



West Virginia

Drug Threat Assessment



National Drug Intelligence Center
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West Virginia Drug Threat Assessment

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Preface

This report is a strategic assessment that addresses the status and outlook of the drug threat to West Virginia. 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 West Virginia.

West Virginia Drug Threat Assessment

Executive Summary

The production, distribution, and abuse of illicit drugs and the diversion and abuse of pharmaceuticals pose serious threats to West Virginia. Law enforcement officials report that drug transporters primarily use private and commercial vehicles to transport illicit drugs into and through West Virginia. Caucasian and African American local independent dealers and loosely organized criminal groups, composed primarily of family members and friends, are the principal transporters and wholesale- and retail-level distributors of most illicit drugs available in West Virginia. To a lesser extent, local street gangs such as West Side Posse and outlaw motorcycle gangs such as Barbarians and Pagan's also transport and distribute illicit drugs throughout the state.

Cocaine, particularly crack, poses a significant drug threat to West Virginia. Cocaine is readily available, commonly abused, and frequently associated with violent crime in the state. There were more cocaine-related offenses in the state than offenses for any other illicit drug in 2002. Further, over 57 percent of drug-related federal sentences in West Virginia in fiscal year 2001 were cocaine-related. Caucasian and African American local independent dealers and loosely organized criminal groups as well as local street gangs such as West Side Posse are the principal transporters and wholesale- and retail-level distributors of cocaine in West Virginia. Powdered cocaine available in the state most frequently is transported via private vehicles from Charlotte, North Carolina; Chicago, Illinois; Columbus, Ohio; Detroit, Michigan; and New York, New York. Much of the powdered cocaine transported into the state is converted into crack locally; however, some crack available in the state is transported via private vehicles primarily from Chicago, Illinois; Ohio; and Pennsylvania. African American local independent dealers and loosely organized criminal groups as well as local street gangs such as West Side Posse are the primary retail-level distributors of crack cocaine—wholesale-level distribution is rare. Powdered cocaine and crack are distributed from private residences, bars, and hotel rooms throughout the state. Crack also is distributed from open-air drug markets and low-income housing projects.

Diverted pharmaceuticals pose a serious drug threat to West Virginia, rivaling that of cocaine in many areas of the state. Diverted pharmaceuticals such as OxyContin,

Vicodin, and Dilaudid are readily available, commonly abused, and frequently associated with property crimes throughout the state. Further, treatment data indicate that there were more pharmaceutical-related treatment admissions in 2000 than admissions for any illicit drug except marijuana. Caucasian local independent dealers, abusers, and loosely organized criminal groups are the principal transporters and distributors of diverted pharmaceuticals in West Virginia. Diverted pharmaceuticals typically are sold from private residences, bars, and at open-air drug markets.

Marijuana is the most widely available and commonly abused illicit drug in West Virginia. However, the drug generally is regarded as a lower threat than cocaine and diverted pharmaceuticals because it is less often associated with violent crime and property crime. Most of the marijuana available in West Virginia is produced in Mexico; however, a substantial amount is produced locally and in neighboring states by Caucasian local independent dealers and loosely organized criminal groups that are composed primarily of family members and close friends. Caucasian and, to a lesser extent, African American local independent dealers and loosely organized criminal groups as well as outlaw motorcycle gangs such as Pagan's and local street gangs such as West Side Posse are the principal transporters and wholesale- and retail-level distributors of marijuana in West Virginia. These dealers, groups, and gangs transport marijuana from southwestern states, Florida, and surrounding states, among other areas, to West Virginia primarily via private vehicles and, to a lesser extent, commercial vehicles and package delivery services. Marijuana typically is distributed from open-air drug markets, private residences and bars, and on college campuses. Caucasian local independent dealers and loosely organized criminal groups frequently transport locally produced marijuana from West Virginia to surrounding states, such as Ohio and Maryland, and as far south as Florida.

Methamphetamine poses an increasing drug threat to West Virginia and is the primary drug threat in Wood County. Statewide, treatment data indicate low levels of methamphetamine abuse. However, the West Virginia Department of Health and Human Resources reports that the level of methamphetamine abuse likely is not reflected in the number of treatment admissions because methamphetamine is a relatively new abuse problem. Most of the methamphetamine available in West Virginia is produced locally, with availability levels varying from high to low among communities throughout the state. Caucasian local independent dealers and loosely organized criminal groups, as well as outlaw motorcycle gangs such as Barbarians and Pagan's, produce and distribute most of the methamphetamine available in West Virginia. Additional quantities of methamphetamine are transported from Mexico as well as from Arizona, California, and Florida via private vehicles and package delivery services. Out-of-state criminal groups, primarily Mexican, increasingly are distributing methamphetamine in West Virginia, particularly in Charleston and the eastern panhandle. Methamphetamine distributed at the retail level in West Virginia typically is packaged in small plastic bags or candy dispensers and sold from private residences and bars.

Heroin poses a low but increasing threat to West Virginia. Heroin abuse levels in West Virginia are low; however, state and local law enforcement officials report that abuse is increasing in cities such as Martinsburg and Weirton where the drug is being abused as a substitute for OxyContin. Statewide, heroin availability is limited. South

American heroin is the type most readily available. Limited quantities of heroin produced in Mexico, Southeast Asia, and Southwest Asia also are available. Caucasian and African American local independent dealers and loosely organized criminal groups, as well as local street gangs such as West Side Posse, are the principal transporters and retail-level distributors of heroin in West Virginia—wholesale-level distribution is limited. Most of the heroin available in West Virginia is transported into the state via private vehicles from Baltimore, Maryland; Detroit, Michigan; New York, New York; Charlotte, North Carolina; Cleveland, Columbus, and Steubenville, Ohio; Philadelphia and Pittsburgh, Pennsylvania; and Washington, D.C. Heroin is sold at open-air drug markets as well as from private residences, hotel rooms, and bars in West Virginia.

Other dangerous drugs, including MDMA, GHB and its analogs, ketamine, and LSD, pose lesser drug threats to West Virginia. Availability and abuse of these drugs is limited throughout most of the state. Caucasian young adults are the principal retail-level distributors of MDMA, GHB, and ketamine in the state; however, African American males are the principal retail-level distributors of MDMA in Wheeling and Weirton. Outlaw motorcycle gangs such as Pagan's are the principal retail-level distributors of LSD throughout the state.

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West Virginia.

Note: This map displays features mentioned in the report.



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Overview

With approximately 1.8 million residents, West Virginia is the thirty-seventh most populous state in the nation. The state encompasses 24,078 square miles. It is located within 500 miles of 60 percent of the U.S. population and is centrally located between the Southeast, Northeast, and Midwest regions. West Virginia primarily is a rural state, with the most concentrated populations located in Charleston (53,421 residents), Huntington (51,475 residents), Parkersburg (33,099 residents), and Wheeling (31,419 residents). According to 2000 U.S. Census Bureau data, 95 percent of West Virginia's population is Caucasian, and 3.2 percent is African American; the remaining 1.8 percent is composed of residents of other races or more than one race. West Virginia is characterized by rugged, hilly terrain interspersed with many small valleys. The most extensive areas of level to rolling land are located in the Shenandoah and lower Greenbrier Valleys. The rural and mountainous terrain of the state is ideally suited for cannabis cultivation and methamphetamine production.

West Virginia is an economically depressed state, with one of the lowest median household incomes (\$29,673) and per capita personal incomes (\$22,881) in the United States in 2001. More than 16 percent of West Virginians lived in

poverty in 2001. According to state and local law enforcement officials, low wages and a high poverty rate have induced some residents to turn to illicit drug production, transportation, or distribution as a means of support.

