



National Drug Threat Assessment 2006



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National Drug Intelligence Center
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National Drug Intelligence Center

319 Washington Street, 5th Floor (814) 532-4601
Johnstown, PA 15901-1622 Fax: (814) 532-4690

From the Director

Drug trafficking and drug abuse continue to pose a significant threat to the citizens of the United States and an ever-increasing challenge to law enforcement and drug treatment personnel. To develop an effective counterdrug strategy, policymakers and law enforcement leadership require both tactical and strategic intelligence regarding national and regional drug trafficking. The National Drug Intelligence Center's annual threat assessment is designed to provide these decisionmakers with the timely, strategic, drug-related intelligence needed to effectively formulate counterdrug policy, establish law enforcement priorities, and allocate resources.

The *2006 National Drug Threat Assessment* is similar in many respects to previous editions of the annual assessment; however, reader feedback and comments from client and partner agencies have prompted some significant changes. The *2006 National Drug Threat Assessment* is more succinct than previous assessments in its analysis and presentation of key drug trafficking trends and developments. The 2006 assessment also offers more predictive insight regarding potential areas of concern for counterdrug policymakers in the near term.

The National Drug Intelligence Center is in the midst of a strategic reorganization designed to further enhance its ability to provide timely, focused, and increasingly useful strategic intelligence products to national-level policymakers, resource planners, and law enforcement and intelligence community leaders. Further enhancements will be made to our 2007 National Drug Threat Assessment to reflect the efficiencies gained from this strategic reorganization.

As in past years, the *2006 National Drug Threat Assessment* is the outgrowth of a partnership between the National Drug Intelligence Center and countless other federal, state, and local agencies. The report merges the most current data and reporting from law enforcement, intelligence agencies, and public health agencies with the National Drug Intelligence Center's own national survey of more than 3,400 state and local law enforcement agencies and thousands of field interviews with law enforcement and public health officials.

Thanks to all the participating agencies and organizations whose contributions have made the *2006 National Drug Threat Assessment* possible. Their assistance has been invaluable!

Michael F. Walther

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Strategic Drug Threat Developments

- Significant progress has been made by the counterdrug community in reducing demand for marijuana, heroin, and MDMA. Additionally, the availability of LSD and GHB—drugs that have appealed particularly to adolescents—has decreased significantly, and heroin availability appears to be declining as well. However, the distribution and abuse of cocaine, marijuana, and methamphetamine continue to pose considerable threats to communities throughout the nation.
- For the second consecutive year, a higher percentage of state and local law enforcement agencies nationwide (39.2%) have identified methamphetamine as the drug that poses the greatest threat to their area than the percentage that identified any other drug, according to the National Drug Threat Survey 2005 (see Appendix A, Map 2).
- Mexican drug trafficking organizations and criminal groups are the most influential drug traffickers in the United States, and their influence is increasing. They are the predominant smugglers, transporters, and wholesale distributors of cocaine, marijuana, methamphetamine, and Mexico-produced heroin in the United States; they are expanding their control over the distribution of these drugs in areas long controlled by Colombian and Dominican criminal groups, including areas of New York and Florida.
- Canada-based Asian criminal groups with access to MDMA from Canada and Europe have surpassed Russian-Israeli drug trafficking organizations as the primary suppliers of MDMA to U.S. drug markets; they are also positioned to become the predominant transporters and distributors of high potency, Canada-produced marijuana.
- Many street gangs, prison gangs, and outlaw motorcycle gangs have evolved from loosely organized, turf-oriented entities to well-organized, profit-driven criminal enterprises whose activities include not only retail drug distribution but also other aspects of the trade, including smuggling, transportation, and wholesale distribution.
- Currently available national-level data and law enforcement reporting tends to indicate stable domestic cocaine availability, even in smaller drug markets. However, Office of National Drug Control Policy analysis of retail-level cocaine purity and price data indicates that the purity of cocaine is starting to decline, possibly due to the effects of significant declines in estimated cocaine production and increases in cocaine interdiction.
- Domestic methamphetamine production, while decreasing—a result of increased law enforcement pressure, public awareness campaigns, and regulation on the sale and use of precursor and essential chemicals used in methamphetamine production—continues to jeopardize the safety of citizens, adversely affect the environment, and strain law enforcement resources. Children, law enforcement personnel, emergency responders, and those who live at or near methamphetamine production sites have been seriously injured or killed as a result of methamphetamine production. Chemical waste from methamphetamine laboratories has killed livestock, contaminated streams and soil, and destroyed vegetation. Clandestine methamphetamine laboratories have caused law enforcement agencies throughout the nation to devote inordinate amounts of time and manpower to the investigation and cleanup of these laboratories.

- Decreases in domestic methamphetamine production have been offset by increased production in Mexico. Moreover, illicit methamphetamine production capacity in Mexico appears sufficient to offset further reductions in domestic methamphetamine production.
- Mexican drug trafficking organizations and criminal groups have emerged as the primary wholesale drug money launderers in the country because of the increasing influence they are exerting on domestic drug trafficking. Mexican traffickers typically transport their drug proceeds from U.S. market areas to areas in proximity to the U.S.–Mexico border. These proceeds are aggregated and eventually smuggled in bulk into Mexico for repatriation or for further transport to South America.

Table of Contents

Strategic Drug Threat Developments	i
Scope and Methodology	1
National Drug Threat Overview	3
Cocaine	5
Strategic Findings	5
Overview	5
Availability	5
Production	6
Transportation	6
Distribution	7
Demand	7
Methamphetamine	9
Strategic Findings	9
Overview	9
Availability	9
Production	10
Transportation	11
Distribution	12
Demand	12
Marijuana	13
Strategic Findings	13
Overview	13
Availability	13
Production	14
Transportation	15
Distribution	16
Demand	16
Heroin	18
Strategic Findings	18
Overview	18
Availability	18
Production	19
Transportation	20
Distribution	20
Demand	21
Pharmaceuticals	23
Strategic Findings	23
Overview	23
Availability	23
Diversion and Distribution	23
Abuse	24

Other Dangerous Drugs.....	25
Strategic Findings.....	25
Overview.....	25
MDMA.....	25
GHB.....	25
LSD.....	26
PCP.....	26
Drug Money Laundering.....	27
Strategic Findings.....	27
Drug Transportation Corridors.....	30
Drug Trafficking Organizations.....	32
Organized Gangs and Drug Trafficking.....	34
The Impact of Drugs on Society.....	36
Appendix A. Maps.....	39
Appendix B. Tables.....	43
Appendix C. Charts.....	47
Sources.....	49

National Drug Threat Assessment 2006



Scope and Methodology

The *National Drug Threat Assessment 2006* 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 recent law enforcement, intelligence, and public health data available to counterdrug agencies through the date of publication. However, considerable time lags in some counterdrug reporting occasioned by competing operational priorities, manpower limitations, insufficient collection capabilities, and proprietary concerns impeded timely reporting of some data, hindering predictive analysis. To overcome such data deficiencies, recent law enforcement and intelligence community reporting was extensively incorporated into the report.

The *National Drug Threat Assessment 2006* includes information provided by more than 3,400 state and local law enforcement agencies through the National Drug Intelligence Center's National Drug Threat Survey 2005. 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. It also addresses the role played by drug

trafficking organizations and organized gangs in domestic drug trafficking. Major substances of abuse are discussed in terms of their availability, production and cultivation, transportation, distribution, and demand. Principal distribution centers for each major drug of abuse are also identified and addressed in the report.

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

Production and Cultivation. Accurately estimating production and cultivation is a continuing challenge for the counterdrug community. In their evaluation of illicit drug production and cultivation, NDIC 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 principal distribution centers 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

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 included the estimated number of total users, prevalence of drug use among various age groups, 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.

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 seven regions as shown in Appendix A, Map 1, on page 39. For representation of survey data by regions, see Appendix A, Maps 2 and 4, on pages 39 and 41, 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.

National Drug Threat Overview

The abuse of marijuana, heroin, prescription narcotics, MDMA (3,4-methylenedioxy-methamphetamine, also known as ecstasy), GHB (gamma-hydroxybutyrate), and LSD (lysergic acid diethylamide) has decreased. Additionally, the availability of LSD and GHB—drugs that appeal particularly to adolescents—has decreased significantly, and heroin availability appears to be declining as well. On the other hand, high—possibly increasing—marijuana and methamphetamine availability persists despite demonstrable progress that the counterdrug community has made against the trafficking and abuse of these illicit drugs. Cocaine availability appears to be stable based on certain indicators; however, recent changes in the price and purity of retail level cocaine reported by the Office of National Drug Control Policy (ONDCP) suggest that counterdrug measures are starting to have an impact.

Domestic methamphetamine production is decreasing overall; however, domestic decreases have been offset by increased production in Mexico, suggesting a close link between domestic and Mexico production of the drug. For example, a sharp decrease in methamphetamine production in large domestic laboratories since 2002—primarily because of decreased supplies of bulk pseudoephedrine from Canada—has been largely balanced by a concurrent sharp increase in large-scale methamphetamine production in Mexico, where bulk supplies of ephedrine and pseudoephedrine are more available. The apparent ease with which Mexican criminal groups adapt to law enforcement pressure and production supply shortages by moving operations back and forth across the border indicates that an unbalanced effort on either side of the border may limit the effectiveness of methamphetamine suppression initiatives.

Mexican drug trafficking organizations (DTOs) and criminal groups control most organized wholesale drug trafficking (smuggling, transportation, and wholesale distribution) in the

United States, and their control is increasing. Mexican DTOs and criminal groups, long identified as the predominant transporters and wholesale distributors of cocaine, marijuana, methamphetamine, and Mexico-produced heroin in the Pacific, Southwest, and West Central Regions, have emerged as the predominant wholesale cocaine, marijuana, and methamphetamine distributors in the Great Lakes and Southeast Regions. Moreover, Mexican criminal groups' control over methamphetamine supplies and distribution throughout the country will increase sharply in the near term. Domestic methamphetamine production, already lower than in previous years, is likely to decrease sharply in the near term because of increased law enforcement pressure and state- and national-level restrictions on the sale and use of pseudoephedrine and ephedrine products. As fewer individual users are able to produce methamphetamine domestically, retail distributors and users will become increasingly reliant upon Mexico-produced methamphetamine supplied by Mexican criminal groups.

Although far less influential than Mexican criminal groups, Asian criminal groups also appear to be gaining control over wholesale drug distribution, particularly MDMA and Canada-produced marijuana. In fact, law enforcement reporting indicates that Asian criminal groups—primarily Chinese and Vietnamese groups—are now among the leading distributors of MDMA in New York and Los Angeles, the two largest MDMA markets in the United States. Moreover, Canada-based criminal groups composed primarily of ethnic Asians appear to be the predominant smugglers and wholesale distributors of Canada-produced marijuana in the United States, and these groups are increasing domestic distribution of the drug.

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Cocaine

Strategic Findings

- The amount of cocaine available in domestic drug markets appears to meet user demand in most markets, without observable short-fall. However, recent ONDCP analysis of data from February through September 2005 shows that the purity of available cocaine could be diminishing at the retail level—reflecting decreases in potential worldwide cocaine production and significant increases in cocaine interdiction.
- Mexican DTOs and criminal groups control most wholesale cocaine distribution in the United States, and their control is increasing. They are the predominant wholesale cocaine distributors in the Great Lakes, Pacific, Southeast, Southwest, and West Central Regions, and although Colombian and Dominican DTOs and criminal groups control most wholesale distribution in the Northeast and Florida/Caribbean Regions, the influence of Mexican DTOs and criminal groups is increasing in these areas.

Overview

Cocaine, powder and crack, is typically available in urban, suburban, and rural drug markets throughout the United States. Cocaine supplies appear to be stable at levels necessary to meet current domestic demand, despite record levels of seizures and declines in estimated worldwide production that have been reported over the past

few years. This stability in supply could be the result of overproduction through 2002 or a time lag between coca cultivation and cocaine distribution. Time lags in reporting drug availability data also may account for apparent stability in cocaine availability in spite of decreased production and increased seizures.

Availability

Cocaine is widely available throughout most of the nation,² and cocaine supplies are relatively stable at levels sufficient to meet current user demand. Cocaine availability indicators have been mixed since 2000—wholesale purity has increased, wholesale prices are relatively stable, and arrests have fluctuated—and do not clearly indicate either an increase or decrease in wholesale availability of the drug (see Appendix B, Tables 4 and 6). However, cocaine availability may be decreasing at the retail level. Preliminary analysis of 2005 data conducted by ONDCP suggests that a rise in retail-level cocaine prices and a decrease in retail-level cocaine purity may have occurred during the period of February through September 2005, indicating a potential decrease in the availability of cocaine at the retail level in domestic drug markets. Further, according to ONDCP, the potential decrease at the retail level occurred during a period when reduced worldwide cocaine production and increased cocaine interdiction should have begun depleting domestic supplies.

Table 1. Estimated Andean Region Coca Cultivation and Potential Pure Cocaine Production, 2000–2004

	2000	2001	2002	2003	2004
Net Cultivation (hectares)	187,500	221,800	200,750	166,300	166,200
Potential Pure Cocaine Production (metric tons)	770	925	830	680	645

Source: Crime and Narcotics Center.

2. Accurately assessing domestic drug availability is inherently difficult because of significant limitations and discrepancies in available data. See Scope and Methodology, page 1.

This potential decrease in retail-level cocaine availability is generally not reflected in law enforcement reporting through the first half of 2005; such reporting typically places retail-level cocaine availability at stable levels. For instance, of 314 interviews regarding cocaine availability conducted by National Drug Intelligence Center (NDIC) representatives with law enforcement officials nationwide from November 2004 through April 2005, eight officials report a recent decrease in cocaine availability, while 40 report an increase. This anecdotal reporting is similar to National Drug Threat Survey (NDTS) 2005 data showing that the percentage of state and local law enforcement agencies reporting high or moderate availability of cocaine in their area has not changed appreciably from 2003 through 2005. However, if the decreasing trend in retail-level availability noted by ONDCP continues, such decreases should begin to appear in law enforcement reporting in early 2006.

Production

Estimating Andean coca cultivation is an inherently difficult process, especially estimating rates of replanting in Colombia. As a result, estimates of coca cultivation and cocaine production are currently under review by the counterdrug community to determine their level of precision.

Using the best data available at present, the Crime and Narcotics Center (CNC) estimated that potential worldwide cocaine production decreased for the third consecutive year to 645 metric tons of pure cocaine in 2004 (see Table 1 on page 5), or 780 metric tons of export quality (84% pure) cocaine. Approximately two-thirds of the cocaine was produced from coca cultivated in Colombia, which dominates worldwide coca cultivation and cocaine production; the remainder was produced from coca cultivated in Bolivia and Peru.

Worldwide production declined, largely because coca eradication in South America continued to reduce the number of mature coca fields in the Andes. A number of new coca fields replaced those eradicated during 2004, leaving the total

land area under coca cultivation in Colombia virtually unchanged; however, the newer fields are less productive, resulting in an overall net decline in average potential cocaine production. Coca cultivation in Bolivia increased in 2004; however, such increases were offset by decreases in estimated land under cultivation in Peru.

Transportation

Most cocaine is transported from South America, particularly Colombia, through the Mexico–Central America Corridor via Eastern Pacific and Western Caribbean Vectors (see Appendix A, Map 5). According to the *Interagency Assessment of Cocaine Movement* (IACM), approximately 90 percent of the cocaine transported toward the United States in 2004 transited either the Eastern Pacific (primarily smuggled on fishing vessels) or Western Caribbean (primarily smuggled on go-fast boats) Vectors. IACM data further indicate significant increases in cocaine interdiction (either lost by or seized from transporters) in these vectors from 2002 through 2004—the result of sustained successful interdiction initiatives. In fact, sharply increased interdiction in the Eastern Pacific and Western Caribbean Vectors accounts for most of the 42 percent (138 mt to 196 mt) overall increase in transit zone interdiction during that period (see Table 2). Moreover, preliminary data indicate that interdiction reached a new record level in 2005.

