



North Carolina

Drug Threat Assessment



National Drug Intelligence Center
and
Drug Enforcement Administration

ARCHIVED



Product No. 2003-S0380NC-001
April 2003

North Carolina Drug Threat Assessment

National Drug Intelligence Center
and
Drug Enforcement Administration

*National Drug Intelligence Center
319 Washington Street, 5th Floor
Johnstown, PA 15901-1622
(814) 532-4601
www.usdoj.gov/ndic*

*Drug Enforcement Administration
Atlanta Division
75 Spring Street SW, 8th Floor
Atlanta, GA 30303
(404) 893-7000
www.dea.gov*

**This document may contain dated information.
It has been made available to provide access to historical materials.**

Preface

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

North Carolina Drug Threat Assessment

Executive Summary

The production, distribution, and abuse of illicit drugs and the diversion and abuse of pharmaceuticals pose serious threats to North Carolina. Cocaine represents the principal drug threat to North Carolina followed by marijuana. Methamphetamine is a growing threat to the state. Heroin is available and abused most commonly in urban areas and is rarely available in rural areas. Among other dangerous drugs, OxyContin represents the primary threat.

Cocaine, particularly crack, poses an extreme drug threat to North Carolina. Distribution and abuse of crack cocaine frequently are associated with violent crime throughout the state. Crack cocaine is readily available in the state. The number of treatment admissions for cocaine abuse increased 21 percent from fiscal year 1996 through fiscal year 1999. The number of cocaine-related deaths increased 12 percent from 1999 through 2000. Most of the powdered cocaine in North Carolina is transported into the state in commercial and private vehicles from Mexico and southwestern states. Additional quantities are transported into the state via package delivery services and on airplanes, buses, and passenger trains. Some cocaine is transported into North Carolina from other distribution areas in states such as Florida, Georgia, New York, and South Carolina. Most powdered cocaine transported into the state is converted to crack. Mexican criminal groups are the primary transporters of powdered cocaine into and through North Carolina; however, African American, Caucasian, Jamaican, and Dominican criminal groups as well as outlaw motorcycle gangs transport powdered cocaine into the state. Mexican criminal groups are the dominant wholesale distributors of powdered cocaine in North Carolina. To a lesser extent, African American, Caucasian, Jamaican, and Dominican criminal groups as well as outlaw motorcycle gangs distribute wholesale quantities of powdered cocaine in the state. Caucasian and Hispanic local independent dealers are the dominant retail distributors of powdered cocaine. African American gangs and local independent dealers dominate retail crack distribution.

Marijuana is the most readily available and widely abused drug in North Carolina. Marijuana is abused by individuals of various ages in North Carolina. Outdoor cannabis cultivation is widespread in the state. Indoor cultivation occurs to a lesser extent. Mexican criminal groups, the dominant wholesale distributors of marijuana in the state, transport multiton shipments of Mexico-produced marijuana into North Carolina in tractor-trailers, primarily from Mexico and southwestern states. African American, Caucasian, and

Jamaican criminal groups as well as outlaw motorcycle gangs also transport marijuana produced in Mexico into North Carolina and distribute wholesale quantities. Caucasian and Mexican criminal groups also distribute wholesale quantities of marijuana produced in large outdoor grows in North Carolina. At the retail level, marijuana is distributed by African American, Caucasian, and Hispanic gangs; outlaw motorcycle gangs; and local independent producers and dealers.

Methamphetamine is an increasing threat to North Carolina. Law enforcement authorities in areas of western North Carolina report that methamphetamine has replaced crack cocaine in some counties as the principal drug threat because it is increasingly available and abused, is less expensive, and produces longer-lasting effects. The number of methamphetamine-related federal sentences increased dramatically from FY1996 through FY2000. Most of the methamphetamine available in North Carolina is produced in Mexico, California, and southwestern states using the hydriodic acid/red phosphorus method and transported into the state. Small quantities of the drug are produced in North Carolina, particularly in western counties, using the Birch reduction and iodine/red phosphorus methods. The number of methamphetamine laboratories seized each year by law enforcement authorities has increased since 1999. Mexican and Caucasian criminal groups and OMGs transport methamphetamine into the state from Mexico, California, and southwestern states and are the dominant wholesale distributors of the drug. Mexican and Caucasian criminal groups as well as Caucasian local independent dealers, Outlaw Motorcycle Gangs, and methamphetamine producers are the dominant retail distributors of the drug.

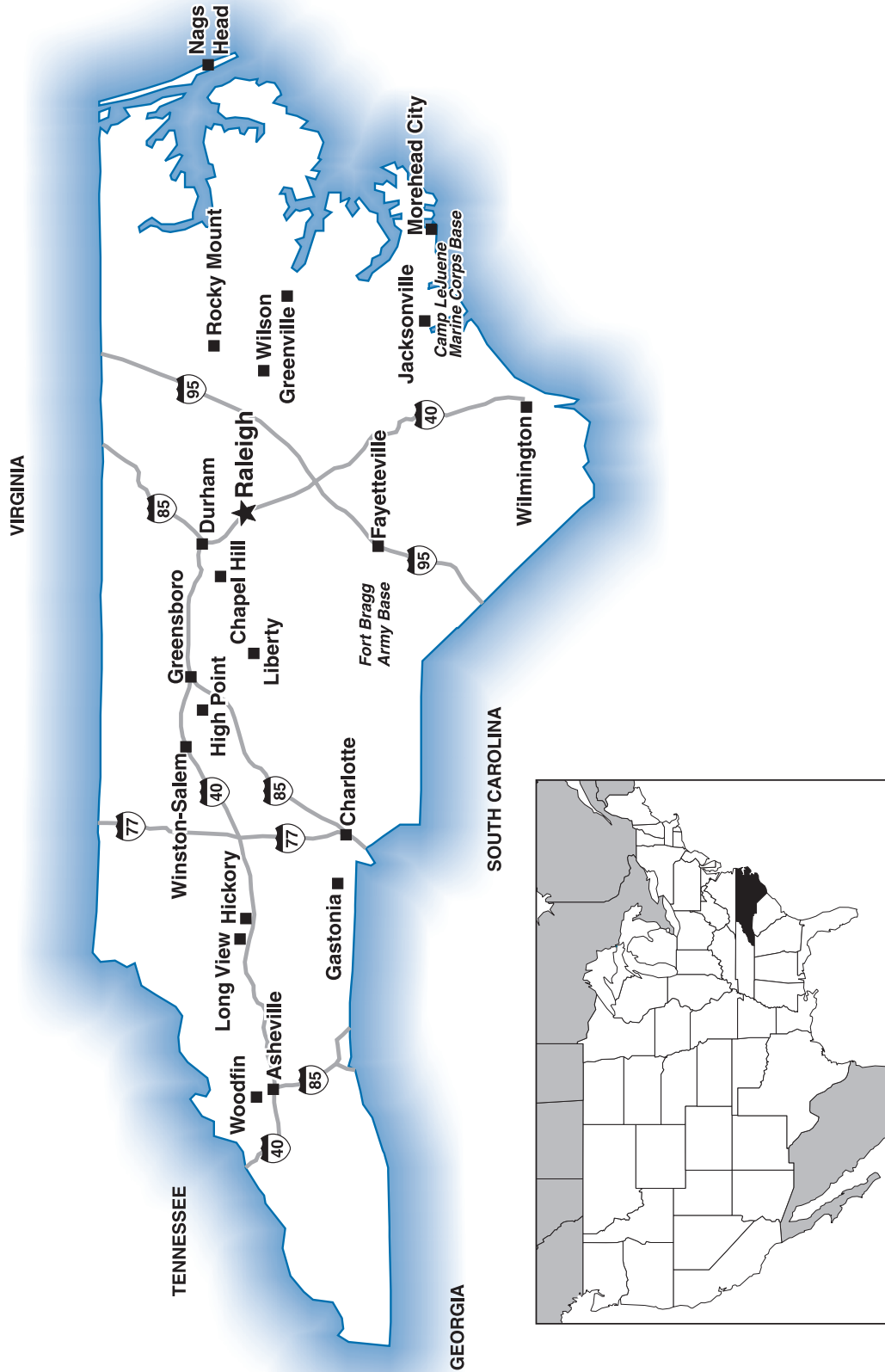
Levels of availability and rates of abuse of **heroin** are generally low to moderate in most areas of North Carolina. Heroin is available and abused most commonly in urban areas and is rarely available in rural areas. Most heroin abusers in North Carolina are older, chronic abusers who inject the drug. However, since the 1990s when high purity South American heroin became available, a younger, middle-class population has begun to abuse the drug. High purity heroin allows abusers to effectively snort or smoke the drug and avoid the health hazards and social stigma associated with injecting drugs. South American heroin is the type most commonly available and abused in North Carolina, although Mexican black tar heroin also is distributed and abused in a few parts of the state. African American, Caucasian, and Mexican criminal groups transport relatively small amounts of heroin into North Carolina primarily in private and commercial vehicles. These criminal groups sell retail quantities directly to abusers or to African American, Caucasian, and Hispanic gang members and local independent dealers who conduct further retail distribution.

Other dangerous drugs, including the stimulant MDMA; the depressant GHB and its analogs; the hallucinogens LSD, ketamine, and PCP; and diverted pharmaceuticals, particularly OxyContin, are a growing threat to North Carolina. Among other dangerous drugs, OxyContin and MDMA represent the primary threats. MDMA, GHB and its analogs, and hallucinogens are popular among young individuals in urban areas and college towns and are sold primarily by young Caucasian males on college campuses, at nightclubs, and at high energy, all-night dance parties called raves. The diversion and abuse of pharmaceuticals, most notably OxyContin, are growing problems in North Carolina. Law enforcement officers in several jurisdictions have conducted prescription fraud investigations, and thefts of pharmaceuticals are increasing. Thieves frequently target retail pharmacies, medical clinics, and nursing homes.

Table of Contents

Executive Summary	iii
Overview	1
Cocaine	5
Abuse	5
Availability	6
Violence	7
Production	7
Transportation	8
Distribution	9
Marijuana	10
Abuse	10
Availability	11
Violence	12
Production	12
Transportation	13
Distribution	14
Methamphetamine	15
Abuse	15
Availability	16
Violence	17
Production	17
Transportation	19
Distribution	19
Heroin	20
Abuse	20
Availability	21
Violence	21
Production	21
Transportation	22
Distribution	22
Other Dangerous Drugs	23
MDMA	23
GHB and Analogs	25
LSD	26
Ketamine	27
PCP	27
Diverted Pharmaceuticals	28
Outlook	29
Sources	31

North Carolina Drug Threat Assessment



North Carolina.

Note: This map displays features mentioned in the report.



North Carolina Drug Threat Assessment

Overview

With approximately 8 million residents, North Carolina is the eleventh most populous state. The population increased 21 percent from 1990 to 2000, outpacing the national population growth rate of 13.1 percent. This was primarily due to the state’s economic growth, which flourished in the 1990s, led by the manufacturing, tourism, banking, technology, and construction industries. Most of the population growth took place in and around Charlotte, the largest city; Raleigh, the capital; Durham; and the “Triad” region, which includes Greensboro, Winston-Salem, and High Point. The agriculture and textile industries offered job opportunities for farm and blue-collar workers. According to the U.S. Census Bureau, the state’s population is 72.1 percent Caucasian and 21.6 percent African American. The remainder is Hispanic (4.7%), Asian (1.4%), and American Indian and Alaska Native (1.2%) with some persons reporting two or more races. Some people who came to North Carolina for employment were migrant workers, some of whom were recruited as drug couriers or were members of criminal groups involved in illicit drug transportation and distribution.

North Carolina’s vast stretches of rural terrain, particularly in the west, provide opportunities for criminal groups to conceal drug-related activities. Reporting from law enforcement officials indicates that methamphetamine production laboratories

Fast Facts	
North Carolina	
Population (2000)	8,049,313
U.S. population ranking	11th
Median household income (2000)	\$38,829
Unemployment rate (2001)	5.5%
Land area	48,718 square miles
Shoreline	3,375 miles
Capital	Raleigh
Other principal cities	Charlotte, Durham, Greensboro, Fayetteville, Winston-Salem
Number of counties	100
Principal industries	Agriculture, banking, construction, technology, textile and furniture manufacturing, tourism

frequently are located in the mountains and woods of western and central North Carolina and cannabis cultivation is widespread in areas including the Pisgah and Nantahala National Forests in the western part of the state.

