District of Columbia

Drug Threat Assessment

UPDATE

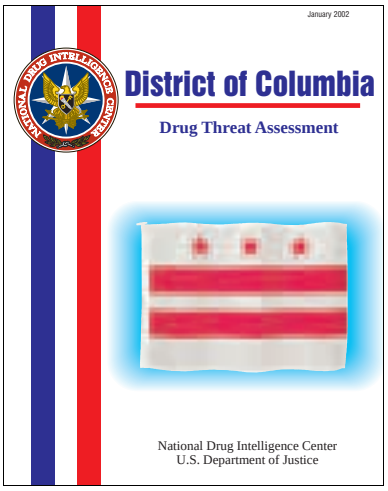
May 2003

National Drug Intelligence Center
U.S. Department of Justice

Preface

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

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



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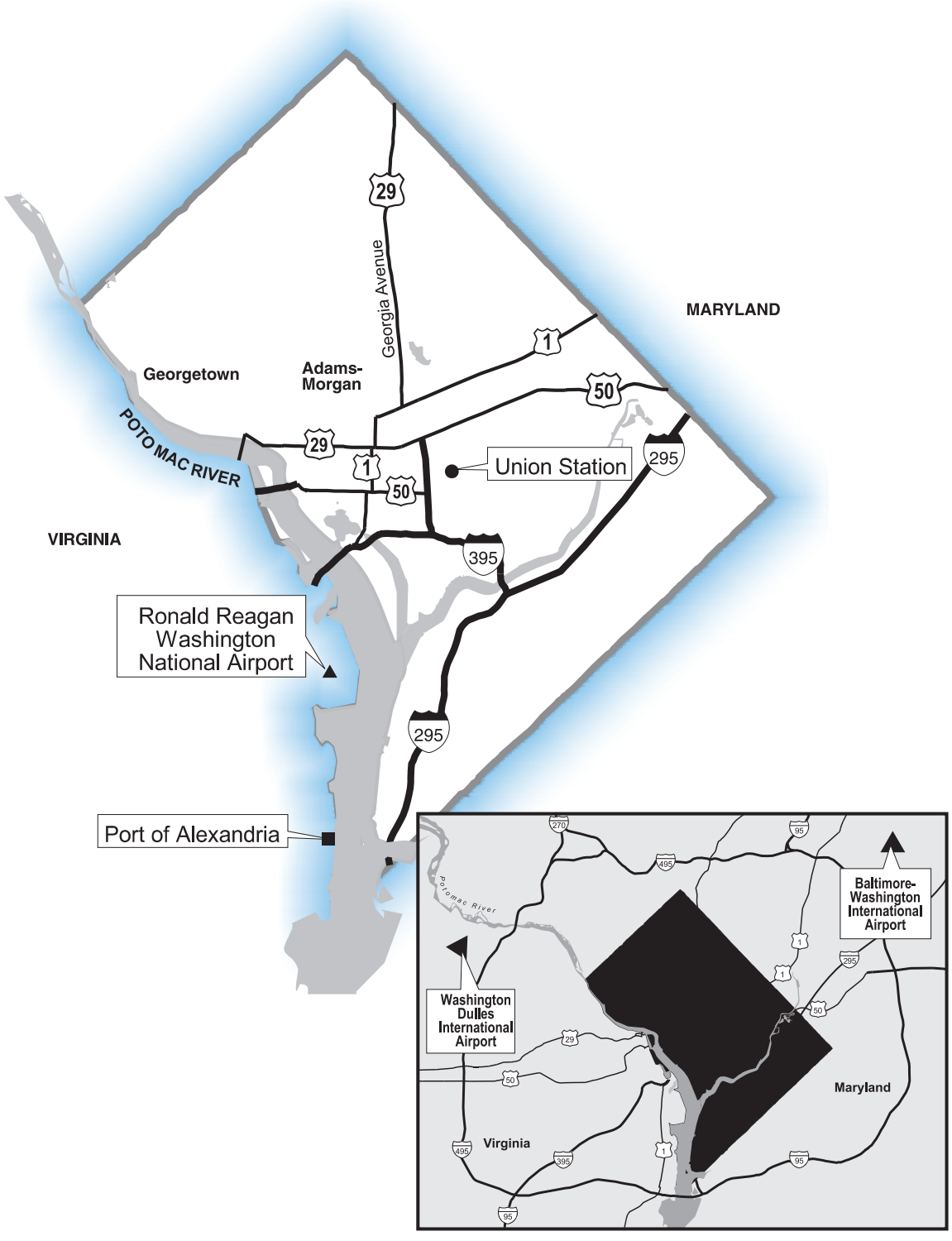