Table 2. Cocaine Lost or Seized in Transit Toward the United States in Metric Tons, 2000–2004

2000	2001	2002	2003	2004
117	139	138	157	196

Source: *Interagency Assessment of Cocaine Movement*.

Despite sharp increases in cocaine interdiction in recent years, determination as to whether or not the amount of cocaine transported to (and available in) the United States is increasing or decreasing remains uncertain. Current data are insufficient to render an accurate estimate of the amount of cocaine departing South America

toward the United States each year. According to the IACM, however, the quantity of pure cocaine transported toward the United States was most likely within a range of 325 to 675 metric tons in 2004, the only year for which data are available (see Table 3). Although the amount of cocaine transported toward the United States may be decreasing (based on decreases in estimated worldwide cocaine production), this assertion is not certain. The IACM published range estimates in 2004 because of growing incongruence among counterdrug data sets. As such, a valid comparison between 2004 data and previous years' point estimates is not possible.

Table 3. Cocaine Available to U.S. Markets in Metric Tons, 2004

	2004
Departed South America Moving Toward United States	325–675*
Lost or Seized in Transit Toward United States	196*
Seized in U.S. Arrival Zone	34*
Cocaine Available to U.S. Markets	95–445

*Source: *Interagency Assessment of Cocaine Movement*.

Distribution

Mexican DTOs and criminal groups control most wholesale cocaine distribution in the United States, and their control is increasing. According to federal, state, and local law enforcement reporting, Mexican DTOs and criminal groups are the predominant wholesale cocaine distributors in the Great Lakes, Pacific, Southeast, Southwest, and West Central Regions, and although Colombian and Dominican criminal groups control most wholesale distribution in the Northeast and Florida/Caribbean Regions, wholesale distribution by Mexican DTOs and criminal groups is increasing. For example, the Drug Enforcement Administration (DEA) New York Field Division reported in 2005 that in some areas of New York City Mexican criminal groups have supplanted Colombian criminal groups as the primary source of multikilogram-quantities of

cocaine. Similarly, the Central Florida High Intensity Drug Trafficking Area (HIDTA) recently reported that in some areas of central Florida, Mexican DTOs and criminal groups have supplanted Colombian and Dominican criminal groups as the predominant wholesale cocaine distributors and are establishing new distribution networks.

Control over wholesale cocaine distribution by Mexican DTOs and criminal groups has been increasing for several years and is likely to continue to increase in the near term. Cocaine transportation data indicate that most cocaine available in U.S. drug markets is smuggled into the country via the U.S.–Mexico border. As Mexican DTOs and criminal groups control an increasing percentage of the cocaine smuggled into the country, their influence over wholesale distribution will rise even in areas previously controlled by other groups, including areas of the Northeast and Florida/Caribbean Regions.

Cocaine is distributed in nearly every large and midsize city; however, analysis of cocaine seizure data indicates that several specific cities serve as national-level cocaine distribution centers through which most domestic cocaine flows (see Appendix A, Map 6). Midlevel and retail-level distribution of the drug in these and most other cities is controlled primarily by organized gangs; however, in smaller cities and rural communities retail distribution typically is controlled by local independent dealers.

Demand

Rates of past year use for cocaine are relatively high, and overall, use appears to be stable. According to the National Survey on Drug Use and Health (NSDUH), the rate of past year use for cocaine (powder and crack combined) among individuals aged 12 and older (2.4%) has remained stable since 2002; it is much lower than that for marijuana (10.6%), but is higher than that for methamphetamine (0.6%) or heroin (0.2%). Among adults, NSDUH data show that rates of past year use for cocaine (powder and crack combined) among young

adults (aged 18 to 25) are stable but remain the highest among all age groups (see Appendix B, Table 1). Monitoring the Future (MTF) and NSDUH also indicate stable rates of adolescent cocaine use (see Appendix B, Table 2). The number of treatment admissions to publicly funded treatment facilities for cocaine has decreased since the mid-1990s despite increased access to drug treatment. Cocaine is the only major drug of abuse for which treatment admissions have decreased (see Appendix C, Chart 1).

Methamphetamine

Strategic Findings

- Decreased domestic methamphetamine production in both small- and large-scale laboratories—a result of law enforcement pressure, public awareness campaigns, and increased regulation of the sale and use of precursor and essential chemicals used in methamphetamine production—is reducing wholesale supplies of domestically produced methamphetamine.
- Decreases in domestic methamphetamine production have been offset by increased production in Mexico.
- Methamphetamine availability is not likely to decline in the near term, and in fact, Mexican DTOs can maintain production levels at laboratories in Mexico necessary to offset any further declines in domestic production, to ensure a steady supply of the drug in established markets, and to facilitate further eastward expansion of methamphetamine distribution.

Overview

Significantly decreased domestic methamphetamine production in both small- and large-scale laboratories—a result of increased law enforcement pressure, public awareness campaigns, and regulation on the sale and use of precursor and essential chemicals used in methamphetamine production, particularly pseudoephedrine—has decreased wholesale supplies of domestically produced methamphetamine. However, methamphetamine production in Mexico has increased to levels sufficient to offset domestic production decreases, to maintain distribution of the drug in established markets, and to facilitate further eastward expansion of the drug. Decreases in domestic production have resulted in a significant increase in the control that Mexican DTOs and criminal groups exert over domestic methamphetamine markets because individual users who previously relied on supplies produced in small-

scale domestic laboratories are increasingly forced to purchase the drug from Mexican methamphetamine distributors.

Availability

Methamphetamine availability is generally stable, with slight increases in eastern drug markets. National-level purity data reveal an overall rise in methamphetamine purity, indicating increased availability of the drug, although some of the increase most likely reflects an increased prevalence of more refined ice methamphetamine (typically much higher purity than powder methamphetamine) that is increasingly being produced by Mexican criminal groups for distribution in domestic markets. Seizure and arrest data are not as definitive as purity data. Methamphetamine-related arrests and seizures have recently decreased. This decrease, however, does not signify a decrease in availability, but a decrease in the level of domestic methamphetamine production. According to law enforcement officials, in previous years many methamphetamine-related arrests and seizures were the result of methamphetamine production investigations and laboratory seizures. As the level of domestic methamphetamine production has declined nationally, particularly since 2003, so has the number of methamphetamine arrests and seizures (see Appendix B, Tables 3 and 4).

While national-level data on methamphetamine availability is arguably inconclusive, anecdotal law enforcement reporting is unmistakable and indicates relatively stable availability in long-established markets (particularly in the Pacific, Southwest, and West Central Regions) and increasing availability in the Great Lakes, Northeast, and Southeast Regions. The anecdotal reporting is supported by NDTs data that show that the percentage of state and local law enforcement agencies reporting high or moderate availability of methamphetamine is substantial (approximately 65%) and has been

stable nationally from 2003 through 2005 but has increased in the Great Lakes, Northeast, and Southeast Regions.

Methamphetamine availability will most likely increase in the near term, particularly in eastern states. Significant decreases in wholesale production in domestic laboratories have not reduced domestic availability of the drug; these reductions have been offset by methamphetamine produced by Mexican DTOs at laboratories in Mexico and transported to domestic markets via the U.S.–Mexico border. Moreover, intelligence reports indicate that Mexican DTOs most likely will be able to offset any further declines in domestic methamphetamine production by increasing production levels at laboratories in Mexico, which have not yet reached full capacity.

Production

Domestic methamphetamine production is decreasing; however, increased methamphetamine production by Mexican DTOs and criminal groups in Mexico—the principal foreign source of methamphetamine—appears to be sustaining or slightly increasing domestic wholesale supplies. National Clandestine Laboratory Seizure System (NCLSS) data show that the number of reported methamphetamine laboratory seizures decreased slightly from 2003 (10,199) to 2004 (9,895) (see Table 4). This decrease, the first reported decline since NCLSS became fully operational in 2000, is a strong indication of a real decrease in the number of operational domestic laboratories because it occurred even as nationwide participation in NCLSS—a voluntary reporting system for most state and local agencies—increased. Moreover, preliminary NCLSS data indicate a significant decrease in methamphetamine laboratory seizures in 2005. Decreased domestic methamphetamine production is further evidenced by NCLSS data that show a sharp decrease in seizures of methamphetamine superlabs—laboratories capable of producing at least 10 pounds of methamphetamine per production cycle—since 2001.

Increased restrictions on cold preparations and other medicines containing pseudoephedrine in

Table 4. Reported Methamphetamine Laboratory Seizures, 1997–2005

	Total Laboratories	Superlabs
1997	2,806	*
1998	3,802	*
1999	6,750	*
2000	7,021	*
2001	8,542	245
2002	9,282	142
2003	10,199	130
2004	9,895	55
2005**	5,249	37

Source: El Paso Intelligence Center National Clandestine Laboratory Seizure System.

*Laboratory capacity data were not collected prior to 2001.

**Data for 2005 are preliminary.

many states have contributed to sharp declines in the number of small-scale methamphetamine laboratories in those states. Similarly, restricted importation of bulk pseudoephedrine from Canada since January 2003 has resulted in significant declines in the number of domestic methamphetamine superlabs. More states are expected to enact precursor chemical control legislation; this will cause domestic methamphetamine production to further decline, particularly in small-scale laboratories.

Methamphetamine production by Mexican DTOs and criminal groups in Mexico has offset recent declines in domestic production, and the ability of these DTOs and criminal groups to offset further decreases in domestic production seems assured, according to intelligence reports. The increase in methamphetamine production in Mexico is dependent upon Mexican DTOs and criminal groups acquiring large quantities of ephedrine or pseudoephedrine. Currently, they are reportedly obtaining these chemicals from criminal groups in Asia, who have been exporting massive quantities of ephedrine and pseudoephedrine to Mexico since 2000, far exceeding the amount needed for legitimate use in the country.

Transportation

Transportation of methamphetamine from Mexico appears to be increasing, as evidenced by increasing seizures along the U.S.–Mexico border. The amount of methamphetamine seized at or between U.S.–Mexico border ports of entry (POEs) increased more than 75 percent overall from 2002 (1,129.8 kg), to 2003 (1,733.1 kg), and 2004 (1,984.6 kg).

The sharp increase in methamphetamine seizures at or between U.S.–Mexico border POEs most likely reflects increased methamphetamine production in Mexico since 2002. Mexican DTOs and criminal groups are the primary transporters of Mexico-produced methamphetamine to the United States. They use POEs

primarily in Arizona and southern Texas as entry points to smuggle methamphetamine into the country from Mexico. Previously, California POEs were the primary entry points used by these DTOs and criminal groups; however, increasing methamphetamine production in the interior of Mexico has resulted in Mexican DTOs and criminal groups shifting some smuggling routes eastward. Methamphetamine transportation from Mexico to the United States by these DTOs and criminal groups is likely to increase further in the near term as production in Mexico-based methamphetamine laboratories continues to increase in order to offset declines in domestic production.

Methamphetamine: Eastward Expansion

The trafficking and abuse of methamphetamine—a leading drug threat in western states since the early 1990s—have gradually expanded eastward, reaching the point where the drug now impacts every region of the country, although to a much lesser extent in the Northeast Region. In the early 1990s methamphetamine trafficking was an evident threat to California drug markets such as Fresno, Los Angeles, Sacramento, San Diego, and San Francisco. By the mid-1990s that threat had expanded to other drug markets, including Denver, Las Vegas, Phoenix, Seattle, and Yakima, Washington. By the late 1990s and early 2000s—as methamphetamine production and distribution remained very high in western states—methamphetamine trafficking continued its eastward expansion (see Appendix A, Map 4), supported by distribution by Mexican criminal groups and high levels of local production.

The eastward expansion of the drug took a particular toll on central states such as Arkansas, Illinois, Indiana, Iowa, Kansas, Missouri, and Nebraska. Increased methamphetamine trafficking in these states (see Appendix C, Chart 2), often in rural areas, is evidenced by a 126 percent increase (1,601 to 3,620) in reported methamphetamine laboratory seizures and an 87 percent increase (10,145 to 18,951) in methamphetamine-related treatment admissions from 1999 through 2003. Since 2003 methamphetamine trafficking has expanded farther east to areas such as southern Michigan, Ohio, and western Pennsylvania. The eastward expansion of methamphetamine trafficking and abuse has recently slowed because increasing regulation of the sale and use of chemicals used in methamphetamine production, particularly pseudoephedrine and ephedrine, has substantially decreased domestic production. However, Mexican DTOs and criminal groups have supplanted decreases in domestic production with methamphetamine that they are producing in Mexico. If they are successful, methamphetamine trafficking will spread farther eastward to encompass the entire United States.

Distribution

Mexican criminal groups control most wholesale distribution of powder and ice methamphetamine. According to DEA and HIDTA reporting, Mexican criminal groups are the predominant wholesale methamphetamine distributors in the country—even in the Northeast and Florida/Caribbean Regions—supplying various midlevel distributors, including other Mexican criminal groups, with powder methamphetamine and, increasingly, ice methamphetamine. Mexican control over wholesale and midlevel methamphetamine distribution is likely to increase as a greater proportion of wholesale methamphetamine production occurs in Mexico-based laboratories. Anticipated declines in domestic methamphetamine production, particularly by independent producers, will strengthen the position of Mexican criminal groups as midlevel and retail distributors, since more individual users who previously produced their own methamphetamine in small-scale laboratories will become increasingly dependent upon consistent supplies from Mexican methamphetamine distributors.

Although most national-level methamphetamine distribution centers are located in western states (see Appendix A, Map 6), the eastward expansion of methamphetamine has recently resulted in Atlanta's emergence as a principal distribution center for the drug. In fact, much of the methamphetamine distribution by Mexican criminal groups in the Southeast Region is now coordinated through Atlanta. Much of the midlevel and retail distribution of methamphetamine throughout the country is controlled by Mexican criminal groups and Hispanic street gangs; however, Caucasian independent dealers have been the predominant retail distributors, particularly in rural areas, where much of the drug is distributed and consumed. The predominance of Caucasian independent distributors at the retail level, however, will most likely diminish significantly as domestic production of methamphetamine wanes.

Demand

Overall methamphetamine use appears to be stable, at least among casual users. According to NSDUH data, rates of past year use for methamphetamine among individuals aged 12 and older have not shown any significant change over the last 3 years (see Appendix B, Table 1). Adults are the largest user cohort for methamphetamine, and NSDUH data show relatively stable rates of past year use for methamphetamine among both young adults (aged 18-25) and older adults (aged 26 and older).

Treatment Episode Data Set (TEDS) data show that the number of treatment admissions to publicly funded treatment facilities for methamphetamine has increased since the mid-1990s, most likely because of increased access to drug treatment and increases in treatment referrals from drug courts (see Appendix C, Chart 1). Also contributing to rising treatment admissions for methamphetamine is a very high recidivism rate among individuals seeking treatment for abuse of the drug. As a result, many methamphetamine users seek treatment several times before they successfully stop use of the drug.

Although methamphetamine use among casual users appears stable, use among chronic users is not likely to decline in the near term. Despite sharp increases in the number of admissions to publicly funded treatment facilities for methamphetamine use, primarily in the West and Midwest, particularly since 2000, progress in reducing methamphetamine use among frequent users is slow because of the highly addictive nature of the drug and high recidivism rates for methamphetamine addicts pursuing treatment.

Marijuana

Strategic Findings

- Asian criminal groups³ are expanding their position relative to wholesale distribution of Canada-produced, high potency marijuana in every region of the country. In fact, increasing distribution of high potency marijuana by Asian criminal groups as well as expansion of domestic high potency marijuana production appears to be significantly raising the average potency of marijuana in U.S. drug markets, elevating the threat posed by the drug.
- The amount of marijuana available to domestic drug markets appears to be increasing slightly. This increase, coupled with decreasing demand for the drug, will quite likely result in lower prices in the near term as marijuana traffickers attempt to expand their customer base.
- Mexican DTOs and criminal groups have significantly reinvigorated their marijuana production efforts in Mexico after a period of reduced rainfall limited production from 2000 through 2002.