Most drugs are transported into and through North Carolina via private and commercial vehicles. Criminal groups commonly use interstate highways to transport drugs into the state for distribution in local communities and through the state to destinations in other states. Interstate 95 extends from Miami through North Carolina to the U.S.–Canada border in Maine. Interstate 40 extends from Wilmington in the southeastern corner of North Carolina to California. Interstate 85 branches off I-95 in Virginia, connects Raleigh-Durham, Greensboro, and Charlotte with Atlanta, Georgia, and ends at I-65 in Montgomery, Alabama. Interstate 77 runs from Cleveland, Ohio, through Charlotte to South Carolina. Half of the 56 drug or currency seizures reported by Operation Pipeline in North Carolina in 2000 occurred on I-95. The seizures involved northbound vehicles traveling to New York or New Jersey from Florida and southbound vehicles destined for Florida from the Northeast. Drug or currency seizures were frequent on Interstates 40, 77, and 85.

Criminal groups, particularly Mexican, and to a lesser extent outlaw motorcycle gangs (OMGs), particularly Outlaws, Pagan’s, and Hells Angels, transport drugs into and through North Carolina in private and commercial vehicles on interstate highways. Drugs usually are concealed in false compartments in private vehicles or among legitimate goods, such as produce and furniture, in commercial vehicles. Mexican criminal groups, in particular, take advantage of the large volume of goods shipped in tractor-trailers from Mexico to North Carolina to transport drugs into the state. Industries in Mexico shipped 553,742 tons of legitimate goods to North Carolina in tractor-trailers in 2000.

Criminal groups also use commercial buses and passenger trains to transport drugs into North Carolina, though on a more limited basis. All major bus and passenger train carriers provide daily service to major cities in North Carolina—including Charlotte, Raleigh, and Greensboro—from New York City, Miami, Newark, Los Angeles, and Houston, all of which are drug distribution centers. Law enforcement officials report that drugs most commonly are discovered hidden under passengers’ clothing or in their shoes or luggage. Although

Operations Pipeline and Jetway

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

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

Both programs are supported by the El Paso Intelligence Center (EPIC).

freight service is available from two companies with over 2,650 miles of track, there is no seizure evidence that freight trains are used to transport drugs in North Carolina.

Criminal groups also transport drugs into and through North Carolina by air. North Carolina’s air transportation network includes the Charlotte/Douglas, Raleigh-Durham, Piedmont Triad, and Wilmington International Airports. All four service most of the United States and receive and deploy passenger flights operated by all of the major U.S. airlines. Charlotte/Douglas and Raleigh-Durham airports have nonstop service to and from several international destinations including the Bahamas, Canada, Europe, Jamaica, and Mexico, as well as U.S. territories including Puerto Rico and the Virgin Islands. Thousands of passengers use these airports daily. Operation Jetway seizure data indicate that cocaine and marijuana occasionally are transported into North Carolina on domestic flights from southwestern states. For example, there were 12 marijuana seizures at Charlotte/Douglas International Airport in 2000, mostly from flights originating in California. During the same year there were three seizures of powdered cocaine at Piedmont Triad International Airport from flights that originated in California. Law enforcement authorities report that the number of seizures of MDMA tablets is increasing at Raleigh-Durham International Airport from domestic and international flights. Drugs transported on commercial aircraft most commonly are hidden in luggage or concealed in passengers’ shoes or clothing.

Criminal groups sometimes transport drugs into North Carolina via package delivery services. Operation Jetway seizure data and local law enforcement reports indicate that packages containing marijuana and methamphetamine are sent via package delivery services from southwestern states to major cities including Charlotte and Durham. Packages are seized primarily at North Carolina's major airports.

North Carolina has two deepwater ports: Wilmington and Morehead City. Legitimate goods are received at these ports of entry from commercial vessels arriving primarily from the Far East and Europe. Very few drug seizures occur at these ports. U.S. Customs and Border Protection agents have made two seizures at these ports since 1994. One involved 10 kilograms of cocaine seized from a containership at the Port of Wilmington in June 1994. The other involved 0.2 gram of hashish seized from a commercial vessel that arrived in Morehead City in February 1996.

Mexican criminal groups are the dominant transporters and wholesale distributors of cocaine and marijuana in North Carolina. These criminal groups also transport and distribute methamphetamine and a limited amount of heroin. According to law enforcement officials throughout the state, Mexican criminal groups in southwestern states and Mexican drug trafficking organizations (DTOs) in Mexico routinely use Mexican illegal immigrants in North Carolina as couriers to transport cocaine, marijuana, methamphetamine and, to a lesser extent, heroin into and through the state. These criminal groups exploit a growing Mexican population in North Carolina to facilitate their illicit activities. Law enforcement authorities in North Carolina, principally in the western and southern areas of the state, indicate that Mexican criminal groups are also increasing their involvement in retail drug distribution. This is precipitating violence between Mexican criminal groups and African American retail dealers who traditionally controlled retail drug distribution in these areas.

Gangs and local independent dealers distribute drugs, mostly at the retail level, in North Carolina. Members of African American, Caucasian,

and Hispanic gangs distribute cocaine, marijuana, and heroin. According to DEA, Asian gangs are active in drug distribution in Greensboro and Charlotte. Gangs are most active in urban areas and usually distribute two or more drugs. Most of the gangs in North Carolina are not affiliated with large street gangs in other U.S. cities; however, some of the gangs are affiliated with nationally recognized street gangs including Bloods, Crips, Latin Kings, and MS-13. Law enforcement officials report that most violent crimes committed by gangs result from protecting turf or resolving debts between dealers and customers. Local independent dealers distribute cocaine, marijuana, methamphetamine, and small quantities of heroin and are active in both urban and rural areas.

The Hells Angels, Outlaws, and Pagan's OMGs also transport and distribute drugs, primarily cocaine, methamphetamine, and marijuana, in North Carolina. Through fellow OMG members, they establish connections with drug suppliers in southwestern states. OMG members transport drugs into North Carolina using various methods including motorcycles, other private vehicles, and package delivery services. OMG members typically enlist members of smaller motorcycle gangs or female associates to distribute drugs at the retail level from motorcycle shops, exotic dance clubs, bars, and tattoo parlors. Within the last 10 to 15 years, OMG members have taken steps to change their outward appearance in order to blend with the public. As a result, OMGs have become less visible to law enforcement officials. They also have changed their image by participating in community charity functions. Some OMG members that were former rivals have formed cooperative alliances, profited from joint criminal ventures, and avoid violent acts that capture law enforcement attention.

Criminal investigations initiated by the North Carolina State Bureau of Investigation often are drug-related. The Bureau initiated 3,841 criminal investigations in fiscal year (FY) 2000 in cooperation with federal, state, and local law enforcement authorities. Thirty-eight percent of these investigations were drug-related.

North Carolina Gangs

Bloods and Crips

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

Latin Kings

Latin Kings is a predominantly Hispanic street and prison gang with two major factions: one in Chicago and one in New England. These gangs started as social groups in Hispanic communities but later evolved into organized criminal enterprises involved in drug trafficking and violent crime. Latin Kings is a very structured gang that relies on strict, detailed charters to maintain discipline. The Chicago-based Latin Kings faction is the foundation upon which all Latin Kings gangs are based. The gang operates drug distribution enterprises on the North and Southeast Sides of Chicago and has expanded throughout Illinois and into other states, including North Carolina. The New England-based Latin Kings faction started in the Connecticut prison system in the late 1980s as an offshoot of the Chicago-based Latin Kings. Latin Kings has attempted to consolidate the Chicago- and New England-based factions.

Mara Salvatrucha

Mara Salvatrucha (MS-13) is a Hispanic street gang with a growing presence in North Carolina. Mara Salvatrucha has more than 8,000 members in 27 states and the District of Columbia and also has more than 20,000 members in foreign countries, particularly El Salvador. The gang smuggles illicit drugs into the United States and transports and distributes drugs throughout the country. Members of Mara Salvatrucha often commit violent acts, principally against members of rival gangs. Traditionally, the gang was composed of loosely affiliated groups known as cliques; however, increased coordination of criminal activity among Mara Salvatrucha cliques in Los Angeles, Washington, D.C./Northern Virginia, and New York City may indicate that the gang is attempting to develop a national command structure.

According to the North Carolina State Bureau of Investigation, the number of drug-related arrests by state and local authorities increased 19 percent from 1994 through 1999, despite a slight decrease in 1999. (See Table 1 on page 5.) The number of arrests for possession or sale/manufacturing of cocaine or opium fluctuated during the 6-year period. The number of arrests for possession or sale/manufacturing of marijuana increased over 47 percent from 1994 through 1999. (See Table 4 on page 11.)

In 2000 the percentage of federal sentences for drug-related offenses was higher than the national percentage. According to the U.S. Sentencing

Commission (USSC), 46.6 percent of all federal sentences in North Carolina in FY2000 were drug-related compared with 39.8 percent nationwide. The number of sentences related to cocaine, marijuana, and heroin fluctuated from FY1996 to FY2000 while the number of methamphetamine-related sentences increased dramatically. While calendar year (CY) and FY data sets cannot be directly compared, FY data reflect similar trends to CY data used throughout this report.

Treatment and survey data indicate that drugs are commonly abused in North Carolina. According to the North Carolina Department of Health and Human Services, statewide treatment admissions

**Table 1. Drug-Related Arrests
North Carolina, CY1994–CY1999**

Year	Arrests
1994	32,959
1995	35,226
1996	36,607
1997	41,823
1998	42,529
1999	39,118

Source: North Carolina State Bureau of Investigation.
Note: Includes possession or sale/manufacturing.

for cocaine, marijuana, methamphetamine, and heroin increased 27 percent from 69,343 in FY1996 to 88,370 in FY1999. According to the 1999 National Household Survey on Drug Abuse (NHSDA), approximately 5.8 percent of North Carolina residents surveyed reported having abused an illicit drug in the 30 days prior to the survey, comparable to the national average of 6.3 percent.

Cocaine

Cocaine, particularly crack, poses an extreme drug threat to North Carolina. Distribution and abuse of crack cocaine frequently are associated with violent crime throughout the state. Crack cocaine is readily available in the state. The number of treatment admissions for cocaine abuse increased 21 percent from fiscal year 1996 through fiscal year 1999. The number of cocaine-related deaths increased 12 percent from 1999 through 2000. Most of the powdered cocaine in North Carolina is transported into the state in commercial and private vehicles from Mexico and southwestern states. Additional quantities are transported into the state via package delivery services and on airplanes, buses, and passenger trains. Some cocaine is transported into North Carolina from other distribution areas in states such as Florida, Georgia, New York, and South Carolina. Most

powdered cocaine transported into the state is converted to crack. Mexican criminal groups are the primary transporters of powdered cocaine into and through North Carolina; however, African American, Caucasian, Jamaican, and Dominican criminal groups as well as outlaw motorcycle gangs transport powdered cocaine into the state. Mexican criminal groups are the dominant wholesale distributors of powdered cocaine in North Carolina. To a lesser extent, African American, Caucasian, Jamaican, and Dominican criminal groups as well as outlaw motorcycle gangs distribute wholesale quantities of powdered cocaine in the state. Caucasian and Hispanic local independent dealers are the dominant retail distributors of powdered cocaine. African American gangs and local independent dealers dominate retail crack distribution.

Abuse

Cocaine, primarily crack cocaine, is widely abused in North Carolina. The rate of cocaine abuse in North Carolina is comparable to the national rate. According to the 1999 NHSDA, 1.9 percent of North Carolina residents surveyed

reported having abused cocaine in the past year compared with 1.7 percent nationwide.