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U.S. Department of Justice
National Drug Intelligence Center

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District of Columbia Drug Threat Assessment Update

Overview

The District of Columbia (D.C.) is a regional distribution hub for illicit drugs. Its proximity to New York City, Philadelphia, and Baltimore and its well-developed transportation infrastructure make D.C. an important node in the drug transportation network along the eastern seaboard of the United States. Drugs transported into and through D.C. by commercial and private vehicles; by couriers aboard buses, trains, and commercial aircraft; and via package delivery services have an excellent chance of reaching their destination because of the daily volume of goods moving into and through the District.

Cocaine is readily available throughout D.C., and its distribution and abuse are associated with more violent crime than any other illicit substance, making cocaine the primary drug threat.

Low cost, high purity South American heroin is nearly as serious a threat as cocaine. Younger individuals are abusing high purity South American heroin at an increasing rate, and the higher purity levels increase the risk of overdose. Marijuana is the most widely available and frequently abused illicit drug in the city. The availability of other dangerous drugs—particularly the hallucinogen PCP and the club drugs MDMA and GHB and its analogs—is high, and there are indications that PCP abuse is increasing rapidly. The number of PCP-related arrests in 2002 increased fourfold over 2001, and the potential for PCP-related violence makes this drug a serious threat. Diversion of pharmaceutical drugs such as OxyContin is a growing threat to D.C. The production, distribution, and abuse of methamphetamine pose a low threat to the area.

Cocaine

Cocaine, both powdered and crack, is the primary drug threat to the District of Columbia. The level of cocaine abuse is decreasing but remains high—the number of treatment admissions associated with the abuse of cocaine is higher than the number associated with any other illicit drug except heroin. According to the Treatment Episode Data Set (TEDS), there were 1,924 powdered and crack cocaine admissions to publicly funded treatment facilities in D.C. in 2001, a 7 percent decrease from 2,074 in 2000. According to the 1999 and 2000 National Household Survey on Drug Abuse (NHSDA), the percentage of D.C. residents who reported having abused cocaine in the year prior to the survey (2.1%) was statistically comparable to the percentage nationwide (1.6%). Drug Abuse Warning Network (DAWN) data indicate that there were 2,830 cocaine emergency department (ED) mentions in 2000 and 2,894 in 2001 in the Washington, D.C., metropolitan area—more than for any other illicit drug. Preliminary estimates indicate that there were 1,032 cocaine ED mentions from January through June 2002. The rate of cocaine ED mentions per 100,000 population in the Washington, D.C., metropolitan area (69) was slightly lower than the national rate (76) in 2001. (See Table 1.) Cocaine also is a factor in a significant number of deaths in the District. DAWN mortality data indicate that there were 42 cocaine-related deaths in Washington, D.C., in 2001, more than for any other drug.

DAWN Emergency Department and Mortality Data

DAWN ED data for the Washington, D.C., metropolitan area in 2001 were collected from hospitals in the District of Columbia and surrounding areas, including five counties in Virginia and five counties in Maryland. DAWN mortality data also were collected for the District of Columbia and surrounding counties in Virginia and Maryland; however, the mortality data included in this report are for the District of Columbia only.

Table 1. Drug-Related Emergency Department Mentions Per 100,000 Population Washington, D.C., and United States, 2001

	Cocaine	Heroin	Marijuana	PCP	Methamphetamine
Washington, D.C.	**69**	**45**	**51**	**13**	**1**
United States	**76**	**37**	**44**	**2**	**6**

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, DAWN.

Cocaine is readily available throughout the District. Cocaine is seized more frequently in D.C. than any other illicit drug except marijuana. According to Federal-wide Drug Seizure System (FDSS) data, federal law enforcement officials in D.C. seized 32.7 kilograms of cocaine in 2002. The Metropolitan Police Department reported seizing 14.5 kilograms of powdered cocaine and 28 kilograms of crack cocaine in 2002. According to the U.S. Sentencing Commission (USSC), the percentage of drug-related federal sentences that were cocaine-related in D.C. (72.1%) was higher than the percentage nationwide (42.5%) in fiscal year (FY) 2001. (See Table 2 on page 3.) Of the sentences that were cocaine-related, 58 resulted from crack cocaine violations, and 17 resulted from powdered cocaine violations.