Fast Facts	
West Virginia	
Population (2002)	1,801,873
U.S. population ranking	37th
Median household income (2001)	\$29,673
Unemployment rate (2002)	6.1%
Land area	24,078 square miles
Capital	Charleston
Other principal cities	Huntington, Morgantown, Parkersburg, Wheeling
Number of counties	55
Principal industries	Manufacturing, services, mining, and tourism

Law enforcement officials report that drug transporters primarily use private and commercial vehicles to transport illicit drugs into and through West Virginia. Drugs available in West Virginia typically are transported into the state from Illinois, Kentucky, Maryland, Michigan, New York, North Carolina, Ohio, Pennsylvania, Virginia, and Washington, D.C. Drugs also are transported from Mexico and other states, although to a lesser extent. State and local law enforcement officials report that Interstates 64, 68, 70, 77, and 79; U.S. Highways 19, 33, 50, 340, and 460; and State Routes 11, 22, 39, 41, and 55 frequently are used to transport drugs into and through the state. Interstate 64 traverses Charleston connecting Chesapeake, Virginia, to St. Louis, Missouri. Interstate 68 connects Morgantown with I-70 and the drug markets in Baltimore and Washington, D.C. Interstate 70 provides access from Wheeling to Pittsburgh. Interstate 77 connects Cleveland to Columbia, South Carolina, traversing Parkersburg and Charleston, West Virginia, and Charlotte, North Carolina. Interstate 79 connects Charleston, Clarksburg, Fairmont, and Morgantown to Pittsburgh.

Drugs also are transported into West Virginia by couriers on passenger trains. Passenger train service is offered daily between Washington, D.C. and Chicago with stops throughout West Virginia. Commuter train services are available Monday through Friday between Martinsburg and Washington, D.C.

Drugs occasionally are transported to West Virginia aboard commercial and private vessels on inland waterways. There are approximately 420 miles of navigable waterways in West Virginia. The Port of Huntington/Tri-state, which includes part of the Ohio and Kanawha Rivers, was designated the largest inland port in the United States. Local law enforcement officials believe that drugs occasionally are transported to the port via commercial vessels. In addition, West Virginia State Police officials in Point Pleasant report that powdered cocaine sometimes is transported across the Ohio River from Gallipolis, Ohio, via private vessels.

Drugs infrequently are transported to West Virginia via couriers aboard commercial and private aircraft, as the air transportation infrastructure of the state is somewhat limited. Currently, West Virginia's air transportation infrastructure consists of 40 small public airports and numerous private airstrips. The state has no international airport. As such, many West Virginia travelers use airports in other states such as Ohio, Kentucky, Virginia, and Pennsylvania. However, the threat of drug smuggling by couriers aboard aircraft may increase upon the completion of a regional airport in Lincoln County. This airport will serve approximately 900,000 residents from the upper Kanawha Valley, as well as counties in southeastern Ohio and eastern Kentucky.

Caucasian and African American local independent dealers and loosely organized criminal groups composed primarily of family members and friends are the principal transporters and wholesale- and retail-level distributors of most illicit drugs available in West Virginia. To a lesser extent, local street gangs such as West Side Posse and outlaw motorcycle gangs (OMGs) such as Barbarians and Pagan's also transport and distribute illicit drugs throughout the state. Out-of-state African American, Jamaican, and Mexican criminal groups, among others, as well as street gangs such as Bloods also transport and distribute drugs in the state, although to a lesser extent.

Drug-related crimes commonly occur in West Virginia. Federal, state, and local law enforcement officials indicate that incidents of aggravated assault, burglary, larceny, robbery, prostitution, and fraud often are related to drug distribution and abuse. According to 2001 Uniform Crime Report (UCR) data, there were 2,556 crimes per 100,000 residents in West Virginia in 2001, compared with the national rate of approximately 4,161. Metro Drug Enforcement Network Team (Kanawha County) officials reported in 2001 that all major shoplifting rings in its jurisdiction were composed of drug abusers. The task force defines a major shoplifting ring as one that steals at least \$100,000 worth of goods per month.

Gangs in West Virginia

Bloods is one of the largest and most violent associations of street gangs in the United States. It is a collection of structured and unstructured gangs commonly known as sets. Bloods conduct drug distribution activities in nearly every U.S. state, including West Virginia. Bloods sets in the Northeast usually identify with United Blood Nation, a highly structured Bloods gang that began in Rikers Island Jail in New York City in the early 1990s. Bloods sets primarily are composed of African American youth.

Pagan’s Motorcycle Club is one of the largest OMGs in the country and the predominant OMG in the Mid-Atlantic region. The Pagan’s OMG has an estimated 200 to 250 members among 41 chapters in 11 states. The club has established ties to traditional organized crime in Philadelphia, Pittsburgh, and New York and engages in criminal activities including the distribution of cocaine, methamphetamine, marijuana, and PCP (phencyclidine) as well as arson, assault, bombing, extortion, and murder. In West Virginia Pagan’s chapters are located in Charleston and Fairmont. Barbarians, a local OMG, reportedly is affiliated with Pagan’s.

Other OMGs in West Virginia include the **Lost Souls, Brothers of the Wheel, Avengers, Apache,** and **Ghost Ryders/Riders.**

West Side Posse is a local street gang based in Charleston. It is composed primarily of African American males. West Side Posse members transport and distribute drugs, primarily cocaine, heroin, and marijuana.

The percentage of federal sentences that are drug-related in West Virginia is higher than the percentage nationwide. According to the U.S. Sentencing Commission (USSC), in fiscal year (FY) 2001 drug-related federal sentences in West Virginia accounted for 56.2 percent of all federal sentences in the state, compared with 41.2 percent nationwide. Most (57%) of the drug-related

federal sentences in West Virginia were for powdered or crack cocaine offenses. (See Table 1.) Law enforcement officials attribute the high percentage to local law enforcement investigations being referred to federal prosecution, as federal sentencing guidelines include longer mandatory and aggregate sentencing.

Table 1. Drug-Related Federal Sentences and Percentages by Drug Type West Virginia and United States, FY2001

	West Virginia		United States	
	Number	Percentage	Number	Percentage
All Drugs	304	56.2*	24,223	41.2
Cocaine	174	57.2**	10,299	42.5
Marijuana	67	22.0	7,950	32.8
Methamphetamine	18	5.9	3,442	14.2
Heroin	18	5.9	1,755	7.2
Other	27	8.9	777	3.2

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

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

Source: U.S. Sentencing Commission.

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The number of treatment admissions involving illicit drugs in West Virginia remained relatively stable from 1998 to 2000. The West Virginia Department of Health and Human Resources reported 4,535 drug-related treatment admissions in 1998, 3,979 in 1999, and 4,571 in 2000, the most recent data available. (See Table 2.) In 2000, 42 percent of drug-related treatment admissions were marijuana-related, 28 percent were pharmaceutical-related, 22 percent were cocaine-related, 4 percent were heroin-related, and 1 percent was methamphetamine-related. Caucasians accounted for approximately 87 percent of all drug-related treatment admissions in West Virginia in that year.

Survey data indicate that illicit drugs are abused in West Virginia at a rate below the national rate. According to the 1999 and the 2000 National Household Survey on Drug Abuse (NHSDA), 4.7 percent of individuals aged 12 and over surveyed in West Virginia reported having abused an illicit drug at least once in the month prior to the survey, compared with 6.3 percent nationwide.

The financial impact on West Virginia’s government from substance abuse-related costs and services is considerable. West Virginia spent nearly \$338 million on substance abuse programs in the areas including justice, education,

health, child-family assistance, mental health development disabilities, public safety, and state workforce in 1998, the last year for which these data are available. This figure amounted to 11 percent of the total expenditures for the state. When factoring in the cost of lost productivity and nongovernmental expenses by private social services, estimates for total substance abuse-related costs were even higher.

Table 2. Drug-Related Treatment Admissions West Virginia, 1998–2000

Drug Type	Year		
	1998	1999	2000
Cocaine	1,199	947	1,008
Pharmaceuticals	895	798	1,274
Marijuana	1,871	1,795	1,904
Methamphetamine	71	48	53
Heroin	214	138	160
Other	285	253	172
Total	4,535	3,979	4,571

Source: West Virginia Department of Health and Human Resources.