Overview

Marijuana availability in the United States remains high, fueled by high—and possibly increasing—marijuana production at domestic grow sites as well as increasing production in Mexico and Canada. Nevertheless, demand for marijuana appears to be decreasing, at least among casual users. Current high marijuana availability and decreasing demand for the drug may result in lower prices in the near term as marijuana traffickers attempt to entice current users to increase their consumption or nonusers to try the drug. Mexican criminal groups control most wholesale marijuana distribution throughout the country. Asian criminal groups, however, are expanding their position relative to wholesale

distribution of high potency marijuana in every region of the country. In fact, increasing distribution of high potency marijuana by Asian criminal groups as well as expansion of domestic high potency marijuana production appears to be significantly raising the average potency of marijuana in U.S. drug markets, elevating the threat posed by the drug.

Availability

Most national-level data and law enforcement reporting indicate that marijuana availability is high and stable or increasing slightly. For example, federal seizures and arrests for marijuana have fluctuated somewhat but have remained within a consistent range since 2001. Moreover, law enforcement reporting reveals high and stable marijuana availability in drug markets throughout the country as evidenced by NDTs 2005 data that show the percentage of state and local agencies reporting marijuana availability in their area as either high or moderate—approximately 98 percent—has not changed significantly since 2003. Despite these data, which appear to show stable availability, some anecdotal law enforcement reporting combined with an apparent rise in marijuana production at domestic, Mexico, and Canada grow sites appears to indicate slightly increasing domestic availability of the drug in 2005. Although reported marijuana price ranges have not noticeably changed, slightly increasing marijuana availability in domestic drug markets coupled with decreasing demand for the drug will most likely result in decreasing prices in the near term, as marijuana traffickers attempt to expand their customer base.

Even as the overall availability of marijuana appears to be stable or slightly increasing, rising average marijuana potency is further increasing the threat posed by the drug and may contribute

3. These groups are composed primarily of ethnic Asian Canadian citizens.

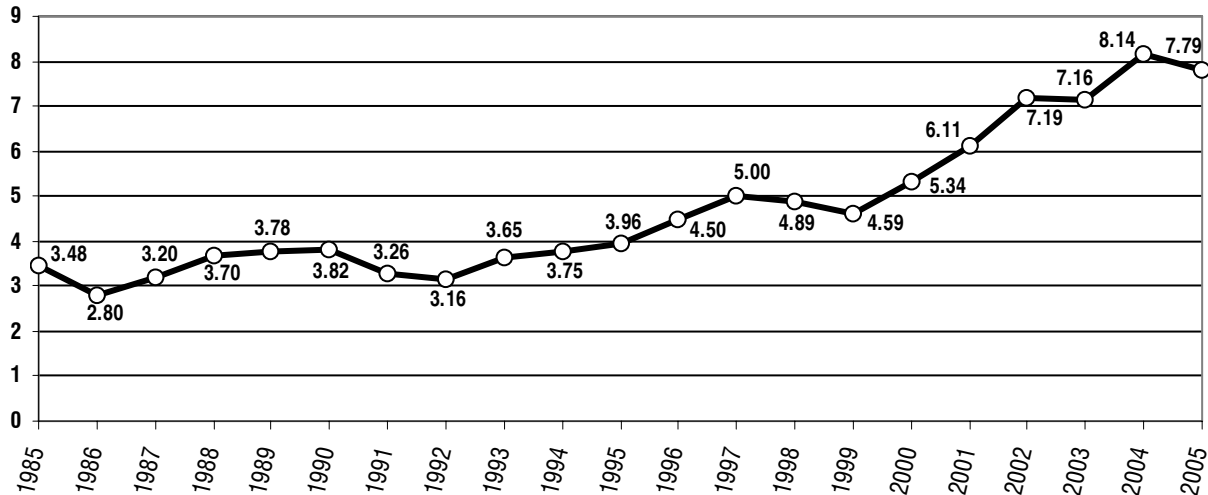


Figure 1. Average percentage of THC in samples of seized marijuana, 1985–2005.

Source: The University of Mississippi Potency Monitoring Project.

to continued increases in availability. Average marijuana potency has increased steadily and significantly since the mid-1990s, and in fact, average marijuana potency of seized marijuana has nearly doubled since 1994 (see Figure 1) because producers have developed improved strains of marijuana through more effective cultivation techniques. University of Mississippi Potency Monitoring Project data indicate that higher potency marijuana accounts for an increasing percentage of seized and tested marijuana samples. For example, of all tested samples, the percentage determined to be higher potency marijuana—delta-9-tetrahydrocannabinol (THC) content of at least 5.0%—increased significantly from 1989 (15.8%) through 2005 (60.0%). Rising marijuana potency is not considered a strong singular indication of increasing availability of the drug; however, increasing potency allows for increased mixing of higher potency marijuana with commercial-grade marijuana during midlevel and retail-level distribution, potentially increasing the quantity distributed in domestic drug markets. Moreover, rising marijuana potency increases risks to users, particularly inexperienced or casual users, who may experience a stronger intoxication than would be experienced using lower potency marijuana.

Production

Overall marijuana production in Mexico—the principal source of foreign-produced marijuana to U.S. drug markets—Canada, and the United States appears to be increasing. Mexico marijuana production estimates indicate that production in Mexico was relatively low from 2000 through 2002 during a period of drought, increased sharply in 2003 as weather improved, and receded slightly in 2004 (see Table 5 on page 15). Moreover, anecdotal reporting and cannabis eradication and marijuana seizure data all indicate that marijuana production in Canada has recently increased, perhaps significantly. Domestic marijuana production also appears to be increasing, according to law enforcement reporting that reveals a significant increase in eradication of domestic marijuana grow sites in 2005. Domestic Cannabis Eradication/Suppression Program (DCE/SP) data indicate that domestic cannabis eradication—occurring primarily in California, Kentucky, Tennessee, Hawaii, and Washington, often on public lands including Forest Service lands (see Figure 2 on page 15)—increased steadily from 2000 through 2003, decreased in 2004, and increased sharply to its highest recorded level in 2005. (See Table 6 on page 15.)

Table 5. Mexico: Marijuana Cultivation and Production, 2000–2004

	2000	2001	2002	2003	2004
Net Cultivation (hectares)	3,900	4,100	4,400	7,500	5,800
Potential Production (metric tons)	7,000	7,400	7,900	13,500	10,440

Source: Crime and Narcotics Center.

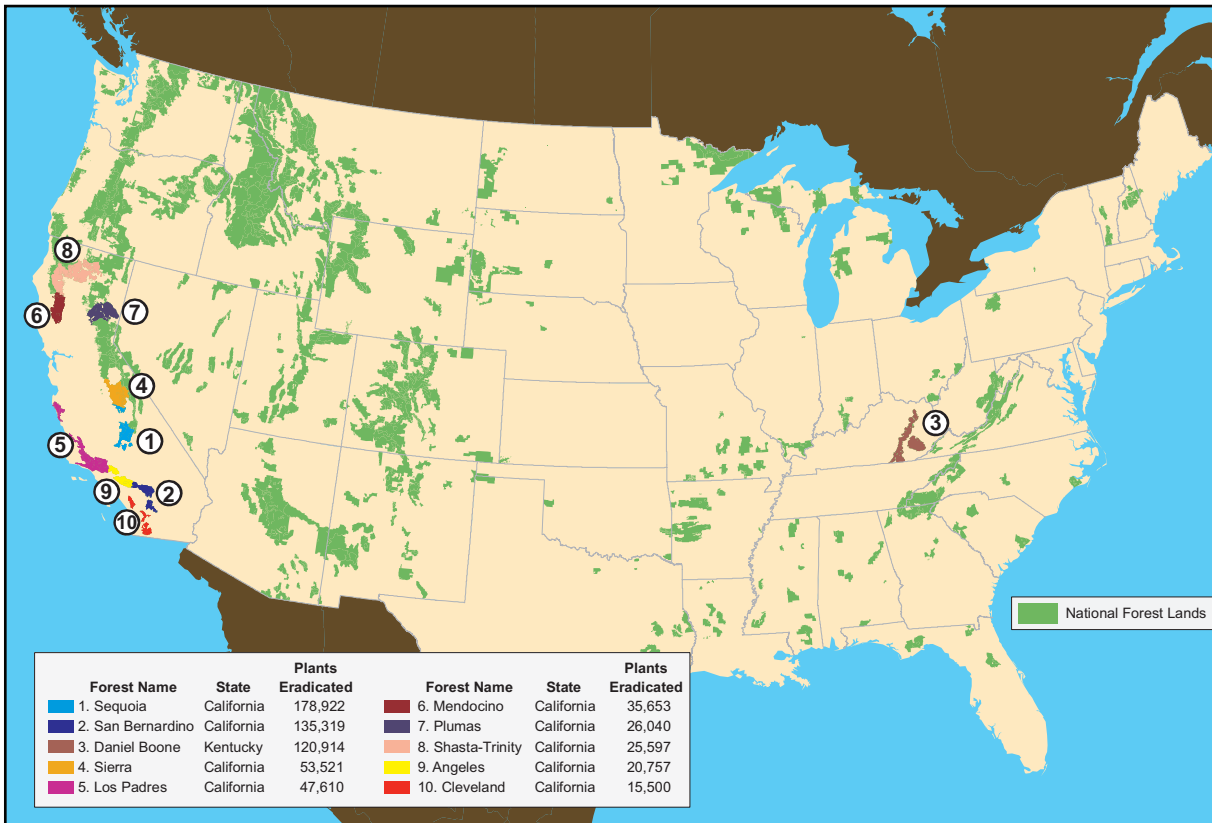


Figure 2. Top 10 National Forests for eradication of cannabis on Forest Service lands in 2004.

Source: U.S. Department of Agriculture Forest Service.

Table 6. Domestic Cannabis Eradication, Outdoor and Indoor Plant Seizures, 2000–2005^a

	2000	2001	2002	2003	2004	2005
Outdoor	2,597,798	3,068,632	3,128,800	3,427,923	2,996,144	3,797,730
Indoor	217,105	236,128	213,040	223,183	203,896	248,869
Total	2,814,903	3,304,760	3,341,840	3,651,106	3,200,040	4,046,599

Source: Domestic Cannabis Eradication/Suppression Program.

a. Data for 2005 are incomplete and represent eradication recorded through November 2005.

Transportation

Most of the foreign-produced marijuana available in the United States is smuggled into the country from Mexico via the U.S.–Mexico border by Mexican DTOs and criminal groups; however, a sharp rise in marijuana smuggling from Canada

via the U.S.–Canada border by Asian criminal groups has increased the domestic availability of marijuana produced in Canada. Arrival Zone seizure data indicate that most (96.7% in 2004) marijuana seized at or between U.S. POEs is seized along the U.S.–Mexico border from private

Table 7. U.S. Arrival Zone Seizures of Marijuana, in Kilograms, 2001–2004

	2001	2002	2003	2004
Southwest Border	1,059,037 (8,323 seizure incidents)	1,034,635 (6,788 seizure incidents)	1,300,128 (6,855 seizure incidents)	1,102,925 (9,560 seizure incidents)
Northern Border	3,601 (42 seizure incidents)	8,370 (73 seizure incidents)	11,183 (70 seizure incidents)	9,236 (166 seizure incidents)

Source: El Paso Intelligence Center.

and commercial vehicles. However, the data further indicate that marijuana seizures along the U.S.–Canada border—typically, seizures of high potency marijuana—have nearly tripled since 2001, although they are still much lower than seizures along the U.S.–Mexico border—and that the number of seizure incidents reached its highest recorded level in 2004, notwithstanding a decrease in the total amount seized in 2004 (see Table 7). This trend is likely to continue, particularly if a greater number of domestic users are introduced to higher potency marijuana.

Distribution

Mexican criminal groups control most wholesale marijuana distribution throughout the United States; however, Asian criminal groups appear to be increasing their position as wholesale distributors of Canada-produced marijuana. According to law enforcement reporting, Mexican DTOs and criminal groups control most wholesale marijuana distribution in the Great Lakes, Pacific, Southeast, Southwest, and West Central Regions and control much of the wholesale marijuana distribution in the Northeast Region. Although Asian criminal groups are not the predominant wholesale marijuana distributors in any region, these groups, particularly Chinese and Vietnamese groups, now are widely identified in law enforcement reporting as the principal suppliers of high potency, Canada-produced marijuana throughout the country.

The influence of Asian criminal groups in high potency marijuana distribution is likely to increase in the near term. Law enforcement reporting indicates that these groups are increasingly gaining control over much of the high potency marijuana production and distribution

in Canada and now appear to be extending their influence in the United States. In fact, law enforcement reporting indicates that the influence of Asian organizations in drug trafficking—particularly the trafficking of high potency marijuana—in the United States is now more significant than that of Russian-Israeli, Jamaican, or Puerto Rican criminal groups (see Appendix A, Map 3).

Marijuana distribution is widespread throughout the country, as evidenced by the presence of 14 principal distribution centers for the drug, one or more of which are located in nearly every region of the country (see Appendix A, Map 6). Much of the midlevel and retail distribution of marijuana in these and other cities is controlled by African American, Asian, and Hispanic street gangs; however, independent dealers control most midlevel and retail marijuana distribution in smaller communities and rural areas. In fact, independent dealers are likely to retain control of distribution in smaller communities because they often distribute locally produced marijuana rather than foreign-produced marijuana.

Demand

Both MTF and NSDUH data show that rates of past year use for marijuana have remained stable or decreased overall for nearly every sampled age group. For example, NSDUH data show declining rates of past year use among younger adults (aged 18 to 25) and stable use among older adults (aged 26 and older) (see Appendix B, Table 1). Both MTF and NSDUH also show declining levels of adolescent marijuana use. MTF data, for example, show decreasing rates of past year use among eighth, tenth, and twelfth graders since 2000, a

trend supported by NSDUH data that show decreasing rates of past year use among adolescents (aged 12 to 17) since 2002 (see Appendix B, Tables 1 and 2). Although marijuana use has declined, TEDS data show that the number of treatment admissions to publicly funded treatment facilities for marijuana has increased since the early to mid-1990s, most likely because of increased access to drug treatment and increases in treatment referrals from drug courts (see Appendix C, Chart 1).

Demand for marijuana is likely to decrease overall in the near term. Declining rates of use among adolescents most likely will result in a decline in overall use as these adolescents progress to adulthood and join the predominant user age group (aged 18 to 25). Moreover, greatly increased treatment for marijuana use—a 66 percent (171,344 to 284,532) increase in the number of treatment admissions to publicly funded treatment facilities for marijuana since 1995—will most likely result in a greater number of users who succeed in stopping use of the drug, further reducing overall rates of use.

Heroin

Strategic Findings

- Despite reported decreases in white heroin production in most source countries, increased production in Afghanistan has resulted in an overall increase in worldwide white heroin production. However, U.S. drug markets will most likely not be significantly affected by the increase in Afghanistan-produced heroin in the near term.
- White heroin available in U.S. drug markets currently meets domestic demand, particularly in the eastern United States. However, further production declines, particularly in Colombia, may result in shortfalls, causing distribution to recede in many smaller communities and rural areas.
- Routes used by couriers transporting South American heroin to the United States have significantly shifted. South American heroin couriers flew primarily from Colombia to both New York and Miami from the early 1990s through 2002; however, current heroin seizure data suggest that Miami has emerged as the principal POE for South American heroin.