The number of cocaine-related treatment admissions increased 21 percent from 14,848 in FY1996 to 17,935 in FY1999 and was higher

North Carolina Drug Threat Assessment

than the number of treatment admissions for any other illicit drug during those years, according to the North Carolina Department of Health and Human Services. Virtually all of the cocaine-related treatment admissions in the state were for crack cocaine. Treatment counselors report that crack cocaine is widely abused, relatively inexpensive, and highly addictive.

Table 2. Cocaine-Related Treatment Admissions, North Carolina, FY1996–FY1999

Fiscal Year	Admissions
1996	14,848
1997	16,830
1998	17,330
1999	17,935

Source: North Carolina Department of Health and Human Services.

The number of drug-related deaths involving cocaine in North Carolina increased from 1999 through 2000. According to the North Carolina medical examiner’s office, the number of deaths in which cocaine was a factor increased 12 percent from 65 in 1999 to 73 in 2000. In 1999 cocaine was present in nearly 32 percent of drug-related deaths reported by the medical examiner—this includes deaths attributed to antidepressant, barbiturate, cocaine, heroin/morphine, and multiple drug abuse. In 2000 cocaine was present in more than 30 percent of drug-related deaths.

Availability

Cocaine is readily available in North Carolina. Most of the powdered cocaine distributed in the state is converted locally into crack. Law enforcement authorities estimate that 75 to 80 percent of all powdered cocaine available in the state is converted to crack prior to retail distribution. Most law enforcement agencies responding to the

According to the Arrestee Drug Abuse Monitoring (ADAM) Program, 43.5 percent of adult male arrestees in Charlotte tested positive for cocaine in 2000.

Powdered cocaine and crack cocaine are abused throughout the state. Crack is the form of cocaine most commonly abused. Crack cocaine is commonly abused in low-income communities in rural and urban areas, although individuals in more affluent neighborhoods also abuse the drug. Law enforcement officers in Charlotte report that crack cocaine is abused in the city and its wealthier suburbs. Powdered cocaine abuse generally is concentrated in urban and rural areas where groups of friends congregate and abuse the drug in homes, bars, and nightclubs. Law enforcement authorities report that young adults from affluent neighborhoods sometimes abuse powdered cocaine combined with heroin, a practice known as speedballing, at nightclubs and raves.

Speedballing

Traditionally, speedballing referred to a method of administration that involved the injection of a mixture of cocaine and heroin. Recently, the term has been broadened and now refers more generally to the simultaneous use via injection or inhalation of a stimulant such as cocaine or methamphetamine with a depressant such as heroin, oxycodone, or hydrocodone.

National Drug Intelligence Center (NDIC) National Drug Threat Survey 2001 report that the level of cocaine availability, particularly crack, is high in their jurisdictions. More than three-fourths of all Organized Crime Drug Enforcement Task Force (OCDETF) investigations in North Carolina target the distribution of crack cocaine. Federal

law enforcement authorities in North Carolina seized 85.2 kilograms of cocaine in 1998, 70.8 kilograms in 1999, 207.5 kilograms in 2000, and 163.7 kilograms in 2001, according to Federal-wide Drug Seizure System (FDSS) data. The Raleigh Police Department reported 119 crack cocaine seizures and 24 powdered cocaine seizures from April through June 2001.

Most drug-related federal sentences in North Carolina are for offenses related to cocaine. According to USSC data, there were 505 cocaine-related federal sentences in FY2000 compared with 81 for marijuana, 60 for methamphetamine, 5 for heroin, and 11 for other drugs. The number of cocaine-related federal sentences fluctuated from FY1996 through FY2000 with 656 sentences in FY1996, 511 in FY1997, 451 in FY1998, 592 in FY1999, and 505 in FY2000.

Violence

Most violent crime in North Carolina results from the distribution and abuse of crack cocaine. Gangs and local independent dealers commit violent crimes including assaults and homicides to protect their turf or settle outstanding debts. Dealers also assault or murder customers who attempt to obtain crack cocaine without paying for it. The Greensboro Police Department reports that approximately 85 percent of the homicides in its

The price and purity of cocaine in North Carolina often vary by geographic location. According to local law enforcement officials, in 2001 a kilogram of powdered cocaine sold for \$18,000 in western areas of the state and \$30,000 in central areas of the state. Powdered cocaine sold for \$900 to \$1,200 per ounce, and crack cocaine sold for \$800 to \$1,000 per ounce. Powdered cocaine sold for approximately \$100 per gram, and crack sold for \$10 to \$25 per rock. According to estimates from the Drug Enforcement Administration (DEA), a rock of crack typically weighs one-tenth to one-half gram. According to the North Carolina State Bureau of Investigation, the purity of powdered and crack cocaine generally is between 20 and 80 percent.

jurisdiction are related to the distribution and abuse of crack cocaine. Abusers often commit property crimes, such as burglaries and robberies, to support their habits. The Fayetteville Police Department, in response to the NDIC National Drug Threat Survey 2001, reports that crack cocaine abusers commit most of the property crimes in its jurisdiction.

Production

Coca is not cultivated nor is cocaine produced in North Carolina. South America, particularly Colombia, is the primary source for the cocaine available in the United States.

Most of the crack sold in North Carolina is converted from powdered cocaine in the state. Distributors know that federal sentences for distribution or possession of crack are more stringent than for powdered cocaine. Consequently, they usually convert powdered cocaine into crack in

small quantities only as needed. African American criminal groups are responsible for most of the conversion of powdered cocaine to crack; however, the Montgomery County Sheriff's Office, in response to the NDIC National Drug Threat Survey 2001, reports that Mexican criminal groups in its jurisdiction also convert powdered cocaine to crack.

Transportation

Cocaine most commonly is transported to North Carolina from Mexico and southwestern states concealed in private vehicles or tractor-trailers. Trains, buses, airplanes, and package delivery services also are used, but to a lesser extent. Criminal groups often store cocaine in rural and urban areas in North Carolina on a temporary basis before transporting it into other areas. According to law enforcement officials, much of the cocaine transported into North Carolina is destined for New Jersey, New York, Pennsylvania, and Virginia. In February 2001, law enforcement officers in Liberty, North Carolina, seized 17 kilograms of powdered cocaine in 1 day and arrested three Mexican criminals. The Liberty Police Department reports that at least one-half of the cocaine seized was destined for northeastern states.

Mexican criminal groups are the dominant transporters of cocaine into and through North Carolina; however, African American, Caucasian, Jamaican, and Dominican criminal groups as well as OMGs also transport cocaine into the state. Mexican criminal groups generally transport larger quantities of cocaine—typically 10 kilograms or more—than do other criminal groups. They use tractor-trailers to transport cocaine into North Carolina from Mexico, California, and southwestern states—primarily Texas. Cocaine, typically concealed among legitimate goods, usually is transported with at least one other drug such as marijuana or methamphetamine.

Mexican, African American, Caucasian, Jamaican, and Dominican criminal groups as well as OMGs commonly use private vehicles equipped with hidden compartments to transport cocaine into North Carolina. Most cocaine is transported from Mexico, California, and southwestern states. According to 2000 Operation Pipeline data, most of the powdered cocaine seized by law enforcement officials that was destined for North Carolina was in vehicles traveling east from Texas and California through Arkansas, Louisiana, and Mississippi. To a lesser extent, all

of these criminal groups transport cocaine from distribution centers in other states including Florida, Georgia, New York, and South Carolina. Cocaine is concealed in vehicles in a variety of ways. Law enforcement officers have seized cocaine that had been packed in luggage or hidden under car batteries, in gas tanks, in door panels, and in other false compartments. In October 2000 sheriff's deputies arrested two North Carolina men in Hancock County, Mississippi, and seized 2 kilograms of cocaine hidden in a door panel of the vehicle.

Jamaican and Dominican criminal groups often employ female associates, including wives and girlfriends, to transport cocaine into North Carolina in private vehicles. Law enforcement officers in Winston-Salem report that these criminal groups routinely employ African American women as couriers to transport powdered cocaine from Florida into Winston-Salem. These couriers usually transport 3 to 4 kilograms of cocaine per trip.

Cocaine sometimes is transported through North Carolina's major airports. Couriers strap small packages of cocaine under their clothing or conceal the drug in their luggage or shoes. Occasionally, transporters conceal the drug in body cavities or swallow condoms or balloons that contain cocaine. More creative methods also are used. In May 2001 a Jamaican male on a flight from Jamaica to Charlotte/Douglas International Airport transported more than 4 kilograms of powdered cocaine inside roasted yams wrapped in aluminum foil. After arriving in North Carolina, he flew to Massachusetts, where he was arrested.

Package delivery services, buses, and trains occasionally are used to transport small quantities of cocaine into North Carolina. In May 2001 law enforcement authorities in Rutherford County seized hollow belt buckles containing a total of one-quarter kilogram of powdered cocaine. The nine belt buckles, made from a plastic laminate, were inside a package sent to North Carolina

from Mexico. The Fayetteville Police Department and the Charlotte-Mecklenburg Police Department report that cocaine sometimes is transported into their jurisdictions by couriers on buses and passenger trains.

African American criminal groups transport limited quantities of crack cocaine into the state, primarily in private vehicles. The Asheville Buncombe Metropolitan Enforcement Group, located in Asheville and composed of state, local, and county law enforcement, reported to the NDIC National Drug Threat Survey 2001 that African American criminal groups purchase crack in Georgia and South Carolina and transport the drug into Buncombe County. To a lesser extent, couriers transport crack into North Carolina on passenger buses and trains.

Durham Individuals Arrested for Cocaine and Heroin Trafficking

In March 2002 local law enforcement officials in Durham arrested two individuals and charged them with cocaine and heroin trafficking. The arrests came after investigators stopped a vehicle and raided a house as a result of the traffic stop. Investigators confiscated 754 grams of crack cocaine with an estimated street value of \$40,000, 24.5 grams of heroin, 63 grams of marijuana, four handguns, and six vehicles. Investigators found one of the guns within reach of a 9-year-old child. In addition to the drug offenses, the two arrested individuals were charged with misdemeanor child abuse. Law enforcement officers believe the drugs were to be distributed in the Durham area.

Source: Durham Police Department.

Distribution

Mexican criminal groups based in North Carolina are the dominant wholesale distributors of powdered cocaine in the state. They sell powdered cocaine in quantities ranging from ounces to kilograms. They generally distribute cocaine to gangs and local independent dealers of various races and ethnicities; however, in a small number of communities, they sell cocaine only to Hispanic dealers because they perceive those individuals to be more trustworthy.

African American, Caucasian, Jamaican, and Dominican criminal groups also distribute wholesale quantities of powdered cocaine in North Carolina. For example, Jamaican criminal groups occasionally supply wholesale quantities of powdered cocaine to African American dealers who convert it to crack. Dominican criminal groups sell wholesale and retail quantities of powdered cocaine to other Dominicans and occasionally sell crack cocaine to them.

Members of the Hells Angels, Outlaws, and Pagan's OMGs distribute powdered cocaine in some areas of North Carolina. OMG members

typically distribute wholesale quantities to female associates and members of smaller motorcycle gangs, and they rely on those individuals to handle retail distribution from businesses including bars, exotic dance clubs, and tattoo and motorcycle shops. In June 2000 the North Carolina State Bureau of Investigation arrested a member of the Pagan's OMG for distributing powdered cocaine in the Jacksonville area. They also seized a large quantity of firearms from businesses he owned, which included several tattoo and body piercing shops.

Caucasian and Hispanic local independent dealers are the primary retail distributors of powdered cocaine. They generally sell the drug to friends and acquaintances. Powdered cocaine is sold in homes, at private parties and nightclubs, and sometimes at local businesses. Law enforcement officers report that powdered cocaine occasionally is sold at rave parties and nightclubs to young individuals who abuse it in combination with heroin.

African American gangs such as and local independent dealers who sell rocks of crack

North Carolina Drug Threat Assessment

cocaine on street corners or in alleys, primarily in low-income communities, are the dominant retail crack distributors in North Carolina. Law enforcement authorities indicate that Mexican criminal groups also are beginning to sell small quantities of crack at the retail level. Crack cocaine dealers also sell the drug from houses or apartments to evade law enforcement detection. African American retail dealers sometimes employ young Caucasian females to hide crack cocaine on their person and stand nearby while the dealers sell crack. According to local law enforcement officials, these dealers believe that

young Caucasian females are less likely to be searched by law enforcement officers.