Cocaine

Cocaine, particularly crack, poses a significant drug threat to West Virginia. Cocaine is readily available, commonly abused, and frequently associated with violent crime in the state. There were more cocaine-related offenses in the state than offenses for any other illicit drug in 2002. Further, over 57 percent of drug-related federal sentences in West Virginia in FY2001 were cocaine-related. Caucasian and African American local independent dealers and loosely organized criminal groups as well as local street gangs such as West Side Posse are the principal transporters and wholesale- and retail-level distributors of cocaine in West Virginia. Powdered

cocaine available in the state most frequently is transported via private vehicles from Charlotte, North Carolina; Chicago, Illinois; Columbus, Ohio; Detroit, Michigan; and New York, New York. Much of the powdered cocaine transported into the state is converted into crack locally; however, some crack available in the state is transported via private vehicles primarily from Chicago, Illinois; Ohio; and Pennsylvania. African American local independent dealers and loosely organized criminal groups as well as local street gangs such as West Side Posse are the primary retail-level distributors of crack cocaine—wholesale-level distribution is rare. Powdered

cocaine and crack are distributed from private residences, bars, and hotel rooms throughout the

state. Crack also is distributed from open-air drug markets and low-income housing projects.

Abuse

Treatment data indicate that cocaine frequently is abused in West Virginia. The number of cocaine-related treatment admissions to publicly funded facilities fluctuated, but decreased slightly overall from 1,199 in 1998 to 1,008 in 2000, according to the West Virginia Department of Health and Human Resources. (See Table 2 on page 4.) Sixty-eight percent of cocaine-related admissions in 2000 were for crack abuse.

Survey data indicate that the percentage of West Virginia's population that abuses cocaine is comparable to the percentage nationwide. According to combined data from the 1999 and the 2000

NHSDA, 1.3 percent of individuals aged 12 and older surveyed in West Virginia reported having abused cocaine at least once during the past year, compared to 1.6 percent nationwide. According to 1999 Youth Risk Behavior Survey (YRBS) data, the most recent data available, 10.5 percent of West Virginia high school students surveyed reported having abused cocaine at least once in their lifetime, compared to 9.5 percent nationwide. Further, 4.4 percent of West Virginia's high school students surveyed reported that they had abused cocaine in the 30 days prior to the survey, compared to 4.0 percent nationally.

NDIC National Drug Threat Survey

The NDTs 2002 was administered by NDIC to a representative sample of state and local law enforcement agencies throughout the United States to assess availability, abuse, and overall threat posed by all major drugs. NDIC received 2,906 survey responses from law enforcement agencies, an overall response rate of 80 percent. Survey respondents were asked to rank the greatest drug threats in their areas and to indicate the level of availability for each major drug type. They also were asked to provide information on specific groups involved in the transportation and distribution of illicit drugs. Responding agencies also provided narrative assessments of various aspects of the overall drug situation and the threat posed by specific drugs in their areas. Survey responses are used by NDIC to substantiate and augment drug threat information obtained from federal, state, and local law enforcement agencies.

Availability

Cocaine is readily available in West Virginia. Of the 28 law enforcement respondents to the NDTs 2002 in West Virginia who rated the level of cocaine availability in their jurisdictions, 26 indicated that the availability of powdered cocaine was medium or high, and 23 respondents reported the availability of crack as medium or high. Powdered cocaine most frequently is available in gram and ounce quantities but occasionally is available in kilogram and multikilogram quantities. Crack cocaine primarily is available at

the retail level in ounce and gram quantities as well as "rocks."

Low cocaine prices and high purity levels in West Virginia indicate that cocaine is readily available. Statewide cocaine prices for 2002 as reported by the Drug Enforcement Administration (DEA) Charleston Resident Office are listed in Table 3 on page 6. According to DEA, in 2002 the purity of kilogram quantities of powdered cocaine ranged from 80 to 90 percent, ounce quantities from 50 to 80 percent, and gram quantities from

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40 to 50 percent. The DEA Charleston Resident Office reports that bags of powdered cocaine sold at the retail level contained increasingly more cocaine by weight while the price remained stable in 2002. The purity of crack cocaine ranged from 40 to 90 percent during the same period.

The amount of cocaine seized by federal law enforcement officials in West Virginia fluctuated from 1998 through 2002. According to Federal-wide Drug Seizure System (FDSS) data, federal law enforcement officials in West Virginia seized 1.4 kilograms of cocaine in 1998, 7.0 kilograms in 1999, 4.5 kilograms in 2000, 8.2 kilograms in 2001, and 1.3 kilograms in 2002, the most recent data available. (See Table 4.)

Table 3. Cocaine Prices, West Virginia, 2002

Powdered Cocaine	
Kilogram	\$24,000
Ounce	\$1,200
8-Ball	\$250–\$300
Gram	\$100
Crack Cocaine	
Ounce	\$1,200–\$1,600
1/8 Ounce	\$300–\$400
1/4 Gram	\$20–\$50
Rock	\$50

Source: DEA Charleston Resident Office.

Table 4. Federal Drug Seizures in Kilograms, West Virginia, 1998–2002

Year	Cocaine	Marijuana	Methamphetamine	Heroin
1998	1.4	4.1	1.4	0.0
1999	7.0	15.2	0.6	0.0
2000	4.5	46.8	0.2	0.0
2001	8.2	90.5	0.5	0.1
2002	1.3	7.3	0.2	0.0

Source: Federal-wide Drug Seizure System.

There were more cocaine-related offenses for 2002 in West Virginia than offenses for any other illicit drug. The West Virginia Division of Criminal Justice Services reported that 51 percent (786 offenses) of the 1,538 drug-specific offenses reported for 2002 involved cocaine and that most (612) of the cocaine-related offenses involved crack.

The percentage of federal drug-related sentences in West Virginia that involved cocaine was higher than the national percentage. According to USSC data, 57.2 percent of drug-related federal sentences in West Virginia in FY2001 were powdered or crack cocaine-related, compared with 42.5 percent nationally. (See Table 1 on page 3.) Further, 45.7 percent of the drug-related federal sentences in West Virginia were crack cocaine-related, compared with 20.4 percent nationwide.

Violence

Cocaine, particularly crack, frequently is associated with violent crime in West Virginia. Crack abusers often commit violent crimes to support their habits, and crack distributors commonly commit violent crimes to protect or expand their turf. The Huntington Police Department reports that crack cocaine abusers in its jurisdiction frequently commit armed robberies and burglaries.

The exchange of guns for drugs, particularly crack, and the illegal purchase of firearms by out-of-state drug distributors and gang members present additional threats to the state. Federal, state, and local law enforcement officials indicate that the availability of handguns in West Virginia is attracting an increasing number of drug distributors and gang members who travel from New Jersey, New York, and Washington, D.C., to West Virginia to exchange crack for guns.

Production

Coca is not cultivated nor is cocaine produced in West Virginia. However, local independent dealers, criminal groups, and gangs covert much of the powdered cocaine in the state into crack cocaine locally, often in the area where the crack is sold, to avoid lengthier federal sentences

associated with the transportation or possession of crack. Under federal law, a person convicted of transporting or possessing 5 grams of crack cocaine faces a mandatory sentence of 5 years in prison, equivalent to the penalty for transporting or possessing 500 grams of powdered cocaine.

Transportation

Caucasian and African American local independent dealers and loosely organized criminal groups as well as local street gangs such as West Side Posse are the principal transporters of powdered and crack cocaine into West Virginia. Most of the powdered cocaine available in West Virginia is transported via private vehicles from Charlotte, Chicago, Columbus, Detroit, and New York City, among other areas. Crack cocaine occasionally is transported into the state via the same method primarily from Chicago, Illinois; Ohio; and Pennsylvania. Package delivery services, vessels on inland waterways, and couriers aboard buses and trains also are used to transport cocaine into West Virginia from the aforementioned areas, albeit to a lesser extent.

Out-of-state African American, Jamaican, and Mexican criminal groups, among others, as well as street gangs such as Bloods also transport powdered and crack cocaine into West Virginia. These groups and gangs transport cocaine into the state from Columbus, Detroit, New York City, and other areas, primarily via private vehicles equipped with hidden compartments. These groups and gangs also occasionally transport cocaine into the state by couriers aboard buses and trains.