Cocaine prices, already relatively low, are decreasing at the retail level, indicating an increasing supply of cocaine in the District. According to the Drug Enforcement Administration (DEA) Washington Division, powdered

**Table 2. Percentage of Drug-Related Federal Sentences by Drug Type
District of Columbia and United States, FY2001**

	All Drugs*	Cocaine	Heroin	Marijuana	Methamphetamine
District of Columbia	**37.8**	**72.1**	**19.2**	**7.7**	**0.0**
United States	**41.2**	**42.5**	**7.2**	**32.8**	**14.2**

Sources: USSC.

*Represents the percentage of federal sentences that are drug-related.

cocaine in D.C. sold for $17,500 to $35,000 per kilogram, $600 to $2,000 per ounce, and $30 to $80 per gram in the fourth quarter of FY2002 (down from $50 to $100 in the first quarter of 2002). Crack sold for $30,000 per kilogram, $900 to $1,750 per ounce, $80 to $100 per gram, and $10 per rock during that period in the fourth quarter of FY2002.

Colombian and Dominican drug trafficking organizations (DTOs) and criminal groups transport most of the cocaine available in the District. In response to the National Drug Intelligence Center (NDIC) National Drug Threat Survey 2002, D.C. Metropolitan Police Department officials reported that local African American and Hispanic street gangs, commonly known as crews, also are involved in cocaine transportation into the city. Cocaine is transported into D.C. primarily from New York City via private and commercial vehicles. However, cocaine also is transported from Philadelphia, Miami, and Los Angeles using similar conveyances. Package delivery services and couriers aboard buses, trains, and commercial aircraft also are used, although to a lesser extent, to transport cocaine into the District.

Colombian DTOs as well as Colombian and Dominican criminal groups are the primary wholesale-level distributors of powdered cocaine in the District. However, the Metropolitan Police Department reports that Asian, Indian, Italian, and African criminal groups also distribute wholesale quantities of powdered cocaine in D.C. African American and Hispanic crews and local independent dealers are the dominant retail-level distributors of both powdered and crack cocaine. Most of the crack cocaine available in D.C. is converted locally by retail distributors on an as-needed basis.

Cocaine, particularly crack, is the drug most often associated with violent crime in D.C. Federal and local law enforcement officials indicate that territorial violence associated with crack cocaine distribution contributes to D.C. having one of the highest per capita homicide rates in the nation. The number of homicides in D.C. increased 12 percent from 233 in 2001 to 262 in 2002.

Heroin

Heroin poses a serious drug threat to the District. In particular, the availability of low cost, high purity South American heroin is cause for concern. Young people, who often are reluctant to administer drugs via injection, are abusing high purity heroin—which can be effectively snorted or smoked—at an increasing rate. In addition, the availability of high purity heroin can result in increased overdoses. According to TEDS data, heroin-related admissions to publicly funded treatment facilities in D.C. increased 3 percent from 2,121 in 2000 to 2,181 in 2001; there were more admissions for heroin abuse in 2001 than for any other illicit drug. DAWN data indicate that there were 1,946 heroin ED mentions in the Washington, D.C., metropolitan area in 2000 and 1,888 in 2001. Preliminary estimates indicate that there were 591 heroin ED mentions from January through June 2002. In 2001 the rate of heroin ED mentions per 100,000 population in the Washington, D.C., metropolitan area (45) was higher than the rate nationwide (37). (See Table 1 on page 2.) In addition, DAWN mortality data indicate that in 2001 heroin/morphine was a factor in 15 deaths in Washington, D.C.—a decrease from 36 in 2000.

Heroin from all major source areas—South America, Southeast Asia, Southwest Asia, and Mexico—is available in D.C.; however, South American heroin is the type most readily available. According to DEA's Domestic Monitor Program (DMP), the majority of heroin purchased in D.C. through the DMP in which a signature could be determined was of South American origin and 42 percent was of Southwest Asian origin. DMP data indicate that heroin averaged 23.8 percent pure in D.C.—South American heroin ranged from 4.3 to 87.1 percent pure.