Overview

Heroin is generally available in drug markets throughout the nation, but the drug is most prevalent in the Northeast Region. Distribution—of Mexican heroin (black tar and brown powder) in western states and white heroin (predominantly South American) in eastern states—typically occurs in urban areas but also, to a limited extent, in suburban and rural areas. Worldwide white heroin production reportedly decreased in nearly every source country since 2000 except Afghanistan, where production has increased sharply. However, relatively little heroin produced in Afghanistan is distributed in the United States because of high demand for the drug in Asia and Europe and, further, because Colombian and Dominican criminal

groups, who distribute South American heroin, control most white heroin distribution in U.S. drug markets. Current supplies of white heroin appear to be meeting demand in the United States; however, further declines in white heroin production, particularly in Colombia, may result in decreased heroin availability. Distribution may recede in many smaller communities and rural areas, particularly in the Northeast Region, where heroin distribution emerged in the late 1990s and early 2000s. Significant and prolonged shortages in South American heroin most likely would not result in an increase in distribution of Mexican heroin in eastern states because Mexico heroin production capacity appears insufficient to meet total U.S. demand and because users of white heroin have strongly resisted using black tar heroin. Instead, shortages in South American heroin availability would most likely result in an increase in Southwest Asian (Afghanistan) heroin distribution in U.S. drug markets; however, such distribution would very likely be controlled by Colombian and Dominican criminal groups who would purchase Southwest Asian heroin from sources in Asia or Europe.

Availability

There are no conclusive estimates regarding the quantity of heroin available in the United States; however, nearly all national-level studies indicate limited heroin availability that appears to be decreasing in most areas of the country. In fact, federal heroin seizures, DEA heroin-related arrests, and wholesale heroin purity all have decreased sharply since 2001 (see Appendix B, Tables 3, 4, and 6). NDTs data appear to reflect this trend, as the percentage of state and local law enforcement agencies reporting high availability of heroin in their area decreased from 2004 to 2005, albeit only slightly, for the first time since the inception of the survey in 2001.

It is unclear how low heroin seizure, arrest, and purity indicators must decline before significant decreases in availability would be widely apparent in domestic drug markets. Nevertheless, continued decreases—similar to those reported since 2001—could result in declines in availability in many smaller cities and rural areas in the near term, particularly in northeastern drug markets, where heroin distribution emerged in the late 1990s and early 2000s.

Production

According to intelligence estimates, heroin production has decreased significantly in most source areas, particularly in Southeast Asia and South America. In fact, worldwide heroin production outside Afghanistan decreased approximately 60 percent (126 mt to 50 mt) from 2001 through 2004. Conversely, heroin production in Afghanistan increased sharply following the defeat of the Taliban, from 2001 (7 mt) to 2004 (582 mt) (see Table 8). Because of the apparent sharp decline in heroin production in most source areas and a sharp increase in heroin production in Afghanistan, more than 92 percent (582 mt of 632 mt) of estimated worldwide heroin production in 2004 occurred in Afghanistan.

Despite significant decreases in heroin production in most source countries other than Afghanistan, production in South America and Mexico—the main source countries for the United States—remains sufficient to meet most U.S. demand for the drug in the near term. Further sustained declines in South American white heroin production, however, may gradually stretch domestic heroin supplies in eastern markets; any heroin deficit is not likely to be filled by Mexican heroin and will most likely result in an increase in Southwest Asian white heroin trafficking in the United States. Any significant substitution of Southwest Asian heroin for South American heroin most likely would take several years to occur because Colombian and Dominican criminal groups control most white heroin drug markets, and as such, there are relatively few established Southwest Asian heroin transportation and distribution networks in the United States. Moreover, Colombian and Dominican criminal groups quite likely would strive to maintain control over domestic heroin distribution by purchasing Southwest Asian heroin from sources in Asia or Europe and distributing it in eastern drug markets.

Table 8. Potential Worldwide Heroin Production, in Metric Tons, 1999–2005

	1999	2000	2001	2002	2003	2004	2005
Mexico	8.8	4.5	10.7	6.8	11.9	8.6	*
Colombia	8.7	8.7	11.4	8.5	7.8	3.8	*
Afghanistan	218.0	365.0	7.0	150.0	337.0	582.0	526.0
Burma	104.0	103.0	82.0	60.0	46.0	31.5	36.0
Laos	13.0	20.0	19.0	17.0	19.0	5.0	2.7
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	*
Guatemala	NA	NA	NA	NA	NA	1.4	*
Total	358.1	522.2	132.6	244.7	426.9	632.3	*

Source: Crime and Narcotics Center.

NA—not applicable

*not yet available

Transportation

Heroin POE seizure data suggest that most Mexican heroin is transported into the United States via couriers traveling in private and commercial vehicles, while most South American heroin is transported into the country by couriers on commercial flights. Although heroin seizure data do not suggest any significant changes in the routes or methods for Mexican heroin transportation, there appears to have been a significant shift in South American heroin transportation. South American heroin couriers flew primarily from Colombia to both New York and Miami from the early 1990s through 2002; however, 2003 and 2004 data suggest that South American heroin seizures in Miami have greatly exceeded those in New York—an indication that Miami is now the principal POE for South American heroin (see Table 9). Moreover, as South American heroin is increasingly transported into the United States via Miami, heroin transportation from Florida to the Northeast Region via Interstates 95 and 75 is likely to increase significantly in the near term. Nevertheless, couriers on commercial flights remain the primary method used for transporting the drug into the country, rather than via private or commercial vehicle across the U.S.–Mexico border. In fact, POE seizure data for 2003 and 2004 show significant heroin smuggling through land POEs (see Table 10). However, only 11 relatively small seizures (averaging less than 3 kg per seizure) of South American heroin occurred at U.S.–Mexico border POEs in 2004, indicating either very limited smuggling of the drug via Southwest Border POEs or an ability on the part of traffickers to evade law enforcement detection (see Table 11 on page 21).

Table 9. South American Heroin Seizures for New York and Miami Ports of Entry in Kilograms, 2003–2004

	2003	2004
New York	366.24	137.23
Miami	440.74	271.63

Source: El Paso Intelligence Center.

Table 10. Principal Heroin Ports of Entry Seizures, in Kilograms, 2003–2004

Port of Entry	Port of Entry Type	Heroin Seized	Number of Seizures	Average Weight per Seizure
Houston	Air	58.79	38	1.55
San Ysidro	Land	59.10	14	4.22
Nogales	Land	68.19	11	6.20
Tampa	Maritime	68.60	11	6.23
Dulles	Air	78.11	21	3.72
Laredo	Land	79.98	22	3.64
Atlanta	Air	95.01	29	3.28
El Paso	Land	110.36	16	6.90
Newark	Air	159.01	69	2.30
Memphis	Air	178.26	68	2.62
New York	Air	738.96	318	2.32
Miami	Air	748.73	416	1.80
Total		2,443.10	1,033	2.37

Source: El Paso Intelligence Center.

Southeast Asian heroin and Southwest Asian heroin typically are transported into the United States via couriers on commercial flights, and POE seizure data do not indicate any shift toward smuggling the drugs via land conveyances. Nevertheless, some West African smugglers of Southwest Asian heroin may be modifying their smuggling routes to the United States. West African criminal groups that smuggle Southwest Asian heroin into the United States typically purchase heroin from wholesale sources located in Europe, particularly England. However, recent law enforcement reporting indicates that some West African criminal groups have traveled to Afghanistan to purchase Southwest Asian heroin—sometimes in relatively large quantities—from wholesale sources and have transported it directly to the United States.

Distribution

Heroin distribution appears to be relatively limited—occurring primarily in metropolitan areas—and heroin distribution in the eastern half of the country, particularly the Northeast Region, appears to be more widespread than in the western half. For example, drug seizure data suggest that there is only one significant heroin

Table 11. Number of Heroin Seizures at Air, Land, and Maritime Ports of Entry, 2004

Type of Heroin	Air Port of Entry Seizures	Land Port of Entry Seizures	Maritime Port of Entry Seizures	Total Port of Entry Seizures
South American	306	11	22	339
Mexican	0	53	0	53
Southwest Asian	55	0	0	55
Southeast Asian	8	0	0	8
Total	369	64	22	455

Source: El Paso Intelligence Center.

distribution center—St. Louis—in the 11 states that compose the West Central Region. Moreover, 434 extensive interviews were conducted by NDIC representatives from November 2004 through May 2005 with federal, state, and local law enforcement officials nationwide. Although not a statistically representative sample of law enforcement agencies, 25 of the 33 officials who indicated heroin distribution was widespread in their areas were located in the eastern half of the country, including 22 officials in the Northeast Region.

The expansion of heroin distribution into smaller communities and rural areas observed during the late 1990s and early 2000s occurred primarily in the eastern half of the country, particularly in the Northeast Region, where South American heroin dominates retail heroin markets. That expansion has slowed and may stabilize in the near term. According to heroin supply indicators, South American heroin production and availability may now be declining, and less South American heroin appears to be flowing directly from South America to the Northeast Region than in previous years. Continued declines in South American heroin production and downward trends in availability indicators, combined with decreased transportation of the drug from Colombia directly to the region, may stabilize distribution, particularly in smaller communities and rural areas of the Northeast Region.

Principal distribution centers for heroin, unlike those for other major drugs of abuse, are not concentrated in states that border Mexico (see

Appendix A, Map 6). Heroin distribution centers are more dispersed because nearly all white heroin is smuggled into the country by couriers on commercial flights rather than by couriers crossing the U.S.–Mexico border. Wholesale heroin distribution in these and other drug markets often is controlled by Mexican (in western states) and Colombian and Dominican (in eastern states) criminal groups; however, midlevel and retail distribution is largely controlled by street gangs. In fact, street gangs appear to have greater control over retail heroin distribution than they have over distribution of most other drugs because heroin distribution occurs primarily in metropolitan areas—where gangs generally control most retail drug distribution—and is very limited in most rural areas—where independent dealers control a greater proportion of retail distribution.

Demand

Despite a perception within the counterdrug community that heroin use has increased since the early 2000s, overall rates of use for heroin have, in fact, remained relatively low and stable. Neither NSDUH nor MTF data show significant changes for the rates of past year heroin use since 2002, and both studies show that the rates of past year use for heroin are much lower than those for other major drugs of abuse, including cocaine, marijuana, and methamphetamine (see Appendix B, Tables 1 and 2). Although heroin use is relatively stable and low, TEDS data indicate a sharp increase in heroin treatment admissions to publicly funded treatment facilities (see Appendix C, Chart 1), largely because of an increase in access to heroin treatment programs,

including treatment programs accessible via drug courts, since the early 1990s.

Rates of past year use for heroin are not likely to increase in the near term and may, in fact, decrease. The current high and stable perception of risk associated with heroin use—higher than that for any other major drug of abuse—is likely to impede any potential increase in use of the drug.

Pharmaceuticals

Strategic Findings

- A sharp increase in commercial disbursements of pharmaceuticals (prescription narcotics, depressants, and stimulants) is contributing to an overall increase in the amount of the drugs available for illicit use.
- A relatively high rate of prescription painkiller abuse is occurring among eighth, tenth, and twelfth graders.

Overview

Pharmaceutical drug availability and abuse are at very high levels throughout most of the country. Availability is increasing, continuing a trend that has been developing since the late 1990s; abuse has stabilized at high levels. High availability levels enable individual users to easily and inexpensively acquire drugs, primarily through theft, forged prescriptions, doctor shopping, and the fraudulent practices of some unscrupulous physicians and pharmacists. As a result, there is little involvement in pharmaceutical trafficking by DTOs. However, DTOs—particularly Mexican DTOs—could establish pharmaceutical distribution networks if users' access to the drugs was significantly reduced and illegal distribution became more profitable to criminal groups.

Availability

National-level data, albeit limited, indicate that the availability of illegally diverted pharmaceuticals is very high and is increasing. Although there are no conclusive estimates as to the quantity of illegally diverted pharmaceutical drugs available in U.S. drug markets, a sharp increase in commercial disbursements of individual doses of pharmaceuticals is quite likely contributing to an overall increase in availability of the drugs. From 2000 through 2004, for example, commercial disbursements of pharmaceuticals increased 109 percent (56,711,299 to 118,431,530), making significantly more pharmaceutical dosages available for illegal

diversion (see Figure 3). Of particular concern during that period is the sharp rise in commercial disbursements of commonly abused pharmaceuticals such as oxycodone (15,305,915 to 29,044,686) and hydrocodone (14,118,638 to 23,617,149). Increasing pharmaceutical drug availability is reflected in law enforcement reporting via the NDTs. In fact, NDTs data show that the percentage of state and local law enforcement agencies reporting high or moderate availability of illegally diverted pharmaceuticals increased each year from 2002 (70.0%) to 2005 (80.3%), a greater increase than for any other drug during that period.

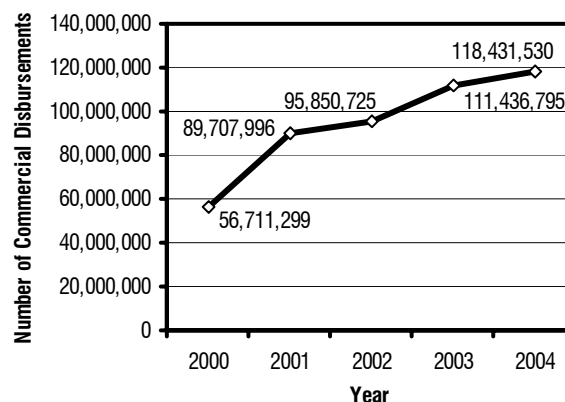


Figure 3. Commercial disbursements of commonly abused pharmaceuticals,* United States, 2000–2004.

Source: Drug Enforcement Administration.

*Commonly abused pharmaceuticals include codeine, methylphenidate, oxycodone, hydromorphone, hydrocodone, meperidine, methadone, morphine, fentanyl, cocaine, d-methamphetamine, d-amphetamine, and dl-amphetamine.

Diversion and Distribution

Illegal diversion of pharmaceuticals is primarily conducted by abusers through theft (from individuals, manufacturers, and dispensaries), forged prescriptions, and doctor shopping. Pharmaceutical diversion is also accomplished by abusers with the assistance of some unscrupulous physicians and pharmacists and, increasingly, via the Internet. Because individuals are able to acquire pharmaceuticals by several methods—including methods

in which the drugs are paid for by insurance companies or state or federal prescription drug programs—national-level distribution of pharmaceuticals by DTOs and criminal groups is not particularly profitable and is, therefore, limited. In fact, a query of hundreds of state and local law enforcement agencies in every state in June 2005 revealed no discernible involvement in pharmaceutical drug trafficking by DTOs.

Abuse

The level of abuse for most pharmaceutical drugs is very high. According to NSDUH 2004 data, rates of past year, nonmedical use of pharmaceuticals are higher than rates of use for most illicit drugs. In fact, NSDUH data show that rates of past year, nonmedical use of psychotherapeutics⁴ among individuals aged 12 and older (6.1%) are second only to those for marijuana (10.6%) and much higher than those for cocaine (2.4%), methamphetamine (0.6%), or heroin (0.2%). Moreover, according to MTF, rates of nonmedical use of prescription painkillers are relatively high among teenagers and include a significant increase in the abuse of OxyContin among twelfth graders (see Appendix B, Tables 1 and 2).

4. Psychotherapeutics include prescription-type pain relievers, tranquilizers, sedatives, and stimulants.

Other Dangerous Drugs

Strategic Findings

- The availability and demand for other dangerous drugs (ODDs) are generally very low and are decreasing. MDMA abuse, in particular, continues to decrease after a surge in abuse in the late 1990s and early 2000s.
- Canada-based Asian criminal groups—especially Vietnamese and Chinese—are increasing their involvement in MDMA trafficking, which could potentially lead to an increase in MDMA distribution and abuse in some domestic drug markets.

Overview

The availability of and demand for ODDs are generally much lower than those for major drugs of abuse and are decreasing. MDMA trafficking, in particular, decreased significantly after a surge in abuse in the late 1990s and early 2000s; however, recent attempts by Asian criminal groups to expand MDMA trafficking appear to have resulted in some resurgence in MDMA distribution in 2005. The trafficking and abuse of GHB and LSD are at low levels and are only a moderate concern because the consumption of these drugs is limited and distribution is controlled primarily by small-scale, independent producers and distributors. PCP (phencyclidine) is commonly distributed by street gangs—primarily African American street gangs; however, trafficking of the drug is limited, and abuse appears to be diminishing.