Distribution

Caucasian and African American local independent dealers and loosely organized criminal groups as well as local street gangs such as West Side Posse are the principal wholesale- and retail-level distributors of powdered cocaine in West Virginia. These dealers, groups, and gangs distribute the drug from private residences, bars, and hotel rooms throughout the state. African American local independent dealers and loosely organized criminal groups as well as local street gangs such as West Side Posse are the primary retail-level distributors of crack cocaine—wholesale-level distribution is rare. These dealers, groups, and gangs usually distribute the drug from the same venues as powdered cocaine, as well as from open-air drug markets and low-income housing projects. Powdered cocaine sold at the retail level typically is packaged in small zip-top plastic bags. Crack is sold loose as rocks, as well as packaged in small plastic bags or clear plastic vials.

Out-of-state African American and Jamaican criminal groups, among others, as well as street gangs such as Bloods also distribute powdered and crack cocaine in West Virginia, although to a lesser extent. According to state and local law enforcement officials, out-of-state distributors frequently provide money or crack cocaine to local residents, particularly women, in exchange for the use of their residences and vehicles. When the distributors believe their activities are attracting law enforcement attention, they move to another residence or leave the state. Some drug distributors from cities such as Detroit and Columbus establish a base of operations across the West Virginia state line in cities such as Gallipolis and South Pointe, Ohio, or Ashland, Kentucky, then travel between their base of operations and West Virginia to sell cocaine, primarily crack.

Diverted Pharmaceuticals

Diverted pharmaceuticals pose a serious drug threat to West Virginia, rivaling that of cocaine in many areas of the state. Diverted pharmaceuticals such as OxyContin, Vicodin, and Dilaudid are readily available, commonly abused, and frequently associated with property crimes throughout the state. Further, treatment data indicate that there were more pharmaceutical-related treatment

admissions in 2000 than admissions for any illicit drug except marijuana. Caucasian local independent dealers, abusers, and loosely organized criminal groups are the principal transporters and distributors of diverted pharmaceuticals in West Virginia. Diverted pharmaceuticals typically are sold from private residences, bars, and at open-air drug markets.

Abuse

Treatment data reflect a high level of pharmaceutical abuse in West Virginia. In 2000 there were more pharmaceutical-related treatment admissions than admissions for any illicit drug except marijuana; the number increased from 895 in 1998 to 1,274 in 2000, according to the West Virginia Department of Health and Human Resources. (See Table 5 on page 9.) Men and

women were equally likely to be treated for pharmaceutical abuse. The highest number of treatment admissions in 2000 was related to the abuse of opiates/synthetics (see text box on page 9), methadone, other sedatives, and benzodiazepines (Valium and Xanax). Anecdotal reporting from treatment providers throughout West Virginia indicates that pharmaceutical abuse is endemic

Narcotics

Narcotics are natural or synthetic opioids/opiates including codeine, fentanyl, hydrocodone products (Lortab, Lorcet, Vicodin), hydromorphone products (Dilaudid), methadone, morphine, oxycodone products (OxyContin, Percodan, Tylox, Percocet), and propoxyphene (Darvocet). Narcotics are prescribed for pain relief but often are abused for the euphoric effects they produce. Side effects of narcotic abuse include drowsiness, respiratory depression, constricted pupils, and nausea.

and a way of life for many West Virginians, with members of various socioeconomic classes and age groups abusing these drugs.

OxyContin continues to be one of the most widely abused diverted pharmaceuticals in West Virginia. Trends in abuse vary throughout the state. According to federal, state, and local law enforcement officials, OxyContin abuse is increasing in Bridgeport and Morgantown as well as in southern West Virginia. Abuse levels are decreasing in Weirton and Welch. Law enforcement officials attribute the decrease, at least in part, to proactive enforcement efforts, which have limited availability of the drug. However, limited availability has caused many OxyContin abusers in these areas to switch to heroin and other opiate-based pharmaceuticals.

Methadone increasingly is abused in West Virginia. The number of treatment admissions for nonprescription methadone increased dramatically from 15 in 1999 to 254 in 2000. Law enforcement officials in Charleston, Gilbert, Huntington, Parkersburg, Point Pleasant, South Charleston, Vienna, and Welch report that methadone is abused in their jurisdictions. Methadone is a synthetically manufactured, long-lasting opiate, usually taken orally, which causes pain-killing and depressant effects that can last 4 to 6 hours. Methadone also reduces drug cravings and blocks withdrawal symptoms

for 24 to 72 hours and commonly is used to treat individuals dependent on heroin and other opioids. In a treatment program, methadone usually is taken orally in syrup form and drunk with a cordial or fruit juice.

Table 5. Pharmaceutical-Related Treatment Admissions, West Virginia 1998–2000

Drug Type	Year		
	1998	1999	2000
Opiates/synthetics	618	553	764
Nonprescription methadone	11	15	254
Benzodiazepines	90	89	96
Sedatives	83	82	102
Tranquilizers	48	20	19
Barbiturates	41	39	38
Other stimulants	4	0	1
Total	895	798	1,274
Percent of total admissions (excluding alcohol)	20	20	28

Source: West Virginia Department of Health and Human Resources.

Availability

Diverted pharmaceuticals are readily available throughout West Virginia. Of the 28 law enforcement respondents to the NDTs 2002 in West Virginia who rated the level of diverted

pharmaceutical availability in their jurisdictions, 22 indicated that availability was high. In 2002 diverted OxyContin sold for \$1 to \$1.25 per milligram; hydrocodone products such as Lortab,

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Lorcet, and Vicodin sold for \$4 to \$6 per tablet; generic hydrocodone products sold for \$3 per tablet; Xanax sold for \$2 per tablet; and Valium sold for \$3 per tablet, according to the DEA Charleston Resident Office.

Offenses involving other opiates (Dilaudid, Lortab, morphine, OxyContin, Percocet) increased in frequency and exceeded the number

of offenses involving powdered cocaine in 2002, the first time since 1999. The West Virginia Division of Criminal Justice Services reported that 12.5 percent (193 offenses) of the 1,538 drug-specific offenses reported for 2002 involved other opiates. The greatest number of charges involving other opiates was from Mercer (36) and Nicholas (30) counties.

Public Insurance Agencies Aim to Curb OxyContin Prescription Payouts

Two major public insurance agencies in West Virginia require prior authorization for OxyContin prescriptions. Medicaid requires physicians to obtain prior authorization for any OxyContin prescription submitted for reimbursement. Public Employees Health Insurance (PEHI) also requires prior authorization for OxyContin prescriptions. As of November 2002, physicians for PEHI members must call a toll-free notification line before pharmacists will honor prescriptions for OxyContin. Insurance companies implemented these measures based on the high abuse potential of the drug and the high level of abuse in Appalachia. The measures also are intended to reduce inappropriate payouts for fraudulent prescriptions.

Source: West Virginia Office of the Attorney General; West Virginia Department of Health and Human Resources; Public Employees Insurance Agency.

Violence

Abusers of diverted pharmaceuticals in West Virginia normally do not commit violent crimes such as robbery; however, many abusers commit property crimes such as theft and burglary to support their drug habits. Bridgeport Police

Department officials report that most shoplifting crimes in the area are committed by abusers who trade stolen merchandise for diverted pharmaceuticals.

Transportation

Most diverted pharmaceuticals available in West Virginia are obtained in the state via common diversion techniques; however, diverted pharmaceuticals also are obtained from areas in Kentucky, Maryland, North Carolina, Ohio, Tennessee, and Mexico. Caucasian local independent

dealers, abusers, and loosely organized criminal groups are the principal transporters of diverted pharmaceuticals into the state, via private vehicles and, to a lesser extent, by package delivery services.

Pharmaceutical Diversion Methods

Prescription drug abusers and dealers divert pharmaceuticals through various methods. Prescription drug abusers and dealers often divert pharmaceuticals through “doctor shopping,” a practice by which individuals who may or may not have a legitimate ailment visit numerous physicians to obtain drugs in excess of what should legitimately be prescribed. Prescription drug abusers and dealers also steal drugs from pharmacies or from the residences of legitimate prescription holders. Dealers and abusers also may forge prescriptions by stealing blank prescription papers from physicians or altering the writing on prescriptions. Pharmacy employees also may divert drugs by intentionally filling fraudulent prescriptions or stealing pharmaceuticals directly from the shelves. Some unscrupulous physicians may also contribute to pharmaceutical diversion by prescribing unnecessary medications, sometimes for a fee or for sexual favors.