Crack cocaine sometimes is distributed in affluent communities where dealers arrange transactions with customers via telephone or pager. The Charlotte-Mecklenburg Police Department reports that crack cocaine is sold to suburbanites in one-eighth ounce units called eight balls and that dealers communicate with their customers via pager and telephone to arrange drug sales. The dealers and customers usually meet in large parking lots.

Marijuana

Marijuana is the most readily available and widely abused drug in North Carolina. Marijuana is abused by individuals of various ages in North Carolina. Outdoor cannabis cultivation is widespread in the state. Indoor cultivation occurs to a lesser extent. Mexican criminal groups, the dominant wholesale distributors of marijuana in the state, transport multiton shipments of Mexico-produced marijuana into North Carolina in tractor-trailers, primarily from Mexico and southwestern states. African

American, Caucasian, and Jamaican criminal groups and OMGs also transport marijuana produced in Mexico into North Carolina and distribute wholesale quantities. Caucasian and Mexican criminal groups also distribute wholesale quantities of marijuana produced in large outdoor grows in North Carolina. At the retail level marijuana is distributed by African American, Caucasian, and Hispanic gangs; OMGs; and local independent producers and dealers including students, homemakers, and businesspeople.

Abuse

Marijuana is the most widely abused illicit drug in North Carolina, and the drug is abused by individuals of all ages. According to the 1999 NHSDA, 4.7 percent of North Carolina residents reported having abused marijuana in the 30 days prior to the survey. The same figure was reported nationwide. The survey data also indicate that rates of marijuana abuse are highest among teenagers and young adults. Nearly 14 percent of North Carolina residents aged 18 to 25 surveyed reported having abused marijuana in the past month, while 6.8 percent of residents aged 12 to 17 surveyed reported the same. Of North Carolina residents aged 26 and older, 3.1 percent reported past month marijuana abuse.

The number of marijuana-related treatment admissions in North Carolina ranked second to the

Table 3. Marijuana-Related Treatment Admissions, North Carolina, FY1996–FY1999

Fiscal Year	Admissions
1996	7,285
1997	9,382
1998	11,150
1999	12,382

Source: North Carolina Department of Health and Human Services.

number of cocaine-related admissions each year from FY1996 through FY1999. Marijuana-related treatment admissions increased 70 percent from 7,285 in FY1996 to 12,382 in FY1999, according to the North Carolina Department of Health and Human Services. (See Table 3 on page 10.)

According to 2000 ADAM data, 44.2 percent of adult male arrestees tested positive for marijuana. Marijuana abuse was highest among male arrestees under 21 years of age; 84.4 percent of arrestees under 21 tested positive for marijuana.

Availability

Marijuana produced in Mexico or in North Carolina is readily available. Mexico-produced marijuana is relatively inexpensive and has a low THC (tetrahydrocannabinol) content (average 3.3%). According to local law enforcement, in 2001 a pound of Mexico-produced marijuana sold for \$600 to \$1,000 in North Carolina. A pound of marijuana produced from cannabis cultivated outdoors in North Carolina sold for \$600 to \$900. In North Carolina cannabis plants cultivated indoors using hydroponic operations usually yield marijuana with a higher THC content that is significantly more expensive. A pound generally sold for \$2,400 in 2001.

The number of marijuana-related arrests was dramatically higher in 1999 than in 1994, particularly among juveniles. According to the North Carolina State Bureau of Investigation, juvenile arrests for marijuana possession likewise were significantly higher in 1999 than in 1994.

Table 4. Marijuana-Related Arrests North Carolina, CY1994–CY1999

Year	Arrests
1994	15,476
1995	17,462
1996	19,266
1997	22,924
1998	22,662
1999	22,728

Source: North Carolina State Bureau of Investigation.
Note: Includes possession or sale/manufacturing.

Table 5. Juvenile Marijuana-Related Arrests North Carolina, CY1994–CY1999

Year	Arrests
1994	1,532
1995	2,286
1996	2,684
1997	3,173
1998	2,932
1999	3,004

Source: North Carolina State Bureau of Investigation.
Note: Includes possession.

The amount of marijuana seized in the state increased dramatically from 1998 through 2001. Federal law enforcement authorities in North Carolina seized 801 kilograms of marijuana in 1998, 2,301 kilograms in 1999, 4,885 kilograms in 2000, and 3,826.8 kilograms in 2001, according to FDSS data. Additionally, the number of cannabis plants seized by state and local authorities increased 36 percent from 29,753 in 1999 to 40,464 in 2000.

The number of marijuana-related federal sentences in North Carolina ranked second to cocaine-related federal sentences from FY1996 through FY2000. According to USSC data, the number of marijuana-related federal sentences fluctuated from FY1996 through FY2000, with 113 in FY1996, 72 in FY1997, 79 in FY1998, 124 in FY1999, and 81 in FY2000.

Violence

Cannabis growers take extreme measures intended to injure or kill intruders on cultivation sites. Cannabis growers frequently protect their grows by booby trapping them with explosives, trip-wired firing devices, and pits dug in the ground. The perimeters of cultivation sites frequently are littered with shards of glass and wooden boards with upright nails. Cultivation sites may also be guarded

by aggressive dogs such as pit bulls. Law enforcement authorities report that weapons, usually firearms, are seized frequently from the homes of cannabis growers. Officials from the Asheville Buncombe Metropolitan Enforcement Group, in response to the NDIC National Drug Threat Survey 2001, report that cannabis growers frequently place animal traps among cannabis plants.

Production

Cannabis cultivation is widespread in North Carolina. Outdoor cannabis cultivation is more common than indoor cultivation because of the state’s long growing season, temperate climate, and rural areas that allow growers to conceal cultivation sites. Cannabis growers frequently use federal forest land, particularly in western North Carolina, to minimize the risk of personal property seizures if the plots are seized by law enforcement. Mexican and Caucasian criminal groups are the primary cultivators of outdoor cannabis. Reporting from law enforcement officials indicates that cannabis cultivation is widespread in areas including the Pisgah and Nantahala National Forests in the western part of the state. Outdoor cultivation sites in North Carolina are larger than before, according to law enforcement authorities. In July 2001 state and local law enforcement authorities seized more than 23,000 cannabis plants, ranging in size from seedlings to 9-foot-tall plants, from a large field that covered nearly 2 acres in Chatham County. This cannabis cultivation site was one of the largest ever seized in North Carolina.

requires the grower to regulate light, heat, humidity, and fertilizer. Caucasian and African American independent producers are the primary cultivators of cannabis using hydroponic techniques.

Four Illegal Immigrants Arrested

In March 2002 local law enforcement officials arrested four individuals in Randolph County and seized approximately 1 kilogram of cocaine and more than 52 pounds of marijuana following a tip from an informant. The individuals were illegal immigrants believed to be from Mexico.

The informant's tip led to a traffic stop and a joint investigation by the vice and narcotics units of the Randolph County Sheriff's Office, the High Point Police Department, the Guilford County Sheriff's Office, and the Asheboro Police Department.

Based on the information, officers stopped and searched a minivan and seized approximately 1 kilogram of cocaine. After receiving consent from the suspects, officers searched a residence and seized 52.5 pounds of marijuana from a van that was parked at the residence.

All four individuals were charged with felony drug charges.

Source: Randolph County Sheriff's Office.

Transportation

Mexican criminal groups are the dominant transporters of Mexico-produced marijuana into North Carolina. They primarily use tractor-trailers to transport multiton quantities of marijuana concealed among legitimate goods such as produce, furniture, and other items from Mexico and southwestern states. Law enforcement officials report that tractor-trailers carrying 1,000 pounds or more of marijuana are increasingly common. In March 2001 law enforcement authorities in Rowan County seized over 4 tons of marijuana from a tractor-trailer that was destined for a farmhouse in the county. The seizure was one of the largest marijuana seizures in North Carolina history.

North Carolina Legislators Stiffen Marijuana Laws

In 1999 North Carolina state legislators enacted a law making possession of 10 or more pounds of marijuana a felony offense. The change was in response to an increasing number of marijuana shipments totaling 1,000 pounds or more that were being transported into the state.

Source: North Carolina Governor's Crime Commission.

Mexican, African American, Caucasian, and Jamaican criminal groups also transport marijuana in private vehicles. These criminal groups transport Mexico-produced marijuana directly from Mexico and southwestern states. They also transport marijuana from Georgia, South Carolina, and Tennessee. Transporters conceal marijuana in luggage or in false compartments and sometimes smear marijuana packages with food or liquid soap to conceal the distinctive odor. In May 2001 a sheriff's deputy in Harrison County, Mississippi, seized 35 pounds of marijuana from a private vehicle and arrested two Mexican individuals who claimed to be traveling from Edinburg, Texas, to Charlotte. The marijuana was wrapped in packing tape and concealed in the gas

tank, which contained two compartments: one for gasoline and one for contraband. In April 2001 a Louisiana state trooper arrested an individual driving a vehicle from Texas to North Carolina and seized 62 pounds of marijuana hidden in luggage in the trunk. The marijuana was wrapped in clear cellophane, smeared with mustard, and wrapped again with fabric softener sheets.

Marijuana Smuggled Through South Carolina Port

Guilford County sheriff's deputies seized nearly 3,000 pounds of marijuana and arrested five individuals in December 2000 in Greensboro. The marijuana had been smuggled on a ship arriving at the Port of Charleston, South Carolina, from Mexico and was concealed in a container among packages of napkins and detergent. The marijuana had been transported into North Carolina by truck.

Source: *Associated Press*, 5 December 2000.

Criminal groups, particularly Jamaican, also transport marijuana into North Carolina on commercial airlines, employing couriers who conceal the drug in their luggage or strap packages of it under their clothing. The DEA San Diego Division reports that San Diego is a principal distribution hub for marijuana produced in Mexico supplied to Jamaican criminal groups in the southeastern United States. Mexican DTOs based in Mexico supply marijuana to Jamaican criminal groups in San Diego who then distribute the drug to other Jamaican criminal groups in North Carolina and other southeastern states. Jamaican criminal groups in North Carolina often falsely market Mexico-produced marijuana as Jamaican marijuana because Jamaican marijuana is reputed to be more potent and is, therefore, more expensive. Marijuana produced in Mexico sells for about \$400 per pound in San Diego but sells for as much as \$2,400 per pound as Jamaican marijuana in North Carolina.

North Carolina Drug Threat Assessment

Mexican, African American, and Caucasian criminal groups also transport marijuana into North Carolina from southwestern states via package delivery services. According to 2000 Operation Jetway data, law enforcement authorities in North Carolina seized at least 19 packages that contained multipound quantities of marijuana. The packages were sent from Texas and California, and most were destined for Charlotte. According to the Charlotte-Mecklenburg Police Department, approximately one-half of the packages were sent to members of Mexican criminal groups, and approximately one-half were sent to members of African American criminal groups.

Mexican, African American, and Caucasian criminal groups also transport marijuana into the state on buses and passenger trains. In December 2000 Davidson County sheriff's deputies stopped a bus traveling from Texas to North Carolina and seized 80 pounds of marijuana in a duffel bag. None of the passengers admitted to owning the bag. According to law enforcement authorities, the passengers were Mexican migrant workers traveling from Texas to North Carolina for employment.

Unknown quantities of marijuana produced in North Carolina are transported out of the state in private vehicles and via package delivery services into urban and rural areas in Georgia, South Carolina, Tennessee, and Virginia.

Distribution

In North Carolina Mexican criminal groups are the primary wholesale distributors of marijuana produced in Mexico. African American, Caucasian, and Jamaican criminal groups also distribute wholesale quantities of Mexico-produced marijuana. All of these criminal groups distribute marijuana to gang members and local independent dealers; they also distribute some marijuana at the retail level. These criminal groups sell marijuana to dealers of other races and ethnicities; however, in a small number of communities, they distribute marijuana only within their own ethnic group because they distrust outsiders. OMG members sell wholesale quantities to members of smaller motorcycle gangs and female associates who handle retail distribution.