Seizures and sentencing data indicate the ready availability of heroin in the District. According to FDSS data, federal law enforcement officials in D.C. seized 10.2 kilograms of heroin in 2002. The Metropolitan Police Department reported seizing 18.5 kilograms of heroin in 2002. Further, the percentage of drug-related federal sentences that were heroin-related in D.C. in FY2001 (19.2%) was significantly higher than the national percentage (7.2%), according to USSC data. (See Table 2 on page 3.)

Heroin prices in the District were relatively stable over the past year. In D.C. heroin sold for $80,000 per kilogram, $78 to $150 per gram, and $10 to $20 per bag in the fourth quarter of FY2002, according to the DEA Washington Division.

Colombian and Dominican criminal groups are the primary transporters of South American heroin into D.C. These groups primarily transport the drug via commercial and private vehicles from New York City, although some South American heroin also is transported from Philadelphia, Baltimore, Miami, and Los Angeles, among other locations. Nigerian criminal groups are the primary transporters of Southeast Asian heroin, and Nigerian and Pakistani criminal groups are the primary transporters of Southwest Asian heroin into D.C. These criminal groups usually transport heroin from domestic locations into D.C. using couriers aboard buses, trains, and commercial aircraft as well as via package delivery services. Mexican brown powdered and black tar heroin are available in limited quantities and typically are transported and distributed by Mexican criminal groups.

Colombian and Dominican criminal groups are the dominant wholesale-level distributors of South American heroin in the District. Nigerian and other West African criminal groups are the dominant wholesale-level distributors of Southeast Asian heroin. Nigerian and Pakistani criminal groups are the primary wholesale distributors of Southwest Asian heroin in D.C.

African American and Hispanic crews as well as local independent dealers of various ethnic backgrounds are the dominant retail-level distributors of South American, Southwest Asian, and Southeast Asian heroin. Mexican criminal groups distribute brown powdered and black tar heroin at the retail level. Heroin is sold primarily at open-air drug markets or in low-income housing developments as well as along main corridors into and out of the city. Heroin most often is sold in small plastic bags that are stamped with logos.

Marijuana

Marijuana is widely available and abused in D.C. The percentage of D.C. residents who report marijuana abuse is statistically comparable to the percentage nationwide. According to the 1999 and 2000 NHSDA, 5.2 percent of D.C. residents reported having abused marijuana at least once in the month prior to the survey compared with 4.8 percent nationwide. According to TEDS data, there were 367 marijuana-related admissions to publicly funded treatment facilities in D.C. in 2001, a 24 percent decrease from 484 in 2000. DAWN data indicate that there were 2,510 marijuana ED mentions in the Washington, D.C., metropolitan area in 2000 and 2,135 in 2001. Preliminary estimates indicate that there were 843 marijuana ED mentions from January through June 2002. In 2001 the rate of marijuana ED mentions per 100,000 population in the Washington, D.C., metropolitan area (51) was higher than the rate nationwide (44). (See Table 1 on page 2.)

According to FDSS, federal law enforcement officials seized 3.6 kilograms of marijuana in 2002; however, the Metropolitan Police Department reported seizing 59.5 kilograms. The percentage of drug-related federal sentences that were marijuana-related in D.C. in FY2001 (7.7%) was significantly lower than the national percentage (32.8%), according to USSC data. (See Table 2 on page 3.)

Marijuana, both commercial-grade and high-grade, is available in D.C. Prices for both are wide-ranging but relatively stable. In D.C. commercial-grade marijuana sold for $400 to $1,750 per pound and $100 per ounce, and high-grade marijuana sold for $2,600 to $5,000 per pound and $400 per ounce in the fourth quarter of FY2002, according to the DEA Washington Division. Cannabis cultivation is very limited in D.C., primarily due to its urban setting.

Jamaican and Mexican criminal groups are the dominant marijuana transporters; however, crews and local independent dealers of various ethnic backgrounds also transport marijuana into the District. Most of the marijuana available in D.C. is produced in Mexico and is transported from southwestern states, primarily via package delivery services. Additional quantities of marijuana are transported into D.C. via private and commercial vehicles and couriers aboard commercial aircraft.

Jamaican and Mexican criminal groups are the principal distributors of wholesale quantities of marijuana in D.C.; however, no single criminal group, crew, or local independent dealer controls the majority of wholesale- or retail-level marijuana distribution in the District. Most crews that sell retail quantities of cocaine also distribute marijuana. Marijuana typically is sold at the same venues as cocaine.

Other Dangerous Drugs

The distribution and abuse of the hallucinogen PCP and club drugs such as MDMA and GHB and its analogs pose serious threats, particularly to teenagers and young adults in the District of Columbia. The diversion and abuse of pharmaceuticals also pose a threat to D.C.

