of LSD is \$25.

Rohypnol

Across South Carolina, teenagers and young adults abuse Rohypnol (flunitrazepam) as a club drug and as a date rape drug. Also called roofies, rophies, Roche, and the "forget-me pill," Rohypnol belongs to the class of drugs known as benzodiazepines, but is not approved for prescription use in the United States.

In South Carolina, law enforcement reports that teenagers and young adults sporadically abuse Rohypnol along with other club drugs. Rohypnol is odorless, tasteless, and dissolves in liquid. It can cause severe retrograde amnesia. Rohypnol produces sedative-hypnotic effects

including muscle relaxation and amnesia, and can also cause physiological and psychological dependence. The effects of Rohypnol can impair or incapacitate a victim for 8 to 12 hours, and are exacerbated by the use of alcohol. In 1998 the manufacturer changed the formula, adding blue dye and making it more difficult to dissolve so that intended victims of sexual assault could detect the drug in a drink more easily, but these changes are discernible only in transparent containers.

Ketamine

Ketamine abuse is currently a minor problem in South Carolina because its use has decreased since August 1999, when the federal government classified it as a Schedule III drug. Ketamine, also called K, special K, vitamin K, and cat valium, is an anesthetic that has been approved for both human and animal use. It is available in liquid, powdered, or pill form, and as a powder is often snorted or smoked with marijuana or tobacco products. The effects of ketamine are similar to

those of PCP (phencyclidine) or LSD, but much less intense. At high doses, it can cause delirium, amnesia, impaired motor function, high blood pressure, depression, and potentially fatal respiratory problems. Low-dose intoxication from ketamine results in impaired attention, learning ability, and memory. Short term use causes hallucinations. During 2000, a vial of ketamine could be purchased for \$80 in South Carolina.

Diverted Pharmaceuticals

Pharmaceutical drugs often are diverted in South Carolina. Primarily low-income Caucasian users obtain prescription narcotics and stimulants, as well as many drugs in a class of depressants called benzodiazepines, in a variety of ways. Users may purchase diverted drugs on the retail market or via the Internet from other countries.

“Doctor shopping,” forged prescriptions, and prescriptions stolen from pharmacies, hospitals, nursing homes, or legitimate users are other ways that users obtain illegal pharmaceuticals. Diverted pharmaceuticals primarily are distributed by Caucasian criminal groups and local independent dealers.

Narcotics

Hydrocodone and oxycodone, both opium derivatives, as well as methadone, a synthetic narcotic, are the most frequently abused pharmaceuticals in South Carolina.

Hydrocodone is a narcotic that, when combined with acetaminophen (Tylenol) or aspirin, is sold legally under the brand names Lortab and Lorcet. Lortab is sold illegally for \$9 a dose, and Lorcet is sold for \$5 a dose in South Carolina.

Percocet is a narcotic that contains oxycodone and acetaminophen, and can be purchased illegally for \$10 per dose in South Carolina.

OxyContin, the brand name for timed-release oxycodone, is preferred more often than the other diverted pharmaceuticals, but because doctors typically prescribe OxyContin to cancer patients only, it is more difficult to obtain. Individuals obtain OxyContin for sale to retailers by fraudulently obtaining prescriptions from several different doctors. Retailers sell it to users for approximately \$25 per pill. State and local agencies see OxyContin distribution and use as a growing problem.

Methadone, commonly used as a treatment for addiction, particularly heroin, can be purchased illegally in South Carolina for \$50 per 100 milliliters or \$0.65 per milliliter.

Stimulants

Methylphenidate (Ritalin), a stimulant commonly prescribed for the treatment of attention deficit hyperactivity disorder (ADHD), is misused primarily by youth in South Carolina. Law

enforcement agencies report cases of legitimate users and other young people crushing the tablets and snorting the drug to experience a high.

Benzodiazepines

Benzodiazepines, including alprazolam (Xanax), diazepam (Valium), and lorazepam (Ativan), frequently are diverted in South Carolina. Law enforcement agencies report that the diversion of Xanax is a problem across the state. Xanax is sold illegally in South Carolina for \$6 per

tablet and Valium is sold for \$3 a tablet. The number of admissions to South Carolina publicly funded treatment centers for benzodiazepine abuse more than doubled from FY1998 (43) to FY2000 (99).