Distribution

Caucasian local independent dealers, abusers, and loosely organized criminal groups are the principal distributors of diverted pharmaceuticals in West Virginia. These dealers, abusers, and

criminal groups typically distribute diverted pharmaceuticals from private residences and bars and at open-air markets, among other locations.

Controlled Substances Monitoring Act

West Virginia Senate Bill No. 239 Controlled Substances Monitoring Act was passed in 1995 and became effective in 2002. The act requires the West Virginia Board of Pharmacy to establish and maintain a central repository that contains information regarding prescriptions for Schedule II, III, and IV controlled substances written or filled in the state. According to the DEA Charleston Resident Office, similar legislation passed in other states, such as Kentucky, has proven extremely effective in controlling the abuse of pharmaceutical drugs.

Source: West Virginia Legislative Reference and Information Center; DEA Charleston Resident Office; West Virginia Board of Pharmacy.

Marijuana

Marijuana is the most widely available and commonly abused illicit drug in West Virginia. However, the drug generally is regarded as a lower threat than cocaine and diverted pharmaceuticals because it is less often associated with violent crime and property crime. Most of the marijuana available in West Virginia is produced in Mexico; however, a substantial amount is produced locally and in neighboring states by Caucasian local independent dealers and loosely organized criminal groups that are composed primarily of family members and close friends. Caucasian and, to a lesser extent, African American

local independent dealers and loosely organized criminal groups, as well as OMGs such as Pagan’s and local street gangs such as West Side Posse, are the principal transporters and wholesale- and retail-level distributors of marijuana in West Virginia. These dealers, groups, and gangs transport marijuana from southwestern states, Florida, and surrounding states, among other areas, to West Virginia primarily via private vehicles and, to a lesser extent, commercial vehicles and package delivery services. Marijuana typically is distributed from open-air drug markets, private residences and bars, and on college campuses.

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Caucasian local independent dealers and loosely organized criminal groups frequently transport locally produced marijuana from West Virginia to

markets in surrounding states, such as Ohio and Maryland, and as far south as Florida.

Abuse

Treatment data indicate that marijuana is the most commonly abused illicit drug in West Virginia. The number of marijuana-related treatment admissions surpassed admissions for any other illicit drug in 1998, 1999, and 2000. The number of marijuana-related treatment admissions to publicly funded facilities remained relatively stable at high levels between 1998 (1,871) and 2000 (1,904), according to the West Virginia Department of Health and Human Resources. (See Table 2 on page 4.) In 2000, marijuana accounted for 42 percent of the treatment admissions for illicit drug abuse. Members of all socioeconomic and age groups—teens, middle-aged professionals, and long-term, hardcore drug abusers, among others—abuse marijuana in West Virginia. Marijuana abusers in West Virginia typically smoke blunts (cigars filled with marijuana) and joints (marijuana cigarettes).

Survey data indicate that overall rates of marijuana abuse in West Virginia are lower than the national rate; however, abuse rates among youth are comparable to the national rate. According to combined data from the 1999 and the 2000 NHSDA, 3.5 percent of individuals aged 12 and over surveyed in West Virginia reported having abused marijuana at least once in the month prior to the survey, compared with 4.8 percent nationwide. According to the 1999 YRBS, 48.3 percent of West Virginia high school students surveyed reported having abused marijuana at least once in their lifetime, compared to 47.2 percent nationwide. In addition, 29.3 percent of West Virginia high school students surveyed reported that they had abused marijuana in the month prior to the survey, compared to 26.7 percent nationally.

Availability

Marijuana is the most widely available illicit drug in West Virginia. Of the 28 law enforcement respondents to the NDTs 2002 in West Virginia who rated the level of marijuana availability in their jurisdictions, 27 indicated that availability was medium or high. Most of the marijuana available in West Virginia is produced in Mexico; however, a substantial amount of locally produced marijuana and marijuana produced in other states is available. Locally produced marijuana typically sold for \$2,000 per pound in 2002, according to the Appalachia High Intensity Drug Trafficking Area (HIDTA). Statewide marijuana prices for 2002, including those for sinsemilla, as reported by the DEA Charleston Resident Office are listed in Table 6.

Table 6. Marijuana Prices, West Virginia, 2002

Commercial-Grade	
Pound	\$800–\$1,500
Ounce	\$120–\$250
Gram	\$6–\$10
Cigarette	\$2
Sinsemilla	
Pound	\$2,200–\$3,200
Ounce	\$180–\$240
Gram	\$12
Cigarette	\$2

Source: DEA Charleston Resident Office.

Sinsemilla

Sinsemilla, in Spanish, means without seed. Growing the female cannabis plant in the absence of the male cannabis plant prevents pollination, resulting in an increase in THC (tetrahydrocannabinol) levels and bud growth of female plants. According to data from the Potency Monitoring Project, the THC content of marijuana available in the United States in 2001 averaged 9.55 percent for sinsemilla, compared with 5.03 percent for commercial-grade marijuana. Sinsemilla includes only the buds and flowering tops of the cannabis plant where THC is most concentrated, while commercial-grade marijuana usually includes the leaves, stems, and seeds. Thus, the average marijuana yield for mature sinsemilla is approximately one-half pound per plant, compared with 1 pound per plant for commercial-grade marijuana.

The amount of marijuana seized by federal law enforcement officials in West Virginia increased each year from 1998 through 2001, before decreasing dramatically in 2002. According to FDSS data, federal law enforcement officials in West Virginia seized 4.1 kilograms of marijuana in 1998, 15.2 kilograms in 1999, 46.8 kilograms in 2000, 90.5 kilograms in 2001, and 7.3 kilograms in 2002. (See Table 4 on page 6.)

There were more marijuana-related offenses for 2002 in West Virginia than offenses for any other illicit drug, except crack cocaine. The Division of Criminal Justice Services reported that

19.5 percent (301 offenses) of the 1,538 drug-specific offenses reported in the state for 2002 involved marijuana. Marijuana was the most frequently reported drug in 1999, but has declined from a high of 626 offenses to 301 in 2002.

The percentage of drug-related federal sentences in West Virginia that were marijuana-related was lower than the national percentage in FY2001. According to USSC data, 22 percent of drug-related federal sentences in West Virginia in FY2001 were marijuana-related, compared with 32.8 percent nationwide. (See Table 1 on page 3.)

Violence

Marijuana distributors in West Virginia occasionally commit violent crimes to protect their product and turf; however, marijuana abusers

rarely commit violent crimes. Cannabis cultivators in West Virginia sometimes use booby traps and carry firearms to deter intruders.

Production

Cannabis cultivation is common throughout West Virginia, particularly in the southern counties of Boone, Cabell, Fayette, Lincoln, Logan, Mason, McDowell, Mingo, and Wayne. Caucasian local independent dealers and loosely organized criminal groups, composed primarily of family members and close friends, are the primary cannabis cultivators in West Virginia. Most cannabis cultivators use land in rural and mountainous areas. They typically use public land or land owned by other people to avoid property

seizures and forfeitures. Locally cultivated cannabis usually is harvested in August and much of the marijuana produced is sold to local distributors and abusers as well as distributors in other states. The supply of locally produced marijuana typically is depleted by December, creating a demand for marijuana from other sources.

Outdoor cannabis grows are more common than indoor grows in West Virginia. According to DEA Domestic Cannabis Eradication/Suppression Program data, 688 outdoor plots were seized

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and 30,166 outdoor plants were eradicated in 2002, while 39 indoor grows were seized and 721 indoor plants were eradicated. (See Table 7.) The Appalachia HIDTA reported that the amount of cannabis eradicated in West Virginia in 2002 would have yielded plants valued at an estimated \$61.8 million. This exceeded the value of every other cash crop in the state that year, except “other hay” valued at \$64.5 million. Further, the DEA West Virginia domestic marijuana coordinator estimates that roughly 10 percent or less of the cannabis cultivated in West Virginia is eradicated each year.