Cannabis growers who cultivate large outdoor plots—usually Caucasian and Mexican criminal groups—sell wholesale quantities of locally produced marijuana to gang members and local independent dealers and occasionally sell retail quantities. Growers who cultivate small amounts of cannabis in their homes or tend small plots—usually Caucasian and African American independent dealers—abuse the drug themselves or sell it to friends, family members, and associates.

At the retail level marijuana is distributed by African American, Caucasian, and Hispanic gangs; OMGs; and local independent producers and dealers including students, homemakers, and businesspeople. Law enforcement authorities report that marijuana is sold at various locations such as open-air drug markets; parking lots; bars and nightclubs; college, high school, and middle school campuses; and businesses and private homes. Law enforcement authorities report that high school students, in particular, are becoming increasingly involved in retail marijuana distribution on and near school grounds. In April 2001, law enforcement officers in Chapel Hill arrested a high school student who had concealed small plastic bags of marijuana in a sock that he had hidden in his pants. Law enforcement officers report that the student intended to sell the marijuana to other students on school grounds.

Methamphetamine

Methamphetamine is an increasing threat to North Carolina. Law enforcement authorities in areas of western North Carolina report that methamphetamine has replaced crack cocaine in some counties as the principal drug threat because it is increasingly available and abused, is less expensive, and produces longer-lasting effects. The number of methamphetamine-related federal sentences increased dramatically from FY1996 through FY2000. Most of the methamphetamine available in North Carolina is produced in Mexico, California, and southwestern states using the hydriodic acid/red phosphorus method and transported into the state. Small quantities of the drug are produced

in North Carolina, particularly in western counties, using the Birch reduction and iodine/red phosphorus methods. The number of methamphetamine laboratories seized each year by law enforcement authorities has increased since 1999. Mexican and Caucasian criminal groups and OMGs transport methamphetamine into the state from Mexico, California, and southwestern states and are the dominant wholesale distributors of the drug. Mexican and Caucasian criminal groups as well as Caucasian local independent dealers, OMGs, and methamphetamine producers are the dominant retail distributors of the drug.

Abuse

Methamphetamine abuse is increasing in North Carolina. According to the North Carolina Department of Health and Human Services, the number of methamphetamine-related treatment admissions increased from 57 in FY1996 to 135 in FY1999. During that period methamphetamine-related treatment admissions were outnumbered by admissions associated with abuse of cocaine, marijuana, and heroin.

enforcement officials in some western counties report that methamphetamine has replaced crack cocaine as the greatest drug threat. Law enforcement officers in McDowell County report that many crack abusers started abusing methamphetamine

Table 6. Methamphetamine-Related Treatment Admissions, North Carolina, FY1996–FY1999

Fiscal Year	Admissions
1996	57
1997	69
1998	130
1999	135

Source: North Carolina Department of Health and Human Services.

Most methamphetamine abusers in North Carolina are Caucasians living in rural areas. Generally, rates of methamphetamine abuse are highest in western North Carolina, which is mostly rural. Law

Stages of Methamphetamine Abuse

Methamphetamine abuse is characterized by three patterns of abuse: low intensity, binge, and high intensity. Low-intensity abusers usually swallow or snort methamphetamine as an appetite suppressant or to provide extra stimulation for work or play. Binge abusers smoke or inject methamphetamine and experience euphoric rushes that are highly addictive. The most dangerous stage of a binge cycle is known as tweaking. Typically, during this stage, the abuser has not slept in several days and is irritable and experiencing feelings of paranoia. The tweaker has an intense methamphetamine craving; however, no dosage will recreate the euphoric high the tweaker seeks. High-intensity abusers are the addicts often called speed freaks. Their goal is to prevent the crash associated with coming down from a methamphetamine high, but they experience declining euphoria each time they ingest methamphetamine due to increased tolerance.

North Carolina Drug Threat Assessment

after law enforcement dismantled a large crack cocaine distribution ring in February 2000.

Although methamphetamine is abused most commonly in rural areas, law enforcement officers report that young individuals at rave parties and nightclubs in urban areas also abuse methamphetamine. Young people are attracted to the drug because of its euphoric effects and because the drug can keep them awake for prolonged periods.

The Raleigh Police Department, in response to the NDIC National Drug Threat Survey 2001, reports that methamphetamine primarily is abused by young individuals in that city.

The rate of methamphetamine abuse among adult male arrestees in North Carolina is low. According to ADAM data, approximately 1.4 percent of adult male arrestees in Charlotte in 2000 tested positive for methamphetamine.

Availability

The availability of methamphetamine is increasing in North Carolina. Most of the methamphetamine available in the state is produced in Mexico by Mexican DTOs and in California and southwestern states by Mexican criminal groups. Mexican criminal groups transport methamphetamine into North Carolina. The Hickory Police Department, in response to the NDIC National Drug Threat Survey 2001, reports that the availability of methamphetamine transported into its jurisdiction by Mexican criminal groups is increasing.

The availability of methamphetamine produced in local laboratories in North Carolina also is increasing particularly in western counties. The North Carolina State Bureau of Investigation reports that the number of methamphetamine laboratories seized each year is increasing; law enforcement officers seized 15 laboratories from June 2000 to June 2001. Prior to 1999 officers seized only two to three methamphetamine laboratories per year.

Methamphetamine prices in North Carolina are relatively stable. According to local law enforcement, wholesale quantities of methamphetamine produced in Mexico and southwestern states sold for \$12,000 to \$15,000 per pound in 2001. Wholesale quantities of locally produced methamphetamine are not available in the state. At the retail level methamphetamine produced in Mexico, California, and southwestern states and in local laboratories sold for about \$100 per gram in 2001.

**Large Methamphetamine Seizure
in Rowan County**

In October 2001, federal and county law enforcement officials raided a mobile home in Rowan County and seized 27 pounds of methamphetamine, one of the largest seizures of the drug in North Carolina history. Seven individuals were arrested and charged with multiple drug offenses. The seven individuals are reported to be family members from Mexico, and an eighth suspect is believed to have fled to Mexico, officials said. Officials also seized 21 pounds of marijuana, two automobiles, a .45 caliber pistol, and \$4,400 in cash.

Source: DEA; Rowan County Sheriff's Office.

The quantity of methamphetamine seized by federal law enforcement officers in North Carolina has remained relatively stable since 1998. Federal authorities seized 8 kilograms of methamphetamine in 1998, 5 kilograms in 1999, 5 kilograms in 2000, and 18 kilograms in 2001, according to FDSS data.

The number of methamphetamine-related federal sentences has increased significantly in North Carolina. Methamphetamine-related federal sentences ranked third behind cocaine and marijuana from FY1996 through FY2000. The number of methamphetamine-related federal sentences fluctuated from FY1996 through FY2000, according to USSC data. There were 16 federal sentences for methamphetamine-related offenses in FY1996, 31 in FY1997, 23 in FY1998, 30 in FY1999, and 60 in FY2000.

Violence

Methamphetamine abusers in North Carolina have committed a number of domestic violence crimes including spousal abuse and child neglect. Methamphetamine abuse can induce anxiety, insomnia, paranoia, hallucinations, mood swings, and delusions. Abusers often commit violent crimes while in the binge cycle, known as tweaking. The tweaker's intense craving for more methamphetamine often leads to unpredictable behavior and violence. Law enforcement officers report that methamphetamine tweakers frequently are aggressive toward family members, physically harming their partners and children. Children of methamphetamine abusers or producers often are

neglected or injured as a result of their parents' or guardians' addictions and lifestyles.

Weapons commonly are seized at methamphetamine laboratories in the state. Federal, state, and local law enforcement officials have seized laboratories containing large arsenals of weapons including AK-47 rifles, fully automatic submachine guns, and homemade explosives.

Violence attributed to methamphetamine distribution generally is limited to western North Carolina where the drug is most prevalent. In October 2001 officials at the Watauga County Sheriff's Department reported there had been some drive-by shootings in the county related to methamphetamine distribution.

Production

Methamphetamine is produced in North Carolina using the Birch reduction method and, to a lesser extent, the iodine/red phosphorus method. (See Text Box.) Laboratory operators are primarily low- and middle-income Caucasian individuals who work independently, producing small quantities of methamphetamine for personal use. They sell small amounts of methamphetamine in order to fund further production. Reporting from law enforcement officials indicates that methamphetamine production laboratories frequently are located in the mountains and woods of western and central North Carolina.

Methamphetamine production requires chemicals that are relatively easy to purchase or manufacture. Pseudoephedrine is contained in many over-the-counter cold medications. In order to avoid suspicion created by large purchases of these medications, methamphetamine producers in North Carolina sometimes employ couriers to make small purchases at several different stores, a method commonly known as smurfing. Law

MSM Used as a Cutting Agent

MSM, the common commercial name for the chemical methylsulfonylmethane, also is known as methylsulfone and dimethylsulfone (DMSO₂).

As a cutting agent for methamphetamine, MSM offers many advantages. Pure MSM is an odorless, white, crystalline powder that is highly soluble and mixes readily with most substances without leaving a residue. MSM usually is added to methamphetamine during the final stages of production. Methamphetamine cut with MSM often appears to be uncut because after the chemicals are combined and the mixture cools, the MSM recrystallizes, resembling pure methamphetamine.

MSM is readily available in powder and tablet forms at livestock feed and equine tack stores, "super" pet food chains, warehouse stores, human nutrition centers, and upscale grocery stores. MSM is available through mail order equine and veterinary supply catalogs and on numerous Internet sites.

Methamphetamine Production Methods

Ephedrine/Pseudoephedrine Reduction:

- **Hydriodic acid/red phosphorus.** The principal chemicals are ephedrine or pseudoephedrine, hydriodic acid, and red phosphorus. This method can yield multipound quantities of high quality d-methamphetamine and often is associated with Mexican drug trafficking organizations.
- **Iodine/red phosphorus.** The principal chemicals are ephedrine or pseudoephedrine, iodine, and red phosphorus. The required hydriodic acid in this variation of the hydriodic acid/red phosphorus method is produced by the reaction of iodine in water with red phosphorus. This method yields high quality d-methamphetamine. Another iodine/red phosphorus method, limited to small production batches, is called the cold cook method because the chemicals, instead of being heated, are placed in a hot environment such as in direct sunlight.
- **Iodine/hypophosphorous acid.** The principal chemicals are ephedrine or pseudoephedrine, iodine, and hypophosphorous acid. The required hydriodic acid in this variation of the hydriodic acid/red phosphorus method is produced by the reaction of iodine in water with hypophosphorous acid. Known as the Hypo method, this method yields lower quality d-methamphetamine. Hypophosphorous acid is more prone than red phosphorus to cause a fire and can produce deadly phosphine gas.
- **Birch.** The principal chemicals are ephedrine or pseudoephedrine, anhydrous ammonia, and sodium or lithium metal. Also known as the Nazi method, this method typically yields ounce quantities of high quality d-methamphetamine and often is used by independent dealers and producers.

Phenyl-2-propanone:

- **P2P.** The principal chemicals are phenyl-2-propanone, aluminum, methylamine, and mercuric acid. This method yields lower quality dl-methamphetamine and has been associated with outlaw motorcycle gangs.

enforcement officers report that some unscrupulous store owners have sold large amounts of pseudoephedrine to methamphetamine producers. Law enforcement officials report that methamphetamine producers purchase large cylinders of anhydrous ammonia—used legally as a fertilizer—from industrial gas supply companies, or they steal anhydrous ammonia from local farms. Starter fluid, lithium batteries, and drain cleaner also are used in the Birch reduction method and are relatively easy to purchase in retail stores. Red phosphorus is purchased at chemical supply stores, or it can be scraped from the striker plates of road flares or matchbooks. Producers obtain iodine crystals at local veterinary supply stores or sometimes make them by mixing tincture of iodine with hydrogen peroxide in glass jars.

Methamphetamine producers in North Carolina usually use one of two cutting agents: MSM (methylsulfonylmethane) or powdered niacin. MSM is a nonregulated veterinary food supplement, and powdered niacin is a dietary supplement.