Others

Young people in South Carolina are using common household products and cough preparations to achieve a high, but the inhalation

and ingestion of these over-the-counter products constitutes a serious danger.

Inhalants

Inhalant use, commonly called “huffing,” threatens South Carolina’s youth. Huffing is the sniffing of common household products such as paint, gasoline, and hair spray. Sniffing these inhalants can introduce toxins into the body and cause damage to the liver, lungs, kidneys, brain, and even death. The number of inhalant users admitted to publicly funded treatment centers has decreased in South Carolina, with 54 admissions in FY1997, 52 in FY1999, and 25 admissions in FY2000.

According to the DAODAS, the primary users of household inhalants are preteens and young teenagers. Adults also use inhalants in South

Carolina, but not as frequently as teenagers. Adult users typically have been using inhalants regularly since their teenage years. Young males generally use inhalants more than young females. The majority of these teenagers use inhalants only experimentally or occasionally, and do not become addicted. However, even one use can be dangerous or fatal. According to the 1999 Youth Risk Behavior Surveillance survey, 14.2 percent of South Carolina high school students have used inhalants at least once during their lifetime and 4.1 percent currently use inhalants, compared with 14.6 percent and 4.2 percent nationwide, respectively.

DXM

A recent trend among young people in South Carolina is the misuse of over-the-counter cough suppressants and cold remedies, particularly DXM (dextromethorphan, also called dextro). When users consume DXM in large doses, they may experience hallucinations, impaired motor skills, and behavioral changes. Prolonged use carries the risk of addiction, loss of consciousness,

and even death. Some users ingest DXM directly from the bottle, but others, trying to minimize the unpleasantness of the flavor, heat the liquid to crystallize the substance. Law enforcement agencies report that many young people who tried abusing DXM once resist using it again due to the bad taste and unwanted side effects, such as headaches, nausea, and vomiting.

Outlook

Overall drug availability and abuse in South Carolina are fairly stable with slight increases among certain drugs. Publicly funded treatment center admissions and drug arrests are showing an upward trend, keeping pace with an increase in the population in the state. The transportation infrastructure in South Carolina allows criminal groups operating in the United States and foreign countries easy access to the area, and drug users and distributors can also access distribution centers in neighboring states to purchase illegal drugs.

Crack cocaine will continue to be the most significant drug problem in South Carolina with availability and abuse at or near present levels. Crack sales by street gangs and the associated violence may continue to spread from the cities to suburban and rural areas. Distribution of crack cookies is a trend that will likely continue. The customer base and the transportation and distribution network for powdered and crack cocaine are firmly established.

Marijuana abuse will continue to increase if it becomes more widely accepted among the state's youth. A high rate of abuse by high school aged students is tied to the perception of reduced risk and increased availability. Teenagers increasingly perceive marijuana as harmless. An increase in the abuse of marijuana by students may lead to the abuse of other drugs. The low price of Mexico-produced marijuana may fuel this increase in use. More distributors will choose Mexico-produced marijuana over locally grown cannabis because of the larger profit margin.

Methamphetamine producers and distributors may expand their operations from the Upstate, and authorities may encounter methamphetamine laboratories statewide. The increase in methamphetamine production and availability in Greenville from 1998 to 2000 is possibly a sign of future trends. An increase in local laboratories using the "Nazi" method of production is likely to occur. Mexican criminal groups transporting the drug into South Carolina from the Southwest Border will expand their area of distribution.

The availability, distribution, and abuse of heroin will remain a minimal threat to the state, with overdoses occurring when higher purity heroin is distributed. Because greater proportions of South Carolina youth abuse heroin than youth nationally, heroin abuse may become a more significant threat as these users get older. Mexican criminal groups that transport marijuana and methamphetamine into the state may expand their operations to include heroin. Street gangs that distribute marijuana and methamphetamine in the state also may begin to distribute heroin.

The use of other dangerous drugs, especially MDMA and GHB, is increasing nationwide. This trend is likely to influence the situation in South Carolina. As more young people in the state turn to MDMA and GHB as their drugs of choice, more transportation and distribution networks will appear in the state. State and local agencies see OxyContin distribution and abuse as a growing problem.

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