Law enforcement reporting indicates that cannabis cultivators are using an increasing number of small grow sites, instead of larger grow sites. The DEA Charleston Resident Office reported in 2002 that federal, state, and local law enforcement officials typically had seized 1,000 cannabis plants per plot at outdoor grow sites, but cultivators are now dispersing their plants over a larger area, sometimes using up to 300 separate plots, each containing one to four plants. This tactic makes detection by air, as well as eradication, more difficult for law enforcement.

Table 7. Cannabis Plots and Grows Seized and Plants Eradicated, West Virginia, 1998–2002

	Year				
	1998	1999	2000	2001	2002
Outdoor plots seized	649	812	664	564	688
Outdoor plants eradicated	40,149	35,342	37,575	35,287	30,166
Indoor grows seized	24	41	53	30	39
Indoor plants eradicated	549	1,649	1,529	848	721

Source: DEA Domestic Cannabis Eradication/Suppression Program.

Transportation

Caucasian local independent dealers and loosely organized criminal groups are the principal transporters of marijuana into West Virginia. To a lesser extent African American local independent dealers and loosely organized criminal groups, as well as OMGs such as Pagan’s and local street gangs such as West Side Posse, also transport marijuana. These dealers, groups, and gangs transport marijuana from southwestern states, Florida, and surrounding states, among other areas, to West Virginia primarily via private vehicles and, to a lesser extent, commercial vehicles and package delivery services. Transporters often package marijuana with dryer sheets, yellow mustard seeds, coffee grounds, jalapeño peppers,

hot pepper flakes, cleaning products, or other materials to mask the drug’s odor.

Out-of-state African American, Jamaican, and Mexican criminal groups, among others, as well as street gangs also transport marijuana into West Virginia, albeit to a lesser extent. Similar to the West Virginia-based transporters, out-of-state criminal groups and gangs transport marijuana from southwestern states, Florida, and surrounding states, among other areas, to West Virginia. Out-of-state transporters primarily use private vehicles equipped with hidden compartments, commercial vehicles, and couriers aboard buses and trains to transport marijuana to West Virginia.

Caucasian local independent dealers and loosely organized criminal groups routinely transport locally produced marijuana from West Virginia to surrounding states such as Ohio and

Maryland, and as far south as Florida. These dealers and criminal groups primarily use private vehicles to transport West Virginia-produced marijuana to out-of-state locations.

Distribution

Caucasian local independent dealers and loosely organized criminal groups are the principal wholesale- and retail-level distributors of marijuana in West Virginia. African American local independent dealers and loosely organized criminals groups as well as OMGs and local street gangs also distribute marijuana at the wholesale and retail levels. To a lesser extent

out-of-state African American, Jamaican, and Mexican criminal groups, among others, as well as street gangs distribute wholesale and retail quantities of marijuana in West Virginia. Retail-level marijuana distribution primarily occurs at open-air drug markets, private residences and bars, and on college campuses.

Methamphetamine

Methamphetamine poses an increasing drug threat to West Virginia and is the primary drug threat in Wood County. Statewide, treatment data indicate low levels of methamphetamine abuse. However, the West Virginia Department of Health and Human Resources reports that the level of methamphetamine abuse likely is not reflected in the number of treatment admissions because methamphetamine is a relatively new abuse problem. Most of the methamphetamine available in West Virginia is produced locally, with availability levels varying from high to low among communities throughout the state. Caucasian local independent dealers and loosely organized

criminal groups, as well as OMGs such as Barbarians and Pagan's, produce and distribute most of the methamphetamine available in West Virginia. Additional quantities of methamphetamine are transported from Mexico as well as from Arizona, California, and Florida via private vehicles and package delivery services. Out-of-state criminal groups, primarily Mexican, increasingly are distributing methamphetamine in West Virginia, particularly in Charleston and the eastern panhandle. Methamphetamine distributed at the retail level in West Virginia typically is packaged in small plastic bags or candy dispensers and sold from private residences and bars.

Abuse

One percent of all drug treatment admissions involving illicit drugs in West Virginia were methamphetamine-related in 2000. According to the West Virginia Department of Health and Human Resources, the number of treatment admissions to publicly funded treatment facilities for methamphetamine abuse decreased from 71 in 1998 to 48 in 1999, then increased slightly to 53 in 2000. (See Table 2 on page 4.) Although the

number of treatment admissions to publicly funded facilities for methamphetamine abuse is low, the West Virginia Department of Health and Human Resources reports that the level of methamphetamine abuse likely is not reflected in the number of treatment admissions because methamphetamine is a relatively new abuse problem.

Methamphetamine abuse levels are highest in the western part of the state. West Virginia State

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Police officials in Danville and Hamlin as well as representatives from the Parkersburg Drug and Violent Crime Task Force report high levels of methamphetamine abuse in their jurisdictions. Huntington Police Department officers report moderate levels of methamphetamine abuse in that city. Officials in these areas often report that crack abusers are switching from crack to methamphetamine because methamphetamine

produces physiological effects that are similar yet longer-lasting.

The percentage of youths reporting methamphetamine abuse in West Virginia is higher than the national percentage. According to 1999 YRBS data, 14.3 percent of West Virginia high school students surveyed reported having abused methamphetamine at least once in their lifetime, compared with 9.1 percent nationwide.

Availability

The availability of methamphetamine varies from high to low throughout communities in West Virginia. Generally, methamphetamine availability is high in the western part of the state, moderate but increasing in the northern and southern parts of the state, and low in eastern West Virginia. According to the NDTs 2002, 17 of the 28 law enforcement respondents in West Virginia who rated the level of methamphetamine availability indicated medium or low levels of availability in their jurisdictions. Respondents from Charleston, Danville, Hamlin, Parkersburg, South Charleston, and Vienna reported that methamphetamine was available at high levels. According to FDSS data, federal law enforcement officials in West Virginia seized 1.4 kilograms of methamphetamine in 1998, 0.6 kilogram in 1999, 0.2 kilogram in 2000, 0.5 kilogram in 2001, and 0.2 kilogram in 2002. (See Table 4 on page 6.) USSC data indicate that in FY2001, 5.9 percent of drug-related federal sentences in West Virginia were methamphetamine-

related, compared with 14.2 percent nationally. (See Table 1 on page 3.)

Most of the methamphetamine available in the state is produced locally and sold in retail quantities; however, wholesale quantities occasionally are available. In 2002 the DEA Charleston Resident Office reported that methamphetamine purity levels ranged from 15 to 100 percent. Statewide methamphetamine prices for 2002 as reported by the DEA Charleston Resident Office are listed in Table 8.

**Table 8. Methamphetamine Prices
West Virginia, 2002**

Pound	\$5,000–\$6,500
Ounce	\$1,600
8-Ball	\$350
Gram	\$150

Source: DEA Charleston Resident Office.

Violence

Methamphetamine increasingly is associated with violent crime in West Virginia. Methamphetamine abusers and producers often commit crimes of domestic violence, including spousal and child abuse and child neglect. According to the Parkersburg Drug and Violent Crime Task

Force, incidents of domestic violence increased 25 percent in its jurisdiction in 2002 because of methamphetamine production and abuse. The task force also attributed a 5.8 percent increase in sexual abuse and assault incidents in 2002 to methamphetamine abuse.

Production

Caucasian local independent dealers and loosely organized criminal groups as well as OMGs such as Barbarians and Pagan's produce most of the methamphetamine available in West Virginia. These dealers, groups, and gangs primarily use the iodine/red phosphorus and iodine/hypophosphorous acid production methods. To a lesser extent, these dealers, criminal groups, and gangs use the Birch reduction and phenyl-2-propanone methods to produce methamphetamine. Methamphetamine laboratories often are located in public areas, such as hotels and in residential neighborhoods, presenting a serious threat to the safety of West Virginia citizens. Some

methamphetamine laboratories are portable and are transported in the trunks of private vehicles. On September 12, 2002, a 40-year-old Caucasian man was sentenced in U.S. District Court to 97 months in prison and 3 years' supervised release for operating several methamphetamine laboratories in south central West Virginia. Subsequently, additional time was added to the sentence for having a gun at one of the laboratories and for a violation of the Prohibited Disposal of Hazardous Materials Act. One methamphetamine laboratory was located at his residence and another was located at his business in Clendenin.