PCP

PCP (phencyclidine) abuse and the potential for PCP-related violence are increasing—making this drug a serious threat. This hallucinogen, also known as angel dust, ozone, wack, and rocket fuel, is primarily abused by young African American and lower- to middle-class Caucasian individuals in the District. While the drug remains a street drug of choice, it is rapidly becoming the drug of choice at raves and nightclubs and sometimes is abused in combination with marijuana and/or MDMA. According to the Metropolitan Police Department, the number of PCP-related arrests increased fourfold from 2001 through 2002. In addition, the Metropolitan Police Department reported that 16 percent of adults arrested and screened for illicit drugs in October

2002 tested positive for PCP, an increase from 4 percent in October 1998. In 2002 the Metropolitan Police Department seized 0.82 kilograms of PCP.

PCP-related treatment admissions and ED mentions have increased dramatically in D.C. According to TEDS data, the number of PCP-related treatment admissions increased 144 percent from 43 in 2000 to 105 in 2001. DAWN data indicate that the number of ED mentions for PCP in the Washington, D.C., metropolitan area increased 66 percent from 317 in 2000 to 525 in 2001. Further, preliminary estimates indicate that there were 351 ED mentions for PCP from January through June 2002. This represents a 63.3 percent increase over the same time period in 2001. In 2001 the rate of PCP mentions per 100,000 population in the Washington, D.C., metropolitan area (13) was significantly higher than the rate nationwide (2). (See Table 1 on page 2.) In addition, PCP was a factor in three deaths in the District in 2001, according to DAWN mortality data.

In D.C. African American and lower- to middle-class Caucasian individuals, who often abuse the drug themselves, are the primary transporters and wholesale-level distributors of PCP. The drug usually is transported from sources in California; however, the recent seizure of a large-scale PCP laboratory in Baltimore indicates that the drug has been produced in the region. Crews and local independent dealers of various ethnic backgrounds are the primary retail-level distributors of PCP.

PCP sold for $350 to $600 per ounce during the fourth quarter of FY2002, according to the DEA Washington Division. Cigarettes dipped in liquid PCP, known as dippers, sold for $20 to $25 each in the fourth quarter of FY2002.

MDMA

MDMA (3,4-methylenedioxymethamphetamine) is the most readily available and frequently abused club drug in the District. Most MDMA available in D.C. is distributed and abused by teenagers and young adults. DAWN ED data indicate that there were 110 MDMA mentions in the Washington, D.C., metropolitan area in 2001—a 41 percent increase from 78 in 2000. Preliminary estimates indicate that there were 46 MDMA ED mentions from January through June 2002.

According to the DEA Washington Division, Dominican DTOs and Asian criminal groups increasingly are transporting and distributing MDMA. These distributors typically travel in private or rental vehicles to New York, Philadelphia, Orlando, and Miami to purchase wholesale quantities of MDMA for distribution in the District. MDMA also is transported into D.C. from foreign source areas such as the Netherlands and Belgium via commercial aircraft arriving at the three major airports located near D.C. There were several multi-thousand-tablet seizures at these airports in 2002.

MDMA abusers typically serve as retail-level distributors, selling the drug primarily at raves and nightclubs; however, crews and local independent dealers of various ethnic backgrounds also distribute MDMA, often along with cocaine. Wholesale quantities of MDMA sold for $5 to $13 per tablet, and retail quantities sold for $18 to $25 per tablet in the fourth quarter of FY2002, according to the DEA Washington Division.

GHB and Analogs

The availability and abuse of GHB (gamma-hydroxybutyrate) and its analogs—GBL, BD, GHV, and GVL—are relatively low but increasing in the District. GHB analogs are drugs that possess chemical structures that closely resemble GHB, a central nervous system depressant. GHB and its analogs also are known as liquid ecstasy, scoop, Georgia home boy, and grievous bodily harm. 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. DAWN data indicate that there were 24 GHB ED mentions in the Washington, D.C., metropolitan area in 2000 and 15 in

2001. Preliminary estimates indicate that there were 6 GHB ED mentions from January through June 2002.

GHB generally is produced outside D.C. and transported into the city by local independent dealers of various ethnic backgrounds. High school and college students typically distribute retail quantities of GHB at raves and dance parties. GHB sold for $35 to $50 per ounce and $10 to $15 per capful during the fourth quarter of FY2002, according to the DEA Washington Division.