Methamphetamine production poses serious safety and environmental concerns. The production process creates toxic and hazardous waste that endangers the public and the environment. Methamphetamine laboratories produce 5 to 7 pounds of toxic waste for every pound of methamphetamine produced. Most toxic residue from methamphetamine production is dumped near the laboratory, contaminating soil and groundwater and killing vegetation. Methamphetamine laboratory cleanup costs can range from several thousand dollars to millions of dollars, imposing a strain on state and local agency resources.

Transportation

Mexican and, to a lesser extent, Caucasian criminal groups based in North Carolina purchase methamphetamine in Mexico, California, and southwestern states and transport the drug into the state primarily in commercial and private vehicles. OMG members also occasionally transport methamphetamine into North Carolina. Mexican and Caucasian criminal groups frequently transport 5 to 10 pounds of methamphetamine at a time concealed among legitimate products—including produce and furniture—in tractor-trailers. Mexican criminal groups frequently transport methamphetamine with larger shipments of cocaine and marijuana. Law enforcement officials report that Mexican criminal groups sometimes hire long-haul truck drivers, normally Caucasians, to transport methamphetamine along with their legitimate

cargo into North Carolina from California and southwestern states. These truck drivers are paid only to transport the drug and generally do not sell methamphetamine; however, officials report there are a number of commercial truck drivers who transport and sell the drug.

Methamphetamine also is transported into the state via package delivery services, primarily from southwestern states. In December 2000, law enforcement authorities in Durham seized a package that contained 16 pounds of methamphetamine. The package had been sent from Arizona and was destined for distribution in Durham. In October 2001, officials at the Ashe County Sheriff's Office reported that methamphetamine was transported into the area primarily via package delivery services from Phoenix, Arizona.

Distribution

Mexican criminal groups that distribute cocaine and marijuana in the state are also the primary wholesale distributors of methamphetamine produced in Mexico, California, and southwestern states. They sell multipound quantities of methamphetamine to Mexican and Caucasian retail distributors and frequently conduct retail distribution themselves. Commercial truck drivers—Caucasians in particular—also sell wholesale quantities of methamphetamine. They generally sell to other Caucasian dealers for retail distribution or sell retail quantities themselves.

Historically, OMGs produced and distributed methamphetamine in North Carolina. However, OMGs in North Carolina ceased producing

methamphetamine within the past 10 to 15 years and now rely on Mexican DTOs and Mexican criminal groups for their methamphetamine supply. OMGs in North Carolina use their out-of-state chapters to build relationships with methamphetamine suppliers in Mexico, California, and southwestern states. OMGs rely on others, including smaller motorcycle gangs, for retail distribution.

Methamphetamine is sold at the retail level in private homes, local businesses, bars, nightclubs, and at truck stops. It is frequently sold in small plastic bags or wrapped in pieces of cellophane that are sealed with duct tape. Methamphetamine rarely is sold at open-air drug markets.

Heroin

Heroin availability and abuse are generally low to moderate in most areas of North Carolina. Heroin is available and abused most commonly in urban areas and is rarely available in rural areas. Most heroin abusers in North Carolina are older, chronic abusers who inject the drug. However, since the 1990s when high purity South American heroin became available, a younger, middle-class population has begun to abuse the drug. High purity heroin allows abusers to effectively snort or smoke the drug and avoid the health hazards and social stigma associated with injecting drug

use. South American heroin is the type most commonly available and abused in North Carolina, although Mexican black tar heroin also is distributed and abused in a few parts of the state. African American, Caucasian, and Mexican criminal groups transport relatively small amounts of heroin into North Carolina primarily in private and commercial vehicles. These criminal groups sell retail quantities directly to abusers or to African American, Caucasian, and Hispanic gang members and local independent dealers who conduct further retail distribution.

Abuse

The number of heroin-related treatment admissions in North Carolina has increased. Admissions increased from 1,683 in FY1996 to 2,298 in FY1999, ranking third behind admissions for cocaine and marijuana during that period, according to the North Carolina Department of Health and Human Services. The rate of heroin abuse is stable among older, longtime abusers in North Carolina, but the number of younger abusers has increased.

Rates of heroin abuse among adult male arrestees are low. According to ADAM data, approximately 1.9 percent of adult male arrestees in Charlotte in 2000 tested positive for heroin.

Table 7. Heroin-Related Treatment Admissions North Carolina, FY1996–FY1999

Fiscal Year	Admissions
1996	1,683
1997	1,816
1998	2,006
1999	2,298

Source: North Carolina Department of Health and Human Services.

Heroin overdoses are increasing in North Carolina. According to the state medical examiner, there were 27 deaths in 2000 in which heroin was the primary cause of death and 34 in 2001. According to law enforcement officials, abuse of high purity South American heroin is at least partially responsible for the increasing number of overdoses. Law enforcement officials report that heroin overdoses were virtually nonexistent until the mid-1990s when high purity South American heroin became available.

High purity South American heroin is attracting a younger, middle-class abuser population in North Carolina. Most heroin abusers in North Carolina are longtime abusers who inject the drug; however, law enforcement officials in some areas report that teenagers and young adults are increasingly abusing high purity heroin that can be effectively snorted or smoked. Law enforcement officers in Winston-Salem report that heroin abuse now includes 18- to 28-year-old users as well as longtime, older abusers. By snorting or smoking heroin, young abusers attempt to avoid the stigma associated with injection as well as diseases such as hepatitis C and AIDS (acquired immunodeficiency syndrome) that can be spread by sharing needles. Some young abusers also believe that

snorting and smoking heroin are less risky methods of administering the drug. They sometimes abuse heroin at rave parties and nightclubs often

combining it with powdered cocaine, a practice called speedballing.

Availability

Heroin availability is generally low to moderate in most areas of North Carolina. Heroin is most commonly available in urban areas such as Charlotte, Gastonia, Durham, High Point, and Wilmington and is rarely available in rural areas. The Durham Police Department, in response to the NDIC National Drug Threat Survey 2001, reports that heroin is widely available. White powdered heroin, produced in South America, is the type most commonly available in the state. Limited amounts of Mexican black tar heroin also are available in areas such as Hickory Lane.

The amount of heroin seized in North Carolina was low from 1998 to 2001. According to FDSS data, federal authorities seized no heroin in 1998, 0.7 kilogram in 1999, 2.9 kilograms in 2000, and no heroin in 2001.

The number of heroin-related federal sentences in North Carolina remained low and ranked far behind the number of sentences for cocaine, marijuana, and methamphetamine in FY2000. The

number of heroin-related federal sentences fluctuated from FY1996 to FY2000, according to USSC data. There were 18 heroin-related sentences in FY1996, 7 in FY1997, 28 in FY1998, 16 in FY1999, and 5 in FY2000.

Heroin purity at the retail level in North Carolina is relatively high and heroin prices have been stable for several years. The North Carolina State Bureau of Investigation reports that heroin purity ranges from 25 to 70 percent. At the street level, heroin is sold in “bindles,” small pieces of aluminum foil or cellophane that contain one-tenth gram or less. According to local law enforcement authorities, a bindle sold for \$25 to \$35 in 2001. Bindles typically are stamped with a logo or a brand name, including spider webs, scorpions, Aleve, JADA, and Tommy Hilfiger. Heroin distributors in North Carolina also sell heroin in “bundles”—10 bindles packaged together. A heroin bundle generally sells for \$200 in North Carolina.

Violence

There are isolated incidents of heroin-related violence in North Carolina. Heroin abusers generally commit nonviolent property crimes to support their habits; however, heroin distributors sometimes engage in violence to protect their turf or

settle outstanding debts. In June 2001 one or more heroin dealers allegedly beat a Greensboro resident to death over money he owed to them for heroin, according to the Greensboro Police Department.

Production

Opium is not cultivated nor is heroin produced in North Carolina. Most of the heroin available in

North Carolina is produced in South America; some heroin produced in Mexico also is available.

Transportation

African American and Caucasian criminal groups based in North Carolina transport heroin into the state primarily in private vehicles. These criminal groups travel to heroin distribution centers such as New York, Philadelphia, and Miami, or they meet suppliers at rest stops along interstates in North Carolina and Virginia to purchase several bundles of heroin. Law enforcement authorities report that heroin commonly is transported into Durham, located close to I-85. Some heroin remains in Durham for local distribution, and some is transported daily from Durham into at least four other cities in North Carolina by teams consisting of an African American male and an African American female. These teams travel in private vehicles to Wilson, Rocky Mount, Fayetteville, and Greenville to deliver heroin to local dealers. In Wilmington where heroin is prevalent in the city's low-income housing projects, law enforcement officers report that African American heroin dealers travel to New York in private vehicles every 5 to 7 days to purchase 7 to 10 bundles of heroin, which they transport into Wilmington.

Heroin sometimes is transported into North Carolina using package delivery services, buses, and passenger trains. In February 2001, law enforcement authorities in Greensboro seized 900 grams of heroin and arrested a Caucasian male who arrived in Greensboro on a passenger train from New York. In October 2000, federal law enforcement officials seized 700 grams of heroin at a package delivery facility in Memphis, Tennessee. The package was sent from Panama and was addressed to a residence in Charlotte. Anecdotal

Distribution

Wholesale distribution of heroin is limited in North Carolina. African American, Caucasian, and Mexican criminal groups transport heroin into North Carolina in relatively small amounts. They then sell the drug to African American, Caucasian,

reporting from law enforcement officials indicates that couriers on buses also transport heroin into North Carolina from cities in northeastern states.

Mexican criminal groups that primarily transport powdered cocaine, marijuana, and methamphetamine into North Carolina sometimes transport relatively small amounts of heroin into the state. They usually conceal it among legitimate goods and transport it in tractor-trailers along with shipments of other illicit drugs. Mexican criminal groups also transport heroin concealed in false compartments in private vehicles.

Heroin abusers sometimes transport small amounts of the drug into North Carolina for their own use. The Nags Head Police Department, in response to the NDIC National Drug Threat Survey 2001, reports that heroin abusers travel by private vehicle to Virginia to purchase personal-use quantities of the drug.

North Carolina also is a transit state for heroin destined for other areas, primarily northeastern states. In May 2000 the North Carolina State Highway Patrol arrested two Hispanic individuals traveling on I-95 and seized 1.0 kilogram of heroin that was concealed under the back seat of their vehicle. The heroin was being transported from Miami to New Jersey. According to 2000 Operation Jetway data, federal law enforcement authorities seized 2.22 kilograms of heroin from a passenger's luggage on a commercial bus that had arrived in Fayetteville from Miami and was destined for New York.

and Hispanic gang members and local independent dealers who sell the drug at the retail level. In a small number of communities, these African American, Caucasian, and Mexican criminal

groups sell heroin only to their own ethnic group because they perceive others to be untrustworthy.

At the retail level African American, Caucasian, and Hispanic gang members and local independent dealers sell heroin at open-air drug markets and in homes, businesses, low income housing projects, and parking lots. Law enforcement authorities report that heroin is sold on a limited basis to teenagers and young adults at raves and dance clubs. The Wilmington Police

Department, in response to the NDIC National Drug Threat Survey 2001, reports that African American dealers sell heroin at open-air drug markets in low income neighborhoods. In more affluent areas local independent dealers frequently sell heroin indoors. Law enforcement officers in Durham report that retail quantities of heroin are frequently sold from several local businesses including small independent recording studios that may be fronts for distributing heroin.

Other Dangerous Drugs

Other dangerous drugs—including the stimulant MDMA; the depressant GHB and its analogs; the hallucinogens LSD, ketamine, and PCP; and diverted pharmaceuticals—are a growing threat to North Carolina. MDMA, GHB and its analogs, and hallucinogens are popular among young individuals in urban areas and college towns and are sold primarily by young Caucasian males on college campuses, at nightclubs, and at high energy,

all-night dance parties called raves. The diversion and abuse of pharmaceuticals, most notably Oxy-Contin, are growing problems in North Carolina. Law enforcement officers in several jurisdictions have conducted prescription fraud investigations, and thefts of pharmaceuticals are increasing. Thieves frequently target retail pharmacies, medical clinics, and nursing homes.