MDMA

The trafficking and abuse of MDMA decreased nationally over the last 3 years; however, increasingly organized distribution by Canada-based Asian criminal groups may have resulted in some resurgence in MDMA distribution in 2005. All available national-level data regarding MDMA availability (seizure, arrest, and law enforcement survey data) and MDMA demand (NSDUH and MTF data) strongly indicate that availability and use of the drug peaked in 2001 and

decreased consistently and significantly through 2004. In fact, the number of MDMA-related arrests decreased 53 percent (1,974 to 936) from 2001 to 2004 (see Appendix B, Table 4). The number of seized MDMA samples tested by DEA decreased 85 percent (13,241,796 to 2,018,226) from 2001 to 2004; however, successful investigations targeting MDMA distribution groups resulted in a sharp increase in the number of seized MDMA samples tested by DEA in 2005 (8,592,376) (see Appendix B, Table 5). Despite attempts by Asian criminal groups to increase MDMA distribution, MTF data show that rates of past year use for MDMA have declined significantly for all sampled age groups from 2001 through 2005, particularly among twelfth graders (9.2% to 3.0%) (see Appendix B, Table 2). However, the rising influence of Asian criminal groups—especially Vietnamese and Chinese groups—over MDMA transportation from Canada to the United States and over wholesale distribution in large domestic MDMA markets such as New York and Los Angeles threatens to increase the drug's availability, distribution, and abuse. In fact, Asian criminal groups may be able to develop nationwide wholesale distribution networks stronger than those established by the Israeli and Russian criminal groups that controlled most MDMA distribution during the late 1990s and early 2000s, before many were disrupted by law enforcement.

GHB

The threat posed by the trafficking and abuse of GHB is low; any national increase in the near term is unlikely. National-level data regarding GHB availability, albeit limited, indicate that availability of the drug has decreased since 2000 to relatively low levels in most areas. For example, the number of GHB samples seized and tested by DEA decreased 94 percent (1,141,005 to 66,681) from 2000 through 2005 (see Appendix B, Table 5). Although the number of DEA arrests for GHB increased (from 2 to 19)

during that period, the number remains far too low to allow any reliable conclusions to be drawn with respect to availability of the drug (see Appendix B, Table 4). Limited data regarding GHB use show that rates of use have fluctuated and, overall, indicate neither an increasing nor a decreasing trend. Law enforcement reporting does not indicate widespread or well-organized distribution of GHB by international traffickers such as Mexican, Colombian, Dominican, or Asian DTOs. Therefore, a significant, nationwide increase in GHB distribution is unlikely in the near term.

LSD

LSD trafficking and abuse have decreased sharply since 2000, and a resurgence does not appear likely in the near term. National-level data regarding LSD availability (such as LSD seizures and LSD-related arrests) show a sharp decrease since 2000. LSD seizures, for example, decreased 100 percent from 2000 through 2005, and LSD-related arrests decreased 84.9 percent from 2000 through 2004 (see Appendix B, Tables 4 and 5). Demand for LSD also has decreased sharply since 2000, as reflected in national-level prevalence studies. In fact, MTF and NSDUH data show that rates of past year use for LSD have decreased significantly for nearly every sampled age group (see Appendix B, Tables 1 and 2). Production of the drug also appears to be limited—with no reported laboratory seizures in 2004—and controlled by a relatively small number of experienced chemists. Moreover, LSD distribution appears to be very limited in most areas of the country. As such, resurgence in widespread LSD distribution is unlikely in the near term.

PCP

The threat posed to the United States by the trafficking and abuse of PCP is very low and decreasing. National-level data regarding the availability of PCP are mixed and, therefore, do not indicate a clear trend. However, the data clearly indicate that, nationally, availability of the drug is very low. For example, DEA reported only 13,260 seized and tested PCP

samples in 2005, the lowest number of samples since 2000 (see Appendix B, Table 5). Similarly, the number of PCP-related arrests has fluctuated but remains very low (65 in 2004) compared with the number of arrests for most other illicit drugs (see Appendix B, Table 4). Although availability data are mixed, demand data show a clear decrease in the rates of past year use for PCP. In fact, both MTF and NSDUH show stable or declining rates of past year use for PCP among all sampled age groups from 2000 through 2004 (see Appendix B, Tables 1 and 2). PCP production also appears to be stable but very limited since 2000, with only six reported laboratory seizures in 2004. Most PCP production and distribution are controlled by national-level African American street gangs, and any significant increase in production or distribution would be dependent on an increased effort on the part of these gangs. Such an increase would not be profitable given current demand and, therefore, does not appear imminent.

Drug Money Laundering

Strategic Findings

- Wholesale-level drug distribution in the United States generates between \$13.6 billion and \$48.4 billion annually.
- Between \$8.3 billion and \$24.9 billion in drug proceeds is smuggled out of the United States by Mexican and Colombian DTOs across the U.S.–Mexico border, primarily in bulk through South Texas POEs. These proceeds often are repatriated to a Mexican bank account but sometimes are commingled with legitimate proceeds at Mexican money services businesses (MSBs), then transported back into the United States via legitimate courier companies. Funds transported back to the United States typically are deposited into the MSBs' U.S. bank accounts. From those accounts, the funds are most likely wire-transferred worldwide to correspondent accounts for use by the trafficker or money brokers.

Recent U.S. government analyses conducted at the request of ONDCP suggest that wholesale-level drug distribution generates between \$13.6 billion and \$48.4 billion annually.⁵ This range, while broad, indicates the magnitude of revenues generated through wholesale drug distribution in domestic drug markets. Substantially more revenue is generated through midlevel and retail drug transactions; however, significant intelligence gaps concerning the volume and value of these transactions preclude precise and reliable estimative analysis as to the extent of the revenue generated through midlevel and retail drug transactions.

Most drug transactions, whether wholesale, midlevel, or retail, are conducted in cash. As such, large quantities of money generated through drug sales must be laundered in order to insulate traffickers from detection and, further, to minimize the risk that drug proceeds will be seized by law enforcement and forfeited. Most wholesale drug distribution in the United States is conducted by or on behalf of foreign DTOs and criminal groups whose bases of operation generally are located in their home countries. As such, drug proceeds generated by traffickers in the United States must be repatriated by the traffickers to their home nations.⁶

All DTOs and criminal groups operating at the wholesale level must either launder or repatriate the proceeds they derive through their transactions. However, Mexican and Colombian DTOs, who conduct most of the wholesale drug distribution in the country, carry out most of the wholesale-level drug money laundering in the United States. These DTOs adhere to specific techniques to transport and launder their illicit proceeds, including bulk cash smuggling, use of MSBs and currency exchanges, and the structuring of deposits in traditional depository institutions. Additionally, some Colombian DTOs use the Black Market Peso Exchange (BMPE) to launder their drug proceeds.

Mexican and Colombian DTOs transport their drug proceeds principally in bulk from drug market areas to other U.S. areas and then on to foreign destinations in an attempt to repatriate their proceeds to their home nations. Recent U.S. government analyses estimate that between \$5.1 billion and \$17.7 billion in wholesale drug

5. This estimate was derived by multiplying the total quantity of foreign-produced drugs available at the wholesale level in the United States (acquired from the Office of National Drug Control Policy (ONDCP) Drug Availability Steering Committee reporting) by the wholesale prices for these drugs (derived from NDIC's December 2004 *Narcotics Digest Weekly Illicit Drug Prices Special Issue*).

6. Comparably, most midlevel and retail distributors keep their drug proceeds in the United States. As a result, the methods used by these distributors to launder their funds are generally different from those employed by wholesale distributors.

proceeds generated through the distribution of Mexico-produced marijuana, methamphetamine, and heroin is transported out of the United States annually, presumably destined for Mexico. It is further estimated that an additional \$3.2 billion to \$7.2 billion generated through the wholesale distribution of cocaine and South American heroin is transported out of the United States annually, presumably destined for repatriation to Mexico and Colombia. The proceeds destined for Mexico and Colombia are generally transported out of the country across the U.S.–Mexico border, primarily through South Texas POEs. In some cases, drug proceeds smuggled across the U.S.–Mexico border are commingled with legitimate proceeds at Mexican MSBs, then transported back into the United States via legitimate courier companies; they are then deposited into the MSBs' U.S. bank accounts. From those accounts, the funds typically are wire-transferred worldwide on behalf of a trafficker—either to an account maintained by the trafficker or to business associates of the trafficker as payment of a debt.

While a large percentage of wholesale drug proceeds are transported across the U.S.–Mexico border, a significant amount is transported in bulk across the U.S.–Canada border, most likely by Asian DTOs and criminal groups. Recent U.S. government analyses estimate that between \$5.2 billion and \$21.2 billion generated by the wholesale distribution of Canada-produced marijuana is transported out of the United States annually across the U.S.–Canada border, presumably destined for repatriation to Canada. DEA investigations also reveal that some MDMA and marijuana proceeds generated by Vietnamese criminal groups are sent directly from the United States to Vietnam.

Mexican and Colombian DTOs and criminal groups as well as other ethnic traffickers also remove wholesale drug proceeds from the United States using a variety of other money laundering techniques. Money transmitters as

well as issuers, sellers, and redeemers of money orders are common MSBs used by traffickers to launder illicit drug proceeds. Of the 297,048 Suspicious Activity Reports by Money Services Businesses (SAR-MSBs) filed with the Financial Crimes Enforcement Network (FinCEN) in 2004, 183,728 resulted from money transfers and 90,954 resulted from the purchase, sale, or redemption of money orders. From October 1, 2002, to December 31, 2004, most SAR-MSBs were filed in California, New York, Arizona, Texas, and Florida.⁷ Law enforcement reporting and other available data indicate that Mexican DTOs and criminal groups often wire-transfer drug proceeds generated in U.S. market areas to southwestern states—primarily Arizona and Texas—where the transfers often are converted to cash and then physically smuggled across the U.S.–Mexico border. Some of this wire-transfer activity reportedly is associated with illegal alien smuggling organizations.⁸

Currency exchanges (including *casas de cambio*) also are frequently used by traffickers to launder wholesale drug proceeds. Such businesses in the United States are used to launder illicit proceeds via wire transfer to foreign destinations or by commingling illicit proceeds with legitimate business earnings, which are then deposited into a U.S. bank account.

Traffickers continue to launder drug profits through traditional depository institutions—banks, savings associations, and credit unions—typically through various structured transactions, including deposits. Depository institutions also are used by traffickers to purchase bank drafts and cashier's checks that can be transferred to any location in or outside the United States. SARs filed by depository institutions increased from 288,343 in 2003 to 381,671 in 2004. From April 1, 1996, to December 31, 2004, approximately half of such SARs were filed in California (24%), New York (11%), Texas (6%), Florida (5%), and Illinois (3%).⁹

7. Financial Crimes Enforcement Network (FinCEN), *The SAR Activity Review By the Numbers*, May 2005.

8. Arizona Attorney General's Office and SAR data.

9. FinCEN, *The SAR Activity Review By the Numbers*, May 2005.

Colombian DTOs and criminal groups also use the BMPE to launder drug proceeds. The BMPE, a process by which money brokers exchange U.S. currency for pesos within the Colombian black market, is most frequently used in cities where Colombian DTOs are active, such as Miami and New York. U.S. government estimates indicate that approximately \$3 billion to \$6 billion may be laundered via the BMPE annually; however, a former Chief of Colombian Customs narrows that estimate to approximately \$5 billion.

Asian DTOs and criminal groups often use informal value transfer systems (IVTS) such as *hawala*, *hundi*, and the Chinese Underground Banking System (CUBS) to launder illicit drug proceeds generated in the United States. These systems provide not only anonymity but also a means to transfer funds overseas without using the formal financial systems that are subject to regulatory reporting requirements. Both legally and illegally operated IVTS businesses function in the United States—legally operated IVTS bankers are registered with FinCEN and are subject to regulatory reporting requirements mandated by the Bank Secrecy Act (BSA).¹⁰

10. The Bank Secrecy Act (BSA) 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.

Drug Transportation Corridors

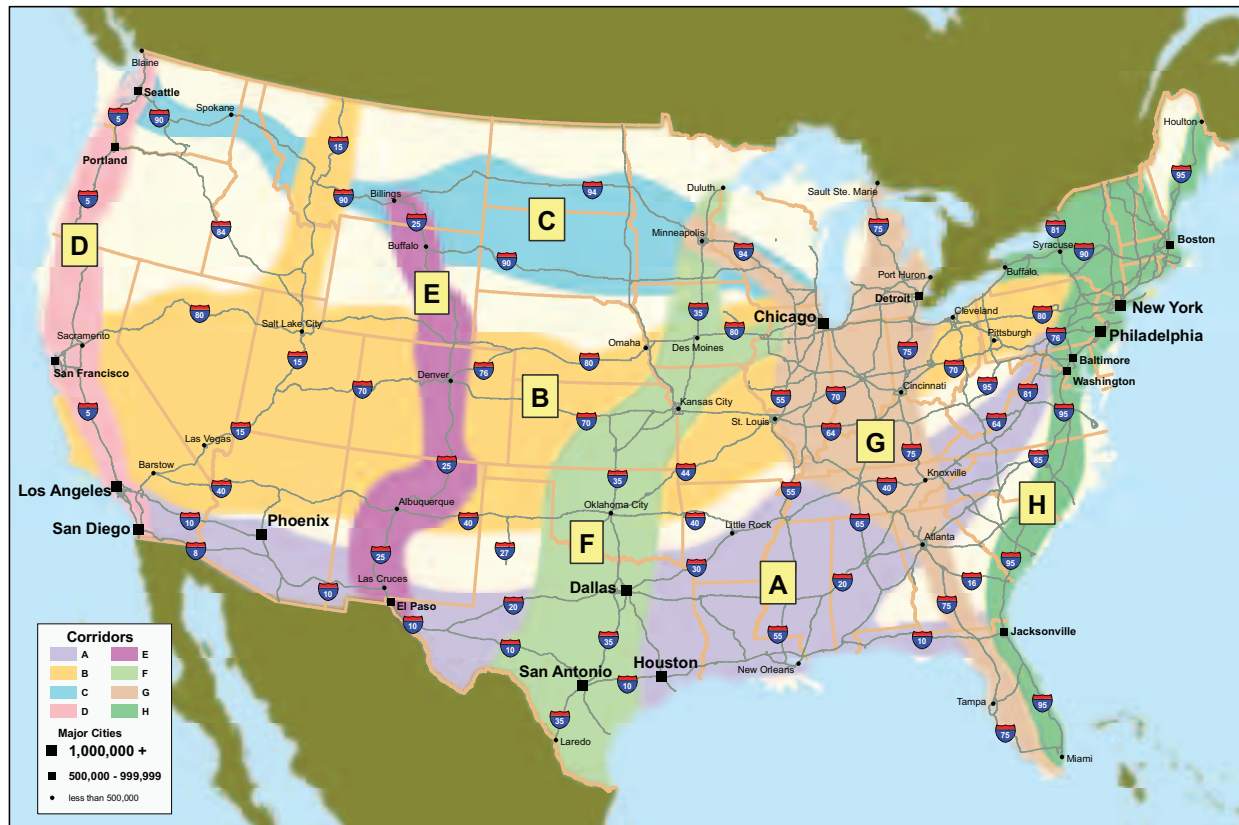


Figure 4. Drug corridors in the United States.

Virtually every interstate and highway in the United States is used by traffickers to transport illicit drugs to and from distribution centers and market areas throughout the country, and every highway intersection provides alternative routes to drug markets. However, analysis of current seizure data reveals eight principal corridors through which most illicit drugs and drug proceeds are transported to and from market areas (see Figure 4).