Diverted Pharmaceuticals

Pharmaceuticals such as OxyContin, Percodan, Percocet, methadone, and hydrocodone increasingly are diverted and abused in D.C. The abuse of OxyContin is increasing, especially among heroin addicts. Diverted pharmaceuticals are obtained through diversion techniques including prescription fraud, improper prescribing practices, and doctor shopping—a practice in which individuals visit various doctors to obtain multiple prescriptions. Diverted OxyContin sold for $18 to $40 per 40-milligram tablet and $50 to $80 per 80-milligram tablet in the fourth quarter of FY2002, according to the DEA Washington Division.

Methamphetamine

Methamphetamine distribution and abuse pose a lower threat to D.C. than the threats posed by other illicit drugs. According to TEDS data, the number of amphetamine-related admissions to publicly funded treatment facilities increased from 14 in 2000 to 33 in 2001. (Methamphetamine-related admissions constitute approximately 95 percent of amphetamine-related admissions reported to TEDS nationwide.) DAWN data indicate that there were 62 methamphetamine ED mentions in the Washington, D.C., metropolitan area in 2000 and 24 in 2001. Preliminary estimates indicate that there were 15 methamphetamine ED mentions from January through June 2002. In 2001 the rate of methamphetamine ED mentions per 100,000 population in the Washington, D.C., metropolitan area (1) was lower than the rate nationwide (6). (See Table 1 on page 2.) According to DAWN mortality data, there was one methamphetamine-related death in D.C. in 2000 and none in 2001.

Only limited amounts of methamphetamine are available in D.C.; however, the drug is becoming increasingly available. According to FDSS data, federal law enforcement officials seized no methamphetamine in 2002; however, the Metropolitan Police Department reported seizing 5 kilograms of methamphetamine in November 2002. In D.C. methamphetamine sold for $11,000 to $19,000 per pound, $1,100 to $2,000 per ounce, and $100 per gram in the fourth quarter of FY2002, according to the DEA Washington Division. According to USSC data, there were no methamphetamine-related federal sentences in D.C. in FY2001. (See Table 2 on page 3.)

According to federal, state, and local law enforcement officials, methamphetamine production rarely occurs in D.C.—there have been no methamphetamine laboratory seizures in D.C. since 1997.

Mexican criminal groups are the primary transporters of methamphetamine into D.C.; they also serve as the principal wholesale- and retail-level distributors. Methamphetamine is transported into D.C. from southwestern and southeastern states, typically via package delivery services, couriers aboard commercial aircraft, and private vehicles. Outlaw motorcycle gangs such as Pagan's and Warlocks also transport methamphetamine into the city, but to a much lesser extent.

Outlook

Cocaine will remain a significant drug threat to D.C. because it is readily available, frequently abused, and the distribution and abuse of crack are more frequently associated with violent crime than any other drug. Colombian and Dominican DTOs and criminal groups have historically dominated the distribution of cocaine in D.C., and there are no indications that this trend will change.

Heroin, primarily South American heroin, will continue to pose a serious threat to D.C. Treatment data suggest that heroin abuse is a serious problem and abuse levels are increasing. Colombian and Dominican criminal groups will remain the primary transporters and wholesale-level distributors of South American heroin. Crews and local independent dealers will continue to dominate retail-level distribution.

Marijuana will remain the most commonly available and widely abused drug in D.C. Most marijuana will continue to be smuggled from Mexico through southwestern states.

The emergence of PCP as a club drug will impact distribution patterns in D.C. MDMA is the most readily available and frequently abused club drug; however, PCP, which may soon eclipse MDMA in the District, poses a more serious threat.

Methamphetamine will continue to pose a minimal drug threat to D.C. Availability and abuse of the drug will increase in the near term.

Sources

State and Regional

District of Columbia Metropolitan Police Department

Middle Atlantic–Great Lakes Organized Crime Law Enforcement Network (MAGLOCLEN)

National

U.S. Department of Health and Human Services
- Substance Abuse and Mental Health Services Administration
  - Drug Abuse Warning Network
  - National Household Survey on Drug Abuse
  - Treatment Episode Data Set

U.S. Department of Justice
- Drug Enforcement Administration
  - Domestic Monitor Program
  - Federal-wide Drug Seizure System
  - Washington Division

U.S. Sentencing Commission

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