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 DTOs and criminal groups.
- **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.
- **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 OMGs.

The number of methamphetamine laboratory seizures in West Virginia fluctuated but increased overall from 1998 to 2002. According to El Paso Intelligence Center (EPIC) data, 1 methamphetamine laboratory was seized in West Virginia in

1998, 4 in 1999, 2 in 2000, 12 in 2001, and 41 in 2002. The DEA Charleston Resident Office reported that most seized methamphetamine laboratories were capable of producing 1 to 2 ounces of methamphetamine per production cycle. The

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number of methamphetamine laboratories seized in West Virginia in 2002 most likely is much greater than the number reported to EPIC. Parkersburg Drug and Violent Crime Task Force officials reported seizing 56 methamphetamine laboratories in 2002 and receiving telephone calls daily from local residents concerning methamphetamine laboratory activity.

Methamphetamine production poses serious safety concerns in West Virginia. The production process involves the use of volatile chemicals and creates toxic and hazardous waste that endangers law enforcement personnel, emergency response teams, children in residences of methamphetamine producers, and the environment. Methamphetamine laboratories create 5 to 6 pounds of toxic waste for every pound of methamphetamine produced. Most toxic residue

from methamphetamine production is dumped in the local area, killing vegetation and contaminating water supplies and soil. Cleanup and remediation of laboratory sites, which federal law mandates, costs federal, state, and local governments millions of dollars each year. Cleanup of a single laboratory site can range from \$5,000 to \$60,000. In February 2002 several individuals established a methamphetamine laboratory in the rear of a store located in a residential neighborhood in Wood County. The individuals poured toxic waste, including solvents and chemicals, down a basement drain. The chemical fumes drifted through the drainpipes of nearby residences. The fumes were ignited by the pilot light of a water heater in one of the residences causing a flash explosion.

Transportation

Caucasian local independent dealers and loosely organized criminal groups as well as OMGs transport small quantities of methamphetamine to West Virginia from Mexico, Arizona, California, and Florida, among other states, via private vehicles and package delivery services.

According to state and local law enforcement agencies, out-of-state criminal groups, primarily Mexican, increasingly are transporting methamphetamine into West Virginia using similar conveyances.

Distribution

Caucasian local independent dealers and loosely organized criminal groups as well as OMGs are the principal retail-level distributors of methamphetamine in West Virginia; wholesale-level distribution is limited. Out-of-state criminal groups, primarily Mexican, increasingly are

distributing methamphetamine in West Virginia, particularly in Charleston and the eastern panhandle. Methamphetamine distributed in West Virginia typically is packaged in small plastic bags, as well as in candy dispensers, and usually is sold from private residences and bars.

Heroin

Heroin poses a low but increasing threat to West Virginia. Heroin abuse levels in West Virginia are low; however, state and local law enforcement officials report that abuse is increasing in cities such as Martinsburg and Weirton

where the drug is being abused as a substitute for OxyContin. Statewide, heroin availability is limited. South American heroin is the type most readily available. Limited quantities of heroin produced in Mexico, Southeast Asia, and

Southwest Asia also are available. Caucasian and African American local independent dealers and loosely organized criminal groups, as well as local street gangs such as West Side Posse, are the principal transporters and retail-level distributors of heroin in West Virginia—wholesale-level distribution is limited. Most of the heroin available in West Virginia is transported into the state

via private vehicles from Baltimore, Maryland; Detroit, Michigan; New York, New York; Charlotte, North Carolina; Cleveland, Columbus, and Steubenville, Ohio; Philadelphia and Pittsburgh, Pennsylvania; and Washington, D.C. Heroin is sold at open-air drug markets as well as from private residences, hotel rooms, and bars in West Virginia.

Abuse

Treatment data indicate that the level of heroin abuse in West Virginia is low overall. The number of heroin-related treatment admissions to publicly funded facilities has fluctuated from 214 in 1998 to 138 in 1999 and 160 in 2000, according to the West Virginia Department of Health and Human Resources. (See Table 2 on page 4.) Males accounted for 59 percent of all heroin-related treatment admissions in 2000.

Law enforcement reporting indicates that heroin abuse levels are high or increasing in some areas. Hancock-Brooke-Weirton Drug and Violent Crime Task Force officials report that heroin is abused at high levels in their jurisdiction—approximately 80 percent of task force investigations in 2002 were heroin-related. Local law enforcement officials in Barboursville and Martinsburg also report that heroin is abused at high levels. Further, Parkersburg law enforcement officials report that heroin abuse is an emerging problem. Law enforcement officials often attribute the high or increasing levels of heroin abuse in these areas, at least in part, to proactive enforcement

efforts that have limited the availability of OxyContin and caused many OxyContin abusers to switch to heroin.

The percentage of youths reporting heroin abuse in West Virginia is comparable to the percentage nationwide. According to 1999 YRBS data, 3.1 percent of West Virginia high school students surveyed reported having abused heroin at least once in their lifetime compared to 2.4 percent nationwide.

Heroin abusers in West Virginia primarily administer the drug via injection, although many novice and younger abusers snort or smoke the drug to avoid contracting needle-borne diseases such as HIV (human immunodeficiency virus) and hepatitis. Many of these abusers mistakenly believe that smoking or snorting heroin will not lead to addiction. However, treatment officials report that most novice abusers become addicted to heroin within 6 months of initial use and, as tolerance levels increase, these abusers begin injecting heroin to obtain a more intense high.

Availability

Heroin availability is limited statewide. Of the 28 law enforcement respondents to the NDTs 2002 in West Virginia who rated the level of heroin availability in their jurisdictions, 21 reported that heroin was available at low levels. Respondents from Barboursville, Glenville, Wayne, Charleston, and Moundsville reported that heroin

was available at moderate levels. One respondent from Martinsburg reported that heroin was available at high levels. South American heroin is the most prevalent type of heroin available in West Virginia, although limited quantities of Mexican black tar and brown powdered heroin, Southeast

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Asian heroin, and Southwest Asian heroin also are available.

Seizure statistics, drug-related offenses, and federal sentencing data indicate that heroin availability is limited in West Virginia. Federal law enforcement officials in West Virginia seized 0.1 kilogram of heroin from 1998 through 2002, according to FDSS data. (See Table 4 on page 6.) The Division of Criminal Justice Services reported that 6.1 percent (94) of the 1,538 drug-specific offenses reported in 2002 involved heroin. The percentage of drug-related federal

sentences in West Virginia involving heroin was lower than the national percentage in FY2001. According to USSC data, 5.9 percent of drug-related federal sentences in West Virginia in FY2001 were heroin-related, compared with 7.2 percent nationally. (See Table 1 on page 3.)

The DEA Charleston Resident Office reported that heroin sold for \$350 per bundle (10 bags) and \$25 to \$50 per bag in 2002. The heroin analyzed by DEA was typically 85 percent pure. Heroin rarely is sold in kilogram quantities in West Virginia.

Violence

Violence associated with heroin distribution and abuse in West Virginia is limited. Heroin abusers who commit crimes in West Virginia

generally commit nonviolent property crimes to support their heroin addiction.

Production

Opium is not cultivated nor is heroin refined in West Virginia. Heroin available in the United States is produced primarily in four source regions: South America, Mexico, Southeast Asia, and Southwest Asia. Most of the heroin available

in West Virginia is produced in South America, although limited quantities of Mexican black tar and brown powdered heroin, Southeast Asian heroin, and Southwest Asian heroin are available in the state.