Corridor A, a west-east corridor, begins in southern California and extends through the Southwest, Southeast, and Northeast Regions. The southern branch of the corridor extends from Interstate 8 near San Diego (CA) to I-10 in central Arizona, which extends east and terminates in Jacksonville (FL). The northern branch of the corridor begins at I-10 near Los Angeles (CA), which connects with I-20 east of El Paso (TX), which connects with I-40 in Little

Rock (AR), which connects with I-81 east of Knoxville (TN), which extends northeast and terminates north of Syracuse (NY).

Corridor B, a west-east corridor, begins in southern California and extends through the Southwest, Pacific, West Central, Great Lakes, and Northeast Regions. The primary routes along this corridor are Interstates 15, 40, 70, and 80. Interstate 15 extends from San Diego (CA) to the Montana–Canada border and intersects with I-40 in Barstow (CA), I-70 in west central Utah, and I-80 in Salt Lake City (UT). Interstate 40 intersects with I-44 in Oklahoma City (OK), which intersects with I-55 in St. Louis (MO), which terminates in Chicago (IL). Interstate 55 provides access to I-80/I-90 in Chicago (IL), which continues to the Northeast Region. Interstate 70 extends to the Northeast Region. Interstate 80 begins in the San Francisco (CA) Bay area, extends east, and terminates in New Jersey.

Corridor C, a west-east corridor, begins in Seattle (WA), extends through the Pacific, West Central, and Great Lakes Regions, and terminates in Boston (MA). The primary routes along this corridor are Interstates 90 and 94. Interstate 90 begins at I-5 in Seattle (WA) and extends east to Boston (MA). Interstate 94 begins in Billings (MT), extends east, and terminates in Port Huron (MI).

Corridor D, a West Coast corridor, encompasses I-5 as the primary route and provides access between the Southwest and Pacific Regions. It extends from the California–Mexico border at San Diego (CA) to the Washington–Canada border at Blaine (WA).

Corridor E, a south-north corridor, extends from the Texas–Mexico border in El Paso (TX) and provides direct access to the Pacific and West Central Regions. The primary route for this corridor, I-25, originates in Las Cruces (NM), continues north, and terminates in Buffalo (WY).

Corridor F, a south-north corridor, extends from the Texas–Mexico border through the West Central and Great Lakes Regions. The primary route along this corridor, I-35, extends from Laredo (TX) to Duluth (MN).

Corridor G, a south-north corridor, extends from South Florida to Detroit (MI) via I-75 and to Minneapolis (MN) via I-94. It is also a north-south corridor that extends from Sault Ste. Marie (MI) via I-75 into the Great Lakes Region.

Corridor H, an East Coast corridor, extends from Florida to Maine. The primary route along this corridor, I-95, extends from Miami (FL) to Houlton (ME).

Drug Trafficking Organizations

Strategic Findings

- Mexican DTOs and criminal groups are the most influential drug traffickers and the greatest organizational threat to the United States.
- Colombian DTOs and criminal groups are in the process of reducing their direct involvement in domestic drug distribution, including the distribution of South American heroin.

The vast majority of drugs available in the United States are supplied by a multitude of foreign- and domestic-based DTOs and criminal groups (see Appendix A, Map 3). Mexican DTOs and criminal groups, however, have become and will remain, for the foreseeable future, the most influential drug traffickers and the greatest organizational threat to the United States. Nonetheless, other traffickers including Colombian, Dominican, Asian, Russian-Israeli, and Jamaican DTOs and criminal groups are and will remain inextricably involved in drug trafficking within the United States at significant yet varying degrees.

Mexican Organizations

Mexican DTOs and criminal groups exhibit far greater influence over drug trafficking in the United States than any other group, and their influence is increasing, particularly with respect to cocaine and methamphetamine distribution. Mexican DTOs and criminal groups are the predominant cocaine transporters and wholesale distributors in the country and also produce, transport, and distribute much of the heroin, marijuana, and methamphetamine available in U.S. drug markets. Moreover, Mexican DTOs and criminal groups are expanding their trafficking operations. According to HIDTA and DEA reporting, Mexican DTOs and criminal groups are expanding their influence over wholesale and midlevel methamphetamine distribution in the West Central, Great Lakes, and Southeast

Regions and wholesale and midlevel cocaine distribution in the Northeast and Southeast Regions. The Central Florida HIDTA, for example, recently reported that Mexican criminal groups are increasingly establishing large distribution groups in central Florida to distribute cocaine and methamphetamine. The DEA New York Field Division recently reported that Mexican criminal groups have supplanted Colombian criminal groups as the primary source of multikilogram-quantities of cocaine in some areas of New York City. Mexican criminal groups' influence over cocaine and methamphetamine distribution is likely to increase as they further expand their role in cocaine distribution in the United States, and as they offset decreases in wholesale methamphetamine supplies caused by declining domestic methamphetamine production with methamphetamine that they produce in Mexico.

Colombian Organizations

Colombian DTOs and criminal groups are the principal source of cocaine and South American heroin available in U.S. drug markets; however, they are decreasing their direct involvement in domestic drug distribution. Colombian DTOs and criminal groups are most active in the Northeast and Southeast Regions of the United States, where they are the primary wholesale distributors of cocaine and South American heroin. However, while they are maintaining their dominant position over the distribution of South American heroin, they are decreasing their involvement in cocaine distribution within these regions as well as the rest of the United States. Law enforcement and intelligence reporting reveals that Colombian DTOs and criminal groups are seeking to distance themselves from U.S. law enforcement by either employing other criminal groups to transport and distribute cocaine on their behalf or selling cocaine outright to other DTOs and criminal groups, primarily Mexican groups; these DTOs and criminal groups then transport and distribute

the cocaine in the United States on their own behalf and at their own risk. Additionally, while Colombian DTOs control the supply of South American heroin, they have relinquished some of their control over midlevel and retail heroin distribution to Dominican criminal groups.

Dominican Organizations

Dominican criminal groups transport and distribute wholesale and retail quantities of cocaine and heroin in the United States; they are also involved in the transportation and distribution of marijuana and MDMA, but to a lesser extent. They usually transport and distribute drugs on behalf of Colombian DTOs and criminal groups and, to a lesser extent, Mexican DTOs and criminal groups and are most active in the Northeast and Southeast Regions of the country. Dominican criminal groups' overall control of the drug market is limited in the United States because of their reliance on Colombian and Mexican DTOs and criminal groups. Moreover, as Mexican DTOs and criminal groups expand their domestic trafficking operations, Dominican criminal groups probably will align themselves more closely with prominent Mexican traffickers.

Other Organizations

Other DTOs that are significantly involved in drug trafficking in the United States include Asian, Russian-Israeli, Nigerian, and Jamaican DTOs. Geographically, Asian DTOs are the most pervasive. In recent years, Asian DTOs have rivaled Russian-Israeli DTOs as the most significant suppliers of MDMA in the United States. Asian DTOs—primarily Chinese and Vietnamese DTOs—are active in markets throughout the country and manufacture, transport, and distribute wholesale quantities of Canada-produced MDMA and marijuana, Europe-produced MDMA and, on a smaller scale, Asian heroin. Moreover, Asian criminal groups are increasing their position relative to wholesale distribution of high potency, Canada-produced marijuana in every region of the country. Russian-Israeli DTOs are primarily active in the Northeast Region of the country,

most notably in the New York City metropolitan area, where they typically control MDMA shipments from Europe. Nigerian DTOs and criminal groups transport and distribute wholesale quantities of Southeast and Southwest Asian heroin and, on a much smaller scale, South American heroin, primarily in the Great Lakes Region. Jamaican DTOs work with or on behalf of Colombian and Mexican DTOs and criminal groups to transport multikilogram quantities of cocaine, South American heroin, and Mexico- and Jamaica-produced marijuana, typically to domestic drug markets, particularly those in the eastern United States.

A multitude of foreign-based DTOs and criminal groups operating abroad and within the country will continue to pose a significant threat to the United States. Mexican DTOs and criminal groups will maintain control in their traditional strongholds, including the West and Southwest Regions, and will increasingly gain control of markets once dominated by Colombians, particularly in the eastern United States. Asian criminal groups with access to MDMA from at least two foreign sources—Canada and Europe—have surpassed Russian-Israeli DTOs as the primary suppliers of MDMA; they are also positioned to become key transporters and distributors of high potency, Canada-produced marijuana. Finally, other DTOs such as Dominicans and Jamaicans, who often work on behalf of more dominant DTOs, will continue to transport and distribute drugs within the United States; however, their relationships will evolve as market shares shift among the more dominant DTOs.

Organized Gangs and Drug Trafficking

Strategic Findings

- Street gangs and prison gangs have, to varying degrees, established relationships with Mexican DTOs; these relationships have enabled them to evolve from primarily retail-level distributors of drugs to significant smugglers, transporters, and wholesale distributors.
- The estimated number of gang members in the United States has decreased over the past few years; however, the proliferation of gangs and their involvement in drug activity continue to increase throughout the country, particularly in rural and suburban areas.

Independent dealers are the primary retail-level distributors of illicit drugs in most regions of the country. However, street gangs, prison gangs, and outlaw motorcycle gangs (OMGs) have long been and continue to be the predominant organized retail drug distributors; their level of organization is the key factor that renders gangs a significant threat to the country, particularly in metropolitan areas. Compounding the threat that gangs pose to the nation, their influence with respect to drug smuggling, transportation, and wholesale distribution has increased sharply. A number of issues have contributed to this increase. First, many gangs—particularly national-level street gangs—have evolved from turf-oriented gangs to sophisticated, profit-driven, organized criminal enterprises that engage in polydrug trafficking activities. Second, gangs have established and increasingly seek to establish relationships with Mexican DTOs. Finally, gangs have proliferated in areas throughout the country not previously affected by gang activity, either by means of emulation, migration, or a combination of both.

Many gangs have evolved from turf-oriented gangs to profit-driven, organized criminal enterprises whose activities include not only retail drug distribution but also other aspects of the

trade, including smuggling, transportation, and wholesale distribution. Some national-level street gangs are highly organized, with as many as 100,000 members and associates. The most highly organized, such as Latin Kings, Gangster Disciples, and Vice Lords, have centralized leadership cores that conspire to transport and distribute drugs throughout the country. Some prison gangs have evolved from ethnic-based protection gangs within the prison system to organized criminal enterprises that use their connections with Mexican DTOs as a means of conducting drug trafficking activities in various regions of the country, particularly the West and Southwest Regions. OMGs generally have fewer members than most large street gangs but are even better organized; most have numerous chapters with bylaws or constitutions established by a national or international hierarchy. The strength of OMGs lies in their international connections, which provide them with access to wholesale quantities of illegal drugs, particularly marijuana and methamphetamine.

Street gangs and prison gangs have, to varying degrees, established relationships with Mexican DTOs; these relationships have enabled them to evolve from retail-level distributors of drugs to significant smugglers, transporters, and wholesale distributors. While some street gangs simply obtain drugs for retail distribution from Mexican DTOs, others have established relationships with Mexican DTOs that allow them to obtain multikilogram-quantities of drugs including cocaine, heroin, marijuana, and methamphetamine for transportation to and wholesale distribution in locations throughout the country. The transfer of drugs from Mexican DTOs to street gangs frequently is brokered by prison gangs, some of which have organized into sophisticated and compartmentalized DTOs in their own right. As a result, prison gangs are increasingly gaining dominance over street gangs by exacting taxes from their retail drug distribution activities

and managing the drug supply through major Mexican DTOs. Both gangs and DTOs benefit from these relationships, which provide gangs with access to wholesale quantities of cocaine, heroin, marijuana, and methamphetamine and at the same time provide the DTOs with a layer of insulation from U.S. law enforcement.

While the total number of gang members in the United States may have decreased over the past few years, the proliferation of gangs and their involvement in drug activity continue to increase throughout the country. According to the National Youth Gang Center (NYGC), estimated gang membership in the United States decreased 6 percent from 780,233 in 1998 to 731,500 in 2002. Nonetheless, 2005 NDTs data indicate that the percentage of state and local law enforcement agencies reporting that either street gangs or OMGs were involved at some level in drug distribution in their jurisdictions increased each year from 44.6 and 29.8 percent, respectively, in 2003 to 51.9 and 34.7 percent, respectively, in 2005. As gangs proliferate in rural and suburban areas of the country, they seek new markets for drug distribution activities. For example, the increased availability of methamphetamine in the Northeast, Southeast, and Great Lakes Regions of the country is at least in part attributable to the proliferation of

California- and Texas-based Hispanic gangs such as Latin Kings and Mara Salvatrucha (MS 13) in these areas. These Hispanic gangs obtain multikilogram-quantities of methamphetamine from Mexican DTOs in the Southwest Region and transport the drug to previously untapped methamphetamine markets in the Northeast, Southeast, and Great Lakes Regions.

The threat posed by gangs will increase as gangs become better organized and more sophisticated and expand their markets. This threat is magnified by the high and increasing level of violence associated with expansion of drug trafficking activities by gangs as well as their intensifying relationships with Mexican DTOs. Such relationships will afford street gangs, prison gangs, and OMGs greater access to drugs from foreign sources. And while to date there is no evidence to suggest that U.S.-based street gangs, prison gangs, or OMGs have forged definitive relationships with foreign terrorist organizations, it is possible that some gangs may associate with foreign terrorists for the purpose of conducting drug trafficking and various criminal activities. Moreover, the potential for such relationships exists primarily among U.S. prison gangs, whose members seem to be particularly susceptible to terrorist and other extremist recruitment.

The Impact of Drugs on Society

The negative consequences of drug abuse affect not only individuals who abuse drugs but also their families and friends, various businesses, and government resources. Although many of these effects cannot be quantified, ONDCP recently reported that in 2002, the economic cost of drug abuse to the United States was \$180.9 billion.

The most obvious effects of drug abuse—which are manifested in the individuals who abuse drugs—include ill health, sickness and, ultimately, death. Particularly devastating to an abuser's health is the contraction of needle-borne illnesses including hepatitis and HIV/AIDS through injection drug use. NSDUH data indicate that in 2004 over 3.5 million individuals aged 18 and older admitted to having injected an illicit drug during their lifetime. Of these individuals, 14 percent (498,000) were under the age of 25. Centers for Disease Control and Prevention (CDC) reports that 123,235 adults living with AIDS in the United States in 2003 contracted the disease from injection drug use, and the survival rate for those persons is less than that for persons who contract AIDS from any other mode of transmission. CDC further reports that more than 25,000 people died in 2003 from drug-induced effects.

Children of individuals who abuse drugs often are abused or neglected as a result of the individuals' preoccupation with drugs. National-level studies have shown that parents who abuse drugs often put their need to obtain and abuse drugs before the health and welfare of their children. NSDUH data collected during 2002 and 2003 indicate that 4.3 percent of pregnant women aged 15 to 44 report having used illicit drugs in the past month. Moreover, that same data show that 8.5 percent of new mothers report having used illicit drugs in the past month. Children whose parents and other family members abuse drugs often are physically or emotionally abused and often lack proper immunizations, medical care, dental care, and necessities such as food, water, and shelter.

The risk to children is even greater when their parents or guardians manufacture illicit drugs such as methamphetamine. Methamphetamine abusers often produce the drug in their own homes and apartments, using hazardous chemicals such as hydriodic acid, iodine, and anhydrous ammonia. Children who inhabit such homes often inhale dangerous chemical fumes and gases or ingest toxic chemicals or illicit drugs. These children commonly test positive for methamphetamine and suffer from both short- and long-term health consequences. Moreover, because many methamphetamine producers also abuse the drug, children commonly suffer from neglect that leads to psychological and developmental problems. NCLSS data show that U.S. law enforcement agencies report having seized 9,895 illicit methamphetamine laboratories in 2004. These agencies report that 2,474 children were affected by these laboratories (i.e., they were exposed to chemicals, they resided at laboratory sites, or they were displaced from their homes), while 12 children were injured and 3 children were killed.