MDMA

MDMA (3,4-methylenedioxymethamphetamine) is an increasing threat to North Carolina. It is commonly distributed and abused in urban areas and college towns in the state. MDMA, also known as Adam, ecstasy, XTC, E, and X, is a stimulant and low level hallucinogen. MDMA was patented in 1914 in Germany where it was occasionally given to psychiatric patients to assist in psychotherapy. This practice was never approved by the American Psychological Association or the Food and Drug Administration.

Sometimes called the hug drug, MDMA purportedly helps abusers to be more “in touch” with others and “opens channels of communication.” However, abuse of the drug can cause psychological problems similar to those associated with methamphetamine and cocaine abuse including confusion, depression, sleeplessness, anxiety, and paranoia. The physical effects can include muscle tension, involuntary teeth clenching, blurred vision,

and increased heart rate and blood pressure. MDMA abuse also can cause a marked increase in body temperature leading to muscle breakdown, kidney failure, cardiovascular system failure, stroke, or seizure as reported in some fatal cases. Research suggests that MDMA abuse may result in long-term and sometimes permanent damage to parts of the brain that are critical to thought and memory.

Abusers ingest MDMA in tablet or capsule form. The onset of the drug’s effects takes approximately 30 to 45 minutes. Effects usually dissipate in 4 to 6 hours. Anecdotal reporting from law enforcement officials in urban areas and college towns indicates that young people are increasingly abusing MDMA. The Durham Police Department, in response to the NDIC National Drug Threat Survey 2001, reports that young individuals at raves increasingly abuse MDMA.

Seizure data indicate that MDMA is readily available in North Carolina. Federal law enforcement authorities seized 6,015 MDMA tablets at North Carolina's major airports in FY2001, according to EPIC. Additionally, there have been several MDMA seizures by local law enforcement agencies in North Carolina. In April 2001 the Greensboro Police Department seized 6,000 MDMA tablets and arrested a Caucasian male who arrived in Greensboro on a passenger train from New York. The tablets were concealed in a small box inside a duffel bag. In January 2001, law enforcement officers in Greensboro seized 6,000 MDMA tablets and arrested two males, an Israeli national and a Russian national, who traveled to Greensboro from New York by private vehicle. The tablets were concealed in the engine's air filter. In November 2000, officers from the Asheville Police Department, the Buncombe County Sheriff's Office, and the North Carolina State Bureau of Investigation seized more than 900 MDMA tablets from a private vehicle and arrested a young Caucasian male who planned to distribute the drugs in Buncombe County. In Charlotte law enforcement officers report that Asian gangs are becoming increasingly involved in retail sales of MDMA.

MDMA tablets are usually stamped with a logo or symbol. The Mercedes and the Mitsubishi logos are two of the most common MDMA logos in North Carolina. Law enforcement authorities typically seize MDMA tablets stamped with a Florida Gator, the University of Florida mascot; hearts; horses; butterflies; elephants; alligators; clowns; the Star of David; Buddhas; the Calvin Klein logo (CK); Dino, the Flintstones pet; Teletubby characters; Superman; the Pink Panther; Papa Smurf; and an angel-like figure blowing a horn, referred to as a Pied Piper. Law enforcement officials also have seized yellow MDMA tablets and beige tablets with dark brown flecks called chocolate chips. In 2001 in North Carolina, MDMA tablets sold for \$10 to \$12 each at the wholesale level and for \$18 to \$40 each at the retail level, according to local law enforcement.

Violence associated with the distribution and abuse of MDMA is minimal in North Carolina; however, a few police departments have reported that some MDMA distributors are gang members who also sell crack cocaine and commit violent crimes. The Charlotte-Mecklenburg Police Department reports that African American crack cocaine dealers have begun distributing MDMA in the city because of the drug's high profit margin. Additionally, law enforcement officers in Charlotte report that members of Asian gangs distribute MDMA at nightclubs.

Most MDMA available in North Carolina is produced in Europe. According to DEA, laboratories in rural areas of the Netherlands and Belgium produce approximately 80 percent of the MDMA consumed worldwide. Laboratories have also been seized in Canada, Mexico, China, and increasingly in the United States.

There have been several attempts to produce MDMA in North Carolina. In February 2001 Greensboro law enforcement officers seized a laboratory that contained chemicals for producing MDMA and GHB. The operator, a Caucasian male, produced liquid MDMA; some of the drug was dried into powder, placed in empty gelatin capsules, and then distributed. Law enforcement officers reported that 1,000 MDMA capsules seized in Onslow County were produced in the laboratory in Greensboro. In November 2001 two Duke University students were charged with attempting to produce MDMA after they ordered chemicals used to make MDMA from a chemist in Texas. Law enforcement officers searched the students' dorm room and seized hydrochloric acid, sodium hydrochloride, cans of xylene and acetone, scales, and goggles.

Most MDMA is smuggled into the United States from Europe. Since the mid-1990s Israeli and Russian DTOs have dominated MDMA smuggling into the United States. They have established distribution hubs in Los Angeles, Miami, New York, Philadelphia, and Washington, D.C. From those distribution hubs, MDMA tablets are transported into North Carolina in private

vehicles, via package delivery services, and on trains and airplanes. Some MDMA also is transported into the state from Atlanta, Georgia, using the same modes.

MDMA generally is distributed in North Carolina at raves, dance clubs, nightclubs, and bars, often in urban areas or on university and college campuses. Most MDMA retail distributors are middle-class and upper-middle-class Caucasian males aged 18 to 30.

The distribution and abuse of MDMA are a significant problem among young military personnel in North Carolina. The U.S. Naval Criminal Investigative Service (NCIS) reports that approximately 98 percent of its drug investigations in North Carolina involve MDMA. A recent 1-year investigation by NCIS identified 70 marines at Camp Lejeune who were distributing or abusing MDMA. Some marines had distributed large quantities of tablets—30,000 to 75,000—during a 90-day period. NCIS also reports that the

Military Police Charged With MDMA Distribution and Abuse

Two military policemen face courts-martial on charges of distributing and abusing MDMA after a 2-month investigation by the U.S. Army. One soldier was charged with three counts of MDMA distribution and one count of MDMA abuse. The second soldier was charged with one count of MDMA distribution and one count of MDMA abuse.

Source: *Associated Press*, 6 July 2001.

number of marines testing positive for MDMA in random drug screenings has increased. The Wilmington Police Department, in response to the NDIC National Drug Threat Survey 2001, reports that undercover operatives have purchased MDMA and GHB at several bars in downtown Wilmington. Most of the distributors were military personnel from Camp Lejeune.

GHB and Analogs

The availability and abuse of GHB (gamma-hydroxybutyrate) and its analogs—GBL, BD, GHV, and GVL—also are increasing in North Carolina.

GHB Analogs	
Analog	Chemical/Alternative Name
GBL	gamma-butyrolactone furanone di-hydro dihydrofuranone
BD	1,4-butanediol tetramethylene glycol sucol-B butylene glycol
GVL	gamma-valerolactone 4-pentanolide
GHV	gamma-hydroxyvalerate methyl-GHB

GHB analogs are drugs that possess chemical structures that closely resemble GHB, a central

nervous system depressant. GHB and its analogs are also known as liquid ecstasy, soap, scoop, Georgia homeboy, grievous bodily harm, liquid X, and goop. At lower doses they cause drowsiness, dizziness, nausea, and visual disturbances. At higher doses unconsciousness, seizure, severe respiratory depression, and coma can occur. Because of their sedative properties, GHB and its analogs also have been used to facilitate sexual assaults throughout the nation.

GHB and its analogs are abused in North Carolina at raves, bars, nightclubs, and private parties, primarily by middle- and upper-class teenagers and young adults. The Greensboro Police Department, in response to the NDIC National Drug Threat Survey 2001, reports that GHB is commonly available in its jurisdiction. GHB and its analogs are usually a salty tasting white powder or clear liquid that is often dissolved in a drink to mask the taste. GHB, GBL, BD, GVL, or GHV are often referred to as date

rape drugs because they have been used to incapacitate victims to facilitate sexual assaults. When mixed with alcohol, they can cause a victim to lose consciousness for several hours. Within the first 3 months of 2001, six women in Onslow County reported being raped and had little recollection of the attacks. The Onslow County Sheriff's Department believes that the women unknowingly ingested GHB. GHB also has been linked to a number of overdoses in North Carolina. In the summer of 2000, six young people in Wilmington, ranging in age from late teens to early twenties, overdosed on GHB while partying together in an apartment. All six were treated at local hospitals and released.

GHB is produced by mixing GBL (gamma-butyrolactone) and sodium hydroxide. The process takes only a few minutes. In March 2000, law enforcement authorities in Mecklenburg

Three Young People Overdose on GHB

Three young people who were taken to a hospital in High Point on New Year's Day 2001 overdosed on GHB they had purchased at a comedy and dance club. A 16-year-old female and two 20-year-old males were unconscious and not breathing when they arrived at the hospital. They were treated and released the following day.

Source: *Associated Press*, 3 January 2001.

County seized a GHB laboratory. There were two 55-gallon drums, each containing 1,000 pounds of GBL, at the site. According to local law enforcement, retail distributors sold liquid GHB for \$5 per capful in North Carolina in 2001. Retail GHB and analog distributors are usually the same young Caucasian males who distribute MDMA.

LSD

LSD (lysergic acid diethylamide) distribution and abuse are low to moderate in most areas of North Carolina. LSD is abused most commonly by teenagers and young adults in urban areas. Also known as acid, boomers, and yellow sunshine, LSD induces abnormalities in sensory perceptions. The effects of LSD are unpredictable and depend upon the amount taken, the environment in which it is abused, and the abuser's mood, personality, and expectations. Abusers may feel the effects for up to 12 hours. The physical effects include dilated pupils, higher body temperature, increased heart rate and blood pressure, sweating, loss of appetite, nausea, numbness, weakness, insomnia, dry mouth, and tremors. Two long-term disorders associated with LSD are persistent psychosis and hallucinogen persisting perception disorder (flashbacks).

LSD typically is taken orally and is sold in capsule, microdot, tablet, and liquid forms, and on pieces of blotter paper that have absorbed the

drug. Abusers place drops of liquid LSD or LSD-laced candy, sugar cubes, or pieces of blotter paper on their tongues. Retail-level dealers frequently attempt to disguise LSD by putting it in small breath freshener or eyedrop bottles. These containers can hold up to 100 LSD doses.

Most of the LSD available in North Carolina is produced on the West Coast, principally in the San Francisco area. LSD usually is transported

Teenagers Arrested for LSD

Seven young people ranging in age from 17 to 19 were arrested in February 2001 in Person County after investigators seized LSD and other illegal drugs from their vehicles and homes. Law enforcement officers seized 114 LSD doses on small pieces of candy and undisclosed amounts of powdered cocaine and marijuana.

Source: *Associated Press*, 3 February 2001.

into North Carolina via couriers or package delivery services. Primarily, young Caucasian males sell LSD in cities and college towns across

North Carolina. According to local law enforcement, individual LSD doses generally sold for \$5 at the retail level in 2001.

Ketamine

Ketamine distribution and abuse are low to moderate in North Carolina. Ketamine, also known as K, special K, vitamin K, and cat valium, is an injectable anesthetic that is approved for human and animal use. Ketamine is sold commercially and is produced in liquid, powder, and pill forms. The liquid form is injected intramuscularly. Liquid ketamine can be boiled to produce powdered ketamine, which may be put into capsules. In its powdered form ketamine is often snorted or smoked with marijuana or tobacco products.

Low-dose intoxication from ketamine may result in impaired attention and learning ability, dissociation (including out-of-body and near-death experiences), and hallucinations. High doses of ketamine can cause delirium, amnesia, impaired motor function, high blood pressure, depression, and potentially fatal respiratory problems.

Ketamine gained popularity among abusers in the 1980s when it was discovered that large doses caused reactions similar to those experienced with PCP abuse. Ketamine abusers in the United States and United Kingdom have reported incidents similar to bad LSD trips. Some abusers have tried to jump from moving vehicles or to fly.