The economic impact of drug abuse on businesses whose employees abuse drugs can be significant. While many drug abusers are unable to attain or hold full-time employment, those who do work put others at risk, particularly when employed in positions where even a minor degree of impairment could be catastrophic; airline pilots, air traffic controllers, train operators, and bus drivers are just a few examples. Quest Diagnostics, a nationwide firm that conducts employee drug tests for employers, reports that 5.7 percent of the drug tests they conducted on individuals involved in an employment-related accident in 2004 were positive. Economically, businesses often are affected because employees who abuse drugs sometimes steal cash or supplies, equipment, and products that can be sold to get money to buy drugs. Moreover, absenteeism, lost productivity, and increased use of medical and insurance benefits by employees who abuse drugs affect a business financially.

The economic consequences of drug abuse severely burden federal, state, and local government resources and, ultimately, the taxpayer. This effect is most evident with methamphetamine. Clandestine methamphetamine laboratories jeopardize the safety of citizens and adversely affect the environment. Children, law enforcement personnel, emergency responders, and those who live at or near methamphetamine production sites have been seriously injured or killed as a result of methamphetamine production. Methamphetamine users often require extensive medical treatment; some abuse, neglect, and abandon their children, adding to social services costs; some also commit a host of other crimes including domestic violence, assault, burglary, and identity theft. Methamphetamine producers tax strained law enforcement resources and budgets as a result of the staggering costs associated with the remediation of laboratory sites. According to DEA, the average cost to clean up a methamphetamine

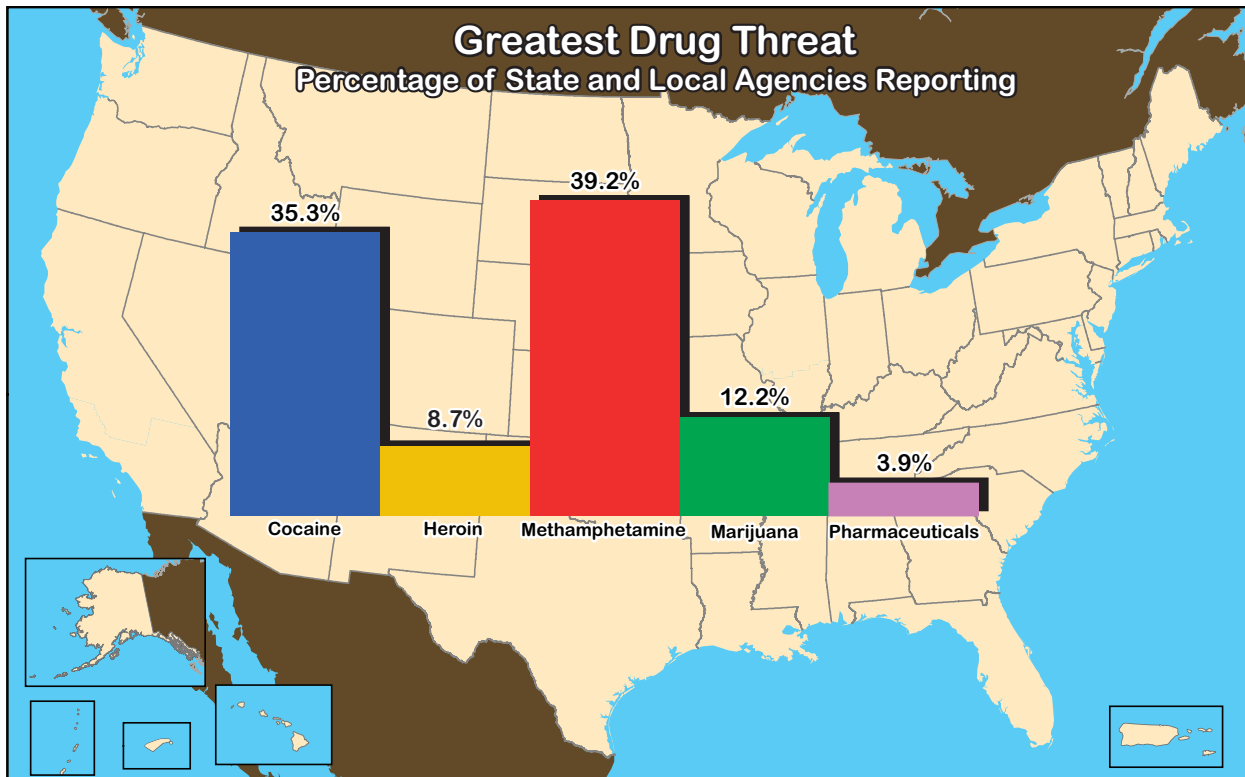
production laboratory is \$1,900. Given that an average of 9,777 methamphetamine laboratory seizures were reported to NCLSS each year between 2002 and 2004, the economic impact is obvious. DEA absorbs a significant portion of such costs through a Hazardous Waste Cleanup Program and in 2004 administered over 10,061 state and local clandestine laboratory cleanups and dumpsites at a cost of over \$18.6 million. Nonetheless, resources of state and local agencies also are significantly affected. For example, 69 percent of the county officials responding to a 2005 survey by the National Association of Counties report that they had to develop additional training and special protocols for county welfare workers who work with children exposed to methamphetamine. Moreover, the time and manpower involved in investigating and cleaning up clandestine laboratories increase the workload of an already overburdened law enforcement system.

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Appendix A. Maps

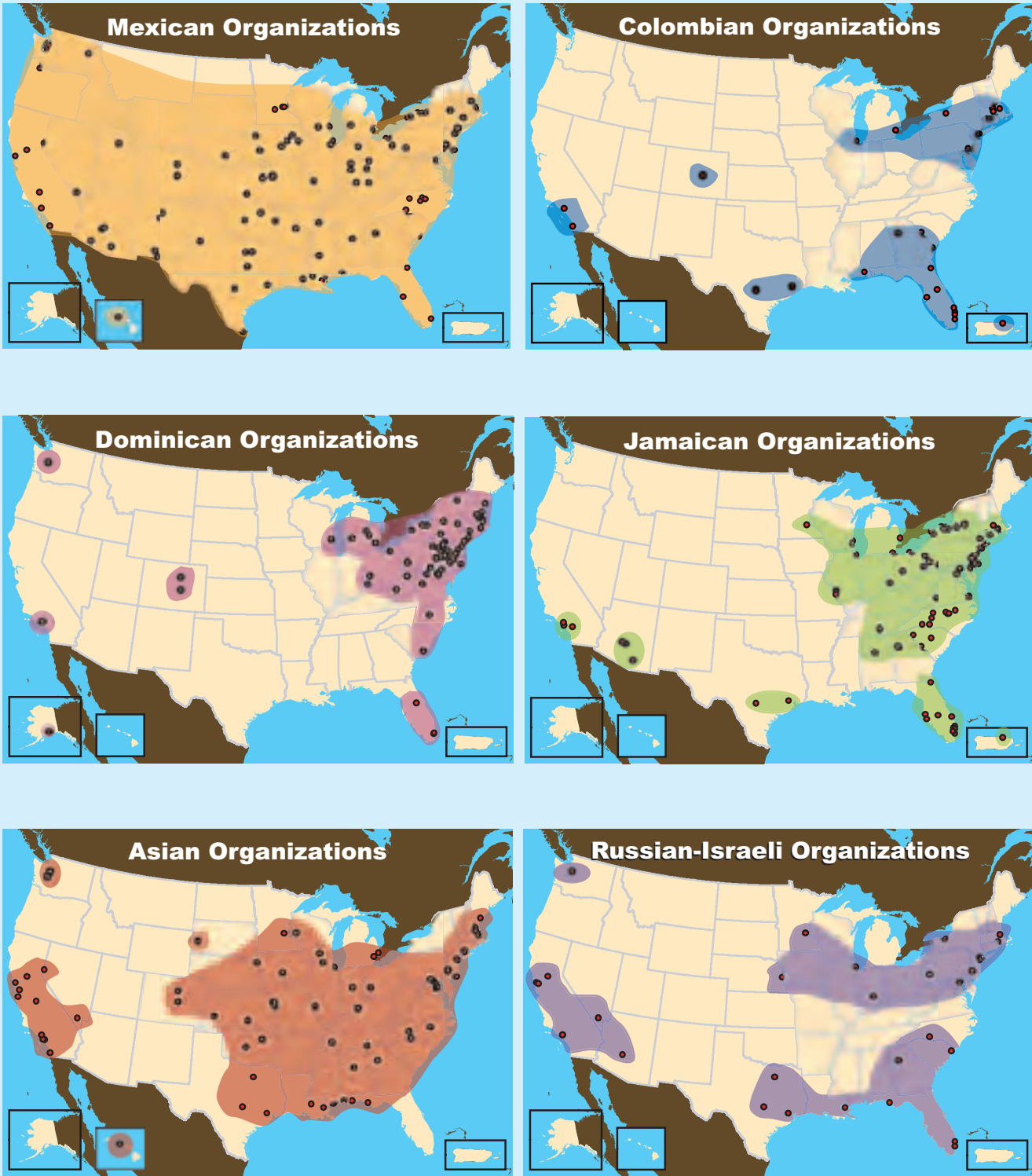


Map 1. Seven regions.



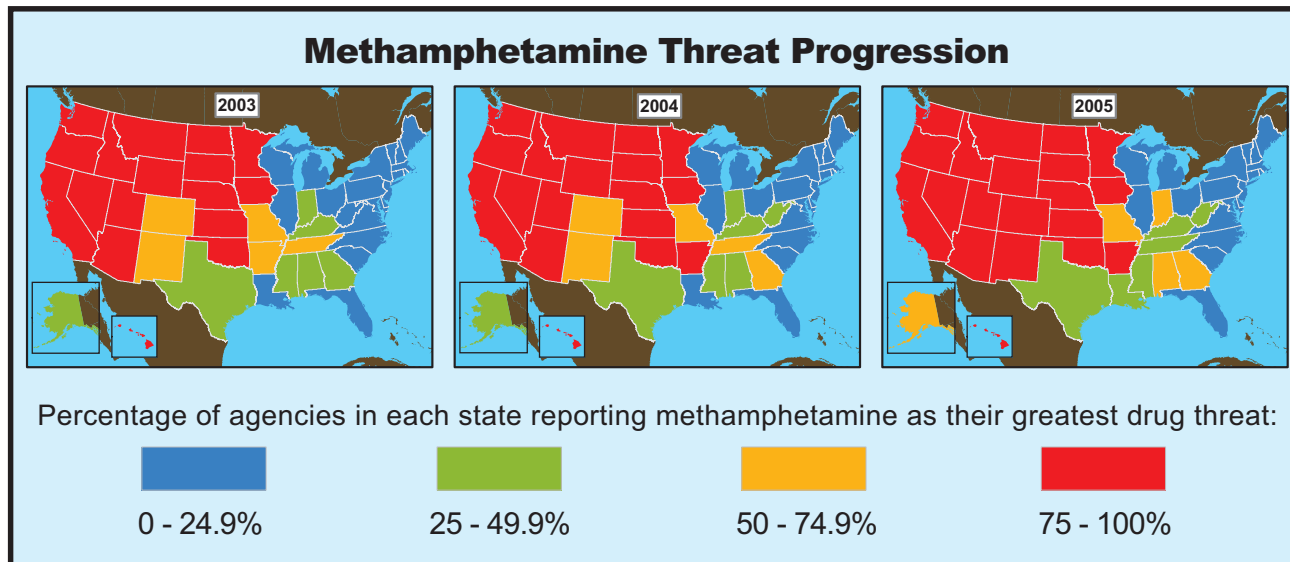
Map 2. National Drug Threat Survey 2005 greatest drug threat as reported by state and local agencies.

Influence of Drug Trafficking Organizations

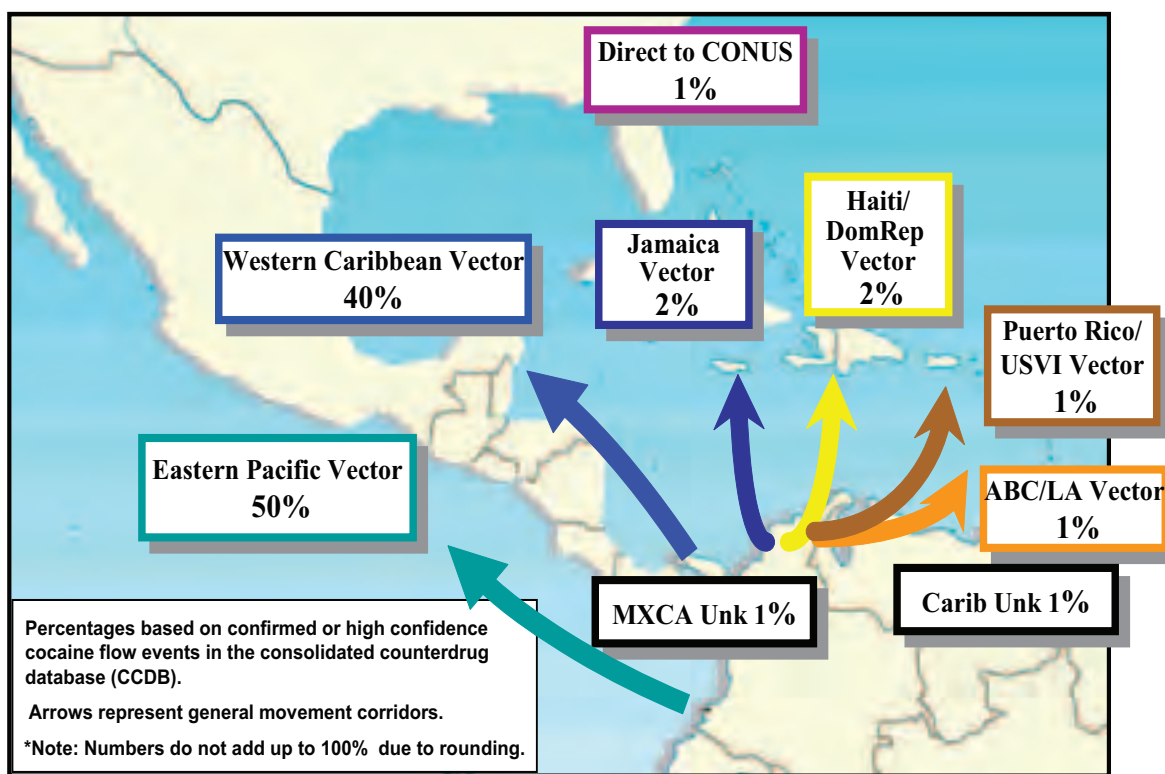


Map 3. Areas of influence of drug trafficking organizations in the United States.

Source: Drug Enforcement Administration; Organized Crime and Drug Enforcement Task Force.



Map 4. Methamphetamine threat progression.



Map 5. Vectors in the Transit Zone—CCDB-documented cocaine flow departing South America, January–December 2004.

Source: *Interagency Assessment of Cocaine Movement*.

Appendix B. Tables

Table 1. NSDUH Trends in Percentage of Past Year Drug Use, 2002–2004

		2002	2003	2004
Major Drugs	Cocaine (any form)			
	Individuals (12 and older)	2.5	2.5	2.4
	Adolescents (12-17)	2.1	1.8	1.6
	Adults (18-25)	6.7	6.6	6.6
	Adults (26 and older)	1.8	1.9	1.7
	Crack			
	Individuals (12 and older)	0.7	0.6	0.5
	Adolescents (12-17)	0.4	0.4	0.3
	Adults (18-25)	0.9	0.9	0.8
	Adults (26 and older)	0.7	0.6	0.5
	Heroin			
	Individuals (12 and older)	0.2	0.1	0.2
	Adolescents (12-17)	0.2	0.1	0.2
	Adults (18-25)	0.4	0.3	0.4
	Adults (26 and older)	0.1	0.1	0.1
	Marijuana			
	Individuals (12 and older)	11.0	10.6	10.6
	Adolescents (12-17)	15.8	15.0	14.5
	Adults (18-25)	29.8	28.5	27.8
	Adults (26 and older)	7.0	6.9	7.0
Methamphetamine				
Individuals (12 and older)	0.7	0.6	0.6	
Adolescents (12-17)	0.9	0.7	0.6	
Adults (18-25)	1.7	1.6	1.6	
Adults (26 and older)	0.4	0.4	0.4	
Pharmaceuticals	Prescription Narcotics			
	Individuals (12 and older)	4.7	4.9	4.7
	Adolescents (12-17)	7.6	7.7	7.4
	Adults (18-25)	11.4	12.0	11.9
Adults (26 and older)	3.1	3.3	3.0	
Other Dangerous Drugs	LSD			
	Individuals (12 and older)	0.4	0.2	0.2
	Adolescents (12-17)	1.3	0.6	0.6
	Adults (18-25)	1.8	1.1	1.0
Adults (26 and older)	0.1	0.0	0.1	

Table 1. NSDUH Trends in Percentage of Past Year Drug Use, 2002–2004 (Continued)

		2002	2003	2004
Other Dangerous Drugs	MDMA			
	Individuals (12 and older)	1.3	0.9	0.8
	Adolescents (12-17)	2.2	1.3	1.2
	Adults (18-25)	5.8	3.7	3.1
	Adults (26 and older)	0.5	0.3	0.3
	PCP			
	Individuals (12 and older)	0.1	0.1	0.1
	Adolescents (12-17)	0.4	0.4	0.3
	Adults (18-25)	0.3	0.4	0.3
	Adults (26 and older)	0.0	0.0	0.0

Source: National Survey on Drug Use and Health.

Table 2. MTF Adolescent Trends in Percentage of Past Year Drug Use, 2000–2005

		2000	2001	2002	2003	2004	2005
Major Drugs	Cocaine (any form)						
	8th Grade	2.6	2.5	2.3	2.2	2.0	2.2
	10th Grade	4.4	3.6	4.0	3.3	3.7	3.5
	12th Grade	5.0	4.8	5.0	4.8	5.3	5.1
	Crack						
	8th Grade	1.8	1.7	1.6	1.6	1.3	1.4
	10th Grade	2.2	1.8	2.3	1.6	1.7	1.7
	12th Grade	2.2	2.1	2.3	2.2	2.3	1.9
	Heroin						
	8th Grade	1.1	1.0	0.9	0.9	1.0	0.8
	10th Grade	1.4	0.9	1.1	0.7	0.9	0.9
	12th Grade	1.5	0.9	1.0	0.8	0.9	0.8
	Marijuana						
	8th Grade	15.6	15.4	14.6	12.8	11.8	12.2
	10th Grade	32.2	32.7	30.3	28.2	27.5	26.6
	12th Grade	36.5	37.0	36.2	34.9	34.3	33.6
	Methamphetamine						
	8th Grade	2.5	2.8	2.2	2.5	1.5	1.8
	10th Grade	4.0	3.7	3.9	3.3	3.0	2.9
	12th Grade	4.3	3.9	3.6	3.2	3.4	2.5
	MDMA						
	8th grade	3.1	3.5	2.9	2.1	1.7	1.7
	10th grade	5.4	6.2	4.9	3.0	2.4	2.6
	12th grade	8.2	9.2	7.4	4.5	4.0	3.0

Table 2. MTF Adolescent Trends in Percentage of Past Year Drug Use, 2000–2005 (Continued)

		2000	2001	2002	2003	2004	2005
Pharmaceuticals	Prescription Narcotics						
	8th Grade	NA	NA	NA	NA	NA	NA
	10th Grade	NA	NA	NA	NA	NA	NA
	12th Grade	7.0	6.7	9.4	9.3	9.5	9.0
	Sedatives/Barbiturates						
	8th Grade	NA	NA	NA	NA	NA	NA
	10th Grade	NA	NA	NA	NA	NA	NA
	12th Grade	6.2	5.7	6.7	6.0	6.5	7.2
	Tranquilizers						
	8th Grade	NA	NA	NA	NA	NA	NA
	10th Grade	NA	NA	NA	NA	NA	NA
	12th Grade	5.7	6.9	7.7	6.7	7.3	6.8
Other Dangerous Drugs	GHB						
	8th Grade	1.2	1.1	0.8	0.9	0.7	0.5
	10th Grade	1.1	1.0	1.4	1.4	0.8	0.8
	12th Grade	1.9	1.6	1.5	1.4	2.0	1.1
	Inhalants						
	8th Grade	9.4	9.1	7.7	8.7	9.6	9.5
	10th Grade	7.3	6.6	5.8	5.4	5.9	6.0
	12th Grade	5.9	4.5	4.5	3.9	4.2	5.0
	LSD						
	8th Grade	2.4	2.2	1.5	1.3	1.1	1.2
	10th Grade	5.1	4.1	2.6	1.7	1.6	1.5
	12th Grade	6.6	6.6	3.5	1.9	2.2	1.8
	PCP						
	8th Grade	NA	NA	NA	NA	NA	NA
	10th Grade	NA	NA	NA	NA	NA	NA
12th Grade	2.3	1.8	1.1	1.3	0.7	1.3	

Source: Monitoring the Future.

NA—not available.

Table 3. Federal-Wide Drug Seizures, in Kilograms, 2000–2004

Drug	2000	2001	2002	2003	2004
Cocaine	106,616	104,877	102,497	117,044	165,894
Hashish	10,878	161	621	155	164
Heroin	1,675	2,496	2,773	2,395	1,845
Marijuana	1,234,555	1,213,988	1,101,496	1,229,678	1,118,608
Methamphetamine	3,471	3,971	2,478	3,856	3,127

Source: Federal-Wide Drug Seizure System.

Table 4. Drug-Related Arrests, United States, 2000–2005

Drug		2000	2001	2002	2003	2004	2005*
Major Drugs	Cocaine	15,843	13,345	12,214	10,873	12,104	11,278
	Marijuana	8,258	6,452	5,506	6,204	6,214	5,288
	Heroin	3,696	3,108	2,574	2,163	2,521	2,038
	Methamphetamine	8,163	7,361	6,218	6,001	5,833	5,693
Other Dangerous Drugs	MDMA	1,533	1,974	1,505	1,019	936	681
	GHB	0	2	0	10	19	19
	LSD	159	93	27	21	24	8
	PCP	54	87	49	117	65	55
	Steroids	54	72	64	65	93	51
Pharmaceuticals	Oxycodone	0	0	0	27	137	215
	Hydrocodone	0	0	1	17	112	180
	Hydromorphone	55	29	35	28	28	11
	Benzodiazepines	33	30	44	27	23	25
	Methylphenidate	0	0	0	1	1	2

Source: Drug Enforcement Administration.

*Data for 2005 are preliminary and incomplete.

Table 5. Other Dangerous Drugs Submitted for Testing in the United States in Dosage Units, 2000–2005

	2000	2001	2002	2003	2004	2005
GHB*	1,141,005	100,218	77,912	130,449	30,719	66,681
LSD**	24,460,970	93,974	1,624	667	146,585	327
MDMA**	4,661,813	13,241,796	5,873,094	2,350,450	2,018,226	8,592,376
PCP**	184,938	1,037,574	5,786,959	527,986	318,562	13,260

Source: System to Retrieve Information from Drug Evidence.

*Note: GHB data are derived from the STRIDE Incidence Summary Report (63/71A).

**Note: LSD, MDMA, and PCP data are derived from the STRIDE Statistical Summary Report (63/6).

Table 6. Average Purity of Drug Samples Tested, by Percentage, 2001–2004

		2001	2002	2003	2004
Cocaine		78.0	77.0	82.0	84.0*
Heroin	South America	78.0	72.0	70.0	NA
	Southwest Asia	69.0	64.0	62.0	NA
	Southeast Asia	68.0	73.0	63.0	NA
	Mexico	30.0	33.0	37.0	NA
MDMA		53.6	50.6	55.6	53.9
Methamphetamine		39.1	43.6	57.2	60.6

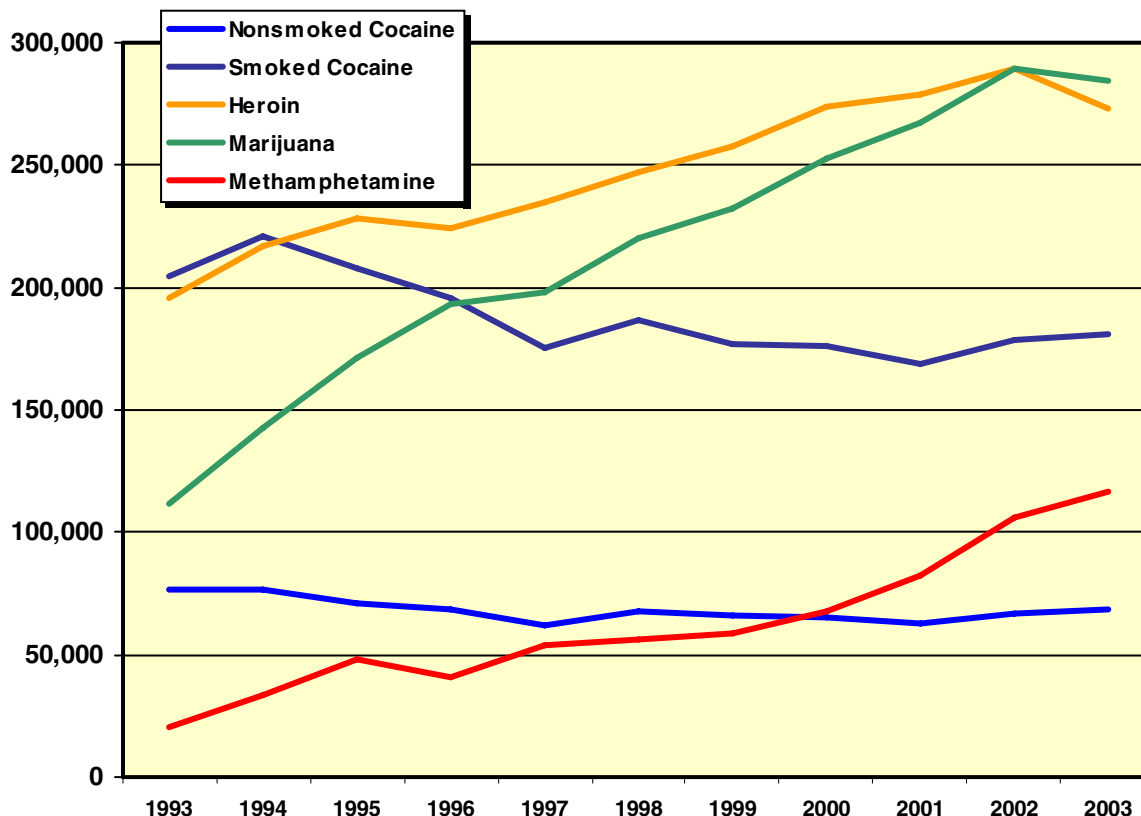
Source: Drug Enforcement Administration.

*Representative of January through July 2004.

NA—not available.

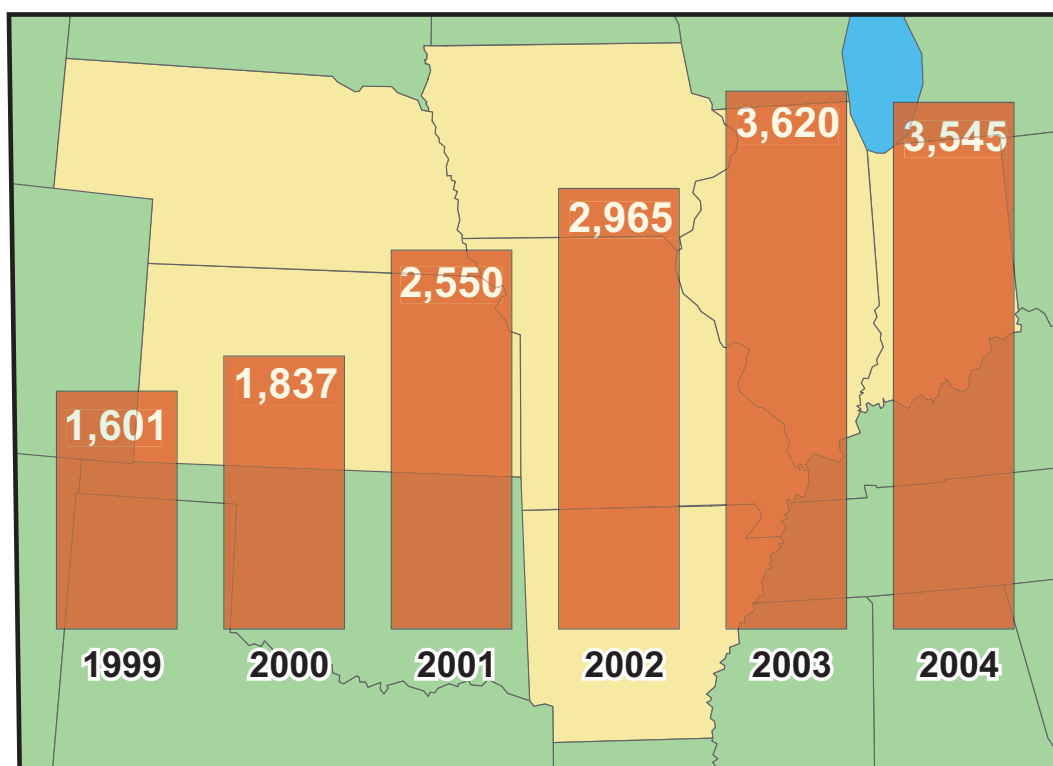
Appendix C. Charts

Chart 1. TEDS Treatment Admissions, 1993–2003



Source: Treatment Episode Data Set.

Chart 2. Central States* Methamphetamine Laboratory Seizures, 1999–2004



Source: National Clandestine Laboratory Seizure System.

*Arkansas, Iowa, Illinois, Indiana, Kansas, Missouri, and Nebraska.

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Sources

Numerous state and local law enforcement agencies throughout the United States provided valuable input to this report through their participation in the National Drug Threat Survey. A full list of these agencies is included in the *National Drug Threat Survey Report 2005*.

Central Intelligence Agency

Crime and Narcotics Center

Executive Office of the President

Office of National Drug Control Policy

High Intensity Drug Trafficking Areas

Appalachia

Atlanta

Central Florida

Central Valley California

Chicago

Gulf Coast

Hawaii

Houston

Lake County

Los Angeles

Michigan

Midwest

Milwaukee

Nevada

New England

New York/New Jersey

Northern California

North Florida

North Texas

Northwest

Ohio

Oregon

Philadelphia/Camden

Puerto Rico/U.S. Virgin Islands

Rocky Mountain

South Florida

Southwest Border

Washington/Baltimore

National Alliance of Gang Investigators Associations

National Association of Counties

National Center on Addiction and Substance Abuse

Columbia University

Partnership Attitude Tracking Study

Royal Canadian Mounted Police

United Nations International Narcotics Control Board

U.S. Department of Agriculture

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 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

Criminal Division

Organized Crime Drug Enforcement Task Force

Drug Enforcement Administration

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 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
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 San Diego Field Division
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 St. Louis Field Division
 System to Retrieve Information From Drug Evidence
 Washington, D.C., Field Division

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Federal Bureau of Prisons

National Institute of Justice

Arrestee Drug Abuse Monitoring Program

Office of Juvenile Justice and Delinquency Prevention

National Youth Gang Center

U.S. Marshals Service

U.S. Department of State

International Narcotics Control Strategy Report

U.S. Department of the Interior

Bureau of Land Management

Law Enforcement

U.S. Park Police

U.S. Department of the Treasury

Financial Crimes Enforcement Network

Internal Revenue Service

Criminal Investigation Division

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U.S. Sentencing Commission



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