Caucasian teenagers and young adults at private parties in urban areas of North Carolina are the primary ketamine abusers. There are very few reported ketamine seizures in North Carolina. Ketamine is transported into North Carolina from Florida and possibly other locations in private vehicles, via package delivery services, and on commercial trains and airplanes. Ketamine also is stolen from local veterinary clinics. Retail distributors are usually the same individuals who sell GHB, LSD, and MDMA.

PCP

Rates of PCP (phencyclidine) distribution and abuse in North Carolina are generally low. PCP was originally developed as an intravenous anesthetic. Use of PCP in humans was discontinued in 1965 because patients who were given the drug became agitated, delusional, and irrational. PCP, also known as angel dust, ozone, wack, and rocket fuel, is now illegally produced in laboratories in the United States. PCP is a white, crystalline powder that is soluble in water and has a bitter taste. The drug can be mixed with dye and is available as a tablet, capsule, or colored powder. PCP may be snorted, smoked, injected, or swallowed. For smoking purposes, PCP may be applied to mint, parsley, oregano, or marijuana. The abuser feels the effects of PCP within 2 to

5 minutes after smoking it, and its effects peak within 15 to 30 minutes. Effects may last from 1 to 8 hours.

PCP is addictive; its abuse often leads to psychological dependence, craving, and compulsive PCP-seeking behavior. Abusers experience feelings of strength, power, and invulnerability. At low to moderate doses physiological effects include a slight increase in respiration and a pronounced rise in blood pressure and pulse rate. Respiration becomes shallow, flushing and profuse sweating occur, and generalized numbness of the extremities and lack of muscle coordination also may occur. Psychological effects include distinct changes in body awareness similar to the effects of alcohol intoxication. At high doses

blood pressure, pulse, and respiration rates drop. High doses also can cause seizures, coma, and sometimes death. PCP has sedative effects and, when mixed with alcohol or other central nervous system depressants, may result in an overdose or coma. Abusers who consume significant quantities of PCP over a long period may suffer memory loss, difficulties with speech and thinking, depression, and weight loss. PCP abuse by adolescents may interfere with hormones related to normal growth and development and the learning process.

Street gangs in Los Angeles produce most of the PCP available throughout the United States where precursor chemicals for PCP production are inexpensive and readily available. PCP is transported from Los Angeles into North Carolina by individual couriers in private vehicles or

via package delivery services. Law enforcement officials report that they rarely seize PCP but that abusers smoke cigarettes dipped in liquid PCP or ingest powdered PCP sprinkled on leafy material. In July 2000 law enforcement officials in Brunswick County submitted 1 gram of plant material to the crime laboratory at the North Carolina State Bureau of Investigation for analysis. The analysis identified PCP. There is insufficient information available to determine the individuals or groups involved in PCP distribution.

On rare occasions, PCP is produced in North Carolina. In December 2000, law enforcement authorities seized a PCP laboratory containing assorted chemicals and equipment in a residence in Craven County and arrested a member of the Pagan’s OMG.

Diverted Pharmaceuticals

Diverted pharmaceuticals pose a growing threat to North Carolina. The number of law enforcement investigations associated with prescription drug diversion and the number of prescription drug thefts are increasing. The North Carolina Department of Health and Human Services reports that oxycodone products, particularly OxyContin, and hydrocodone products such as Vicodin and Lortab are frequently stolen, distributed, and abused. Thieves target retail pharmacies, nursing homes, medical clinics, pharmaceutical manufacturers and distributors, and prison units. They abuse the drugs themselves and distribute some amounts to their friends and families.

Pharmaceuticals may be diverted through employee theft, prescription forgery, improper prescribing practices by physicians, and doctor shopping. Doctor shopping occurs when individuals who may or may not have a legitimate ailment visit numerous physicians to obtain multiple prescriptions for the same drug.

OxyContin. The diversion, distribution, and abuse of OxyContin constitute the fastest growing prescription drug threat to North Carolina. OxyContin, like all oxycodone products, is an

**Table 8. Prescription Drug Thefts
North Carolina, CY1995–CY2000**

Year	Thefts
1995	170
1996	188
1997	180
1998	221
1999	224
2000	359

Source: North Carolina Department of Health and Human Services, Controlled Substances Regulatory Branch.

opiate agonist that provides pain relief by acting on opioid receptors in the spinal cord, brain, and possibly in the tissues directly. Opioids, natural or synthetic classes of drugs that act like morphine, are the most effective pain relievers available. Individuals in North Carolina who abuse OxyContin seek to gain its heroin-like, euphoric effects. OxyContin was developed and patented in 1996 by Purdue Pharma L.P. Its effects last for 12 hours, making it the longest-lasting oxycodone product

on the market. OxyContin abusers in North Carolina often mitigate the controlled-release feature of the drug by crushing the tablets and snorting the powder or by dissolving the tablets in water and injecting the liquid. The 40-milligram tablet, which sells on the street for \$40, is the most popular dosage unit sold in North Carolina, according to law enforcement authorities.

Deaths attributed to abuse of oxycodone products, including OxyContin, are increasing in North Carolina. According to the North Carolina medical examiner, there were 6 fatalities in 1999 and 21 fatalities in 2000 attributed to oxycodone abuse. One fatality in 2000 was a 17-year-old male who died from an overdose after stealing OxyContin from a pharmacy where he worked. According to DEA, nearly 30 deaths as a result of OxyContin occurred in 2002, and it is a problem across the state but particularly in rural areas. Healthcare professionals report that there is no way to determine if an oxycodone product is actually OxyContin in a deceased person because it has been broken down by the body; however, it is reasonable to assume that many of the deaths involved OxyContin because the drug is increasingly abused in North Carolina.

Outlook

Crack cocaine is likely to remain the greatest illicit drug threat to North Carolina. It is readily available and frequently abused. Violent crime associated with the distribution and abuse of crack cocaine will continue to be a serious problem in North Carolina, threatening the safety of residents and law enforcement officials. Mexican criminal groups with close ties to Mexican DTOs in Mexico and Mexican criminal groups in southwestern states will remain the principal powdered cocaine transporters and wholesale distributors in North Carolina. Most of the powdered cocaine shipped into the state likely will continue to be converted to crack.

Marijuana will continue to be the most readily available and commonly abused drug in North

Wheelchair-Bound Male Arrested for Attempting to Steal OxyContin

In April 2001 a wheelchair-bound man toting a gun attempted to rob a pharmacy in Woodfin for 110 OxyContin tablets. The man asked for the drug and pulled a gun when he was denied. Law enforcement officers arrived at the pharmacy before the man was able to leave.

Source: Woodfin Police Department.

OxyContin-related arrests are increasing in North Carolina. In March 2001, law enforcement officials in Wilkes County reported four to six arrests per month of individuals who were stealing or distributing OxyContin. In July 2001 a federal grand jury in Charlotte indicted 10 North Carolina residents for distributing 50,000 OxyContin tablets in North Carolina, South Carolina, Virginia, and West Virginia.

Ritalin. Legally prescribed for attention deficit/hyperactivity disorder in children, Ritalin (methylphenidate) may be gaining popularity as a recreational drug for teenagers and preteens. The Wilmington Police Department, in response to the NDIC National Drug Threat Survey 2001, reported an increase in the abuse of Ritalin in middle and high schools within its jurisdiction.

Carolina. Marijuana abuse among all ages should remain relatively stable because distribution and abuse are already at high levels. Mexican criminal groups with access to well-established distribution networks likely will remain the primary wholesale distributors of marijuana produced in Mexico. Mexican, Caucasian, and African American criminal groups that control cultivation in North Carolina are likely to remain the primary distributors of marijuana produced in North Carolina. Recently enacted marijuana legislation may encourage those who distribute marijuana to distribute smaller quantities to reduce the risk of more stringent criminal sentencing.

The availability and abuse of methamphetamine will continue to increase in North Carolina

as methamphetamine spreads from western North Carolina to central/eastern portions of the state. The number of local production laboratories and shipments of the drug from Mexico, California, and southwestern states have steadily increased since the mid-1990s. The increased demand for methamphetamine in North Carolina may prompt Mexican criminal groups, who distribute cocaine and marijuana, to distribute larger quantities of methamphetamine produced in Mexico, California, and southwestern states. Caucasian criminal groups who transport and distribute methamphetamine produced in Mexico, California, and southwestern states are likely to continue these activities in North Carolina. Methamphetamine producers in the state likely will continue selling some of the drug they produce to fund further production.

Heroin will continue to appeal to young abusers because the drug's high purity allows it to be effectively snorted or smoked. Heroin is likely to remain available in a few urban areas in North Carolina, but the drug's availability and abuse are not likely to spread to rural areas where crack

cocaine and methamphetamine are popular drugs of abuse. With increasing heroin abuse by teenagers and young adults, the drug may become more available in social venues, such as raves, frequented by young people.

The availability and abuse of other dangerous drugs, particularly MDMA and OxyContin, will continue to increase in North Carolina. The continual influx of young individuals on military bases and college campuses will ensure a steady customer base for MDMA. The drug will likely remain popular in urban areas with large concentrations of young adults and may become more popular in rural areas, particularly in locations near college campuses. The diversion, distribution, and abuse of pharmaceutical drugs, already serious problems in some areas, will strain the resources of law enforcement officials who face large numbers of distributors of other drugs including crack, marijuana, methamphetamine, and heroin in their jurisdictions. OxyContin, in particular, will continue to pose an increasing threat.

Sources

State and Regional

Ashe County Sheriff's Office

Asheville Buncombe Metropolitan Enforcement Group

Asheville Citizen-Times

Asheville Police Department

Buncombe County Sheriff's Department

Burke County Sheriff's Department

Caswell County Sheriff's Department

Chapel Hill Police Department

Charlotte-Mecklenburg Police Department

Chemical Dependency Center

Davidson County Sheriff's Department

Durham Police Department

Fayetteville Police Department

Gastonia Police Department

Graham County Sheriff's Department

Greensboro Police Department

Hickory Daily Record

Hickory Police Department

Julian F. Keith Alcohol and Drug Abuse Treatment Center

Liberty Police Department

McDowell County Sheriff's Department

Mecklenburg County Drug Court

Montgomery County Sheriff's Office

North Carolina Drug Threat Assessment

Nags Head Police Department
New Hanover County Sheriff's Department
Onslow County Sheriff's Department
Raleigh Police Department
Randolph County Sheriff's Office
Rocky Mount Police Department
Rowan County Sheriff's Office
State of North Carolina
 Alcohol Law Enforcement
 Department of Health and Human Services
 Controlled Substances Regulatory Branch
 Governor's Crime Commission
 National Guard
 Office of the Chief Medical Examiner
 State Bureau of Investigation
 State Highway Patrol
Walter B. Jones Alcohol and Drug Abuse Treatment Center
Watauga County Sheriff's Department
Wilmington Police Department
Winston-Salem Police Department
Woodfin Police Department

National

U.S. Department of Commerce
 Census Bureau
U.S. Department of Defense
 Department of the Navy
 Naval Criminal Investigative Service
U.S. Department of Health and Human Services
 Substance Abuse and Mental Health Services Administration
 National Household Survey on Drug Abuse

U.S. Department of Homeland Security
Customs and Border Protection

U.S. Department of Justice
Attorney's Office
Organized Crime Drug Enforcement Task Force
Drug Enforcement Administration
Atlanta Division
Charlotte Resident Office
El Paso Intelligence Center
Federal-wide Drug Seizure System
San Diego Division
Federal Bureau of Investigation
National Institute of Justice
Arrestee Drug Abuse Monitoring Program

U.S. Sentencing Commission

Other

Associated Press

Mexican Consulate

National Broadcasting Corporation

This page intentionally left blank.



319 WASHINGTON STREET • 5TH FLOOR • JOHNSTOWN, PA 15901-1622 • (814) 532-4601

NDIC publications are available on the following web sites:

ADNET <http://ndicosa>

LEO home.leo.gov/lesig/ndic

RISS ndic.riss.net

INTERNET www.usdoj.gov/ndic