Transportation

Caucasian and African American local independent dealers and loosely organized criminal groups as well as local street gangs, such as West Side Posse, are the principal transporters of heroin into West Virginia. Out-of-state African American and Mexican criminal groups, among others, as well as street gangs also transport heroin into West Virginia, although to a lesser extent. Most of the heroin available in West Virginia is

transported into the state via private vehicles from Baltimore, Maryland; Detroit, Michigan; New York, New York; Charlotte, North Carolina; Cleveland, Columbus, and Steubenville, Ohio; Philadelphia and Pittsburgh, Pennsylvania; and Washington, D.C., among other areas. Heroin also is transported from these areas into the state, albeit to a lesser extent, by couriers aboard buses and trains and via package delivery services.

Distribution

Retail-level heroin distribution usually occurs in the urban areas of West Virginia such as Martinsburg and Weirton; wholesale-level heroin distribution in West Virginia is rare. Caucasian and African American local independent dealers and loosely organized criminal groups as well as local street gangs, such as West Side Posse, are the principal retail-level distributors of heroin in West Virginia. Heroin typically is sold at open-air drug markets, private residences, hotel rooms, and bars in the state. Most heroin sold at the retail level is packaged in small plastic zip-top bags with markings such as He-Man, NYPD, Pokemon, Red Bull, Spiderman, or Turbo. In Beckley heroin typically is packaged in aluminum gum wrappers or

in small plastic bags, according to the West Virginia State Police.

Out-of-state African American and Mexican criminal groups, among others, as well as street gangs also distribute heroin at the retail level in West Virginia, albeit to a lesser extent. However, local law enforcement officials in West Virginia report that Philadelphia- and Pittsburgh-based distributors increasingly are selling retail quantities of heroin in their jurisdictions. In 2002 officials from the Hancock-Brooke-Weirton Drug and Violent Crime Task Force arrested an African American male from Pittsburgh in possession of 110 stamp bags of heroin. This individual had traveled from Pittsburgh to Weirton in a “jitney”—an unlicensed taxi—to distribute the heroin.

Other Dangerous Drugs

Other dangerous drugs (ODDs), including MDMA, GHB and its analogs, ketamine, and LSD, pose lesser drug threats to West Virginia. Availability and abuse of these drugs are limited throughout most of the state. Caucasian young adults are the principal retail-level distributors of

MDMA, GHB, and ketamine in the state; however, African American males are the principal retail-level distributors of MDMA in Wheeling and Weirton. Local independent dealers and OMGs are the principal retail-level distributors of LSD throughout the state.

MDMA

Overall, the availability and abuse of MDMA (3,4-methylenedioxymethamphetamine) pose a low drug threat to West Virginia. Of the 28 law enforcement respondents to the NDTs 2002 in West Virginia who rated the level of MDMA availability in their jurisdictions, 18 indicated that availability was low. Respondents from Charleston, Glenville, Martinsburg, Morgantown, Point Pleasant, and Wayne rated availability as medium. Only respondents from Barboursville, Bridgeport, and Sutton rated the level of MDMA availability as high. Treatment data as well as arrest and seizure statistics regarding MDMA are not available in West Virginia.

MDMA, also known as Adam, ecstasy, XTC, E, and X, is a synthetic stimulant and low-level hallucinogen. MDMA was patented in Germany in 1914 where it was given to psychiatric patients to assist in psychotherapy. The American Psychological Association and the Food and Drug Administration never approved this practice. Sometimes called the hug drug, abusers claim that the drug helps them 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, insomnia, anxiety, and

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paranoia. The physical effects can include muscle tension, involuntary teeth clenching, blurred vision, and increased heart rate and blood pressure. MDMA abuse can also 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.

Most of the MDMA consumed in West Virginia is produced outside the United States, typically in laboratories in the Netherlands and Belgium. MDMA primarily is transported into West Virginia from New York City and Pittsburgh; however, MDMA also is transported into the state from Florida, North Carolina, and Ohio, among other areas. Caucasian local independent dealers are the primary transporters of MDMA into West Virginia, typically using private vehicles or package delivery services.

Law enforcement officials indicate that limited quantities of MDMA are produced in West Virginia. West Virginia State Police officials in

Point Pleasant report that MDMA laboratories were operating in its jurisdiction in 2002. Further, federal, state, and local law enforcement officials in many college towns in areas served by the DEA Washington Division, including areas in West Virginia, speculate that some graduate-level science students may be producing small quantities of MDMA.

Young adults, primarily Caucasians, are the principal abusers and retail-level distributors of MDMA throughout most of West Virginia; however, African American males are the principal retail distributors of MDMA in Wheeling and Weirton. Wholesale distribution of MDMA in West Virginia is limited. MDMA tablets available in West Virginia typically are stamped with a symbol such as an anchor, banana split, lantern, Mercedes, Mitsubishi, Peace sign, Playboy, smiley face, star, Superman, Teletubbies, Thumbs Up, and VW. MDMA typically is distributed at nightclubs and bars, private parties, and on college campuses. In 2002 MDMA tablets in West Virginia sold for \$13.50 to \$30 per tablet at the retail level.

GHB and Analogs

The threat posed by GHB (gamma-hydroxybutyrate) and its analogs—GBL, BD, GHV, and GVL—is low in West Virginia. GHB, also known as liquid MDMA, scoop, Georgia home boy, grievous bodily harm, and liquid X, is a depressant that occurs naturally in the body and is necessary for full functioning of the brain and central nervous system. GHB analogs are drugs that possess chemical structures that closely resemble GHB. Abuse of GHB and its analogs may cause drowsiness, dizziness, nausea, vomiting, loss of consciousness, impaired breathing, and death. Because of their sedative properties, GHB and its analogs have been used to facilitate sexual assaults throughout the nation.

GHB and its analogs are available in West Virginia primarily at bars, nightclubs, private parties, and on college campuses. GHB analogs are also available at some disreputable health food stores, gyms, and via the Internet. Young adults, primarily Caucasians, are the principal distributors and abusers of GHB and its analogs in West Virginia. According to the DEA Charleston Resident Office, GHB sold for \$5 to \$20 per dosage unit in 2002. A capful, typically the size of the cap from a small water bottle, is the most common dosage unit at the retail level.

Ketamine

The threat associated with the abuse and distribution of ketamine is low in West Virginia. Ketamine, also known as K, special K, vitamin K, and cat valium, is an injectable anesthetic that is approved for both human and animal use. Ketamine is abused in liquid, powder, and tablet forms. The liquid form often is injected intramuscularly. Liquid ketamine sometimes is converted to powdered ketamine and placed in capsules. In its powder form, ketamine resembles cocaine or methamphetamine and often is snorted or smoked with marijuana or tobacco products.

The effects of ketamine vary by the dose ingested. Low-dose intoxication from ketamine may result in impaired attention, learning ability, and memory; dissociation, which includes out-of-body and near-death experiences; and hallucinations.

LSD

The distribution and abuse of LSD (lysergic acid diethylamide) pose a low drug threat to West Virginia. LSD, also known as acid, boomers, and yellow sunshine, is a hallucinogen that induces abnormalities in sensory perceptions. The effects of LSD are unpredictable, depending upon the amount taken, the environment in which it is abused, and the abuser's personality, mood, and expectations. The physical effects include dilated pupils; increased body temperature, heart rate, and blood pressure; sweating; loss of appetite; nausea; numbness; weakness; insomnia; dry mouth; and tremors. Abusers may feel the effects for up to 12 hours. Two long-term disorders associated with LSD are persistent psychosis and hallucinogen persisting perception disorder (flashbacks).

LSD typically is taken orally and is available in powder and liquid forms, in tablets or capsules, and on small candies and pieces of blotter paper that absorb the drug. Most abusers are

High doses of ketamine can cause delirium, amnesia, impaired motor function, high blood pressure, depression, and potentially fatal respiratory problems. Ketamine abusers in the United States and the United Kingdom have reported incidents similar to bad LSD trips. Some abusers try to fly or jump from moving vehicles.

Young adults, primarily Caucasians, are the principal distributors and abusers of ketamine in West Virginia. Distributors and abusers typically obtain the drug by breaking into veterinary clinics. Ketamine is distributed at bars, nightclubs, private parties, and on college campuses. Ketamine in West Virginia sold for \$200 per gram in 2002, according to DEA Charleston Resident Office.

high school and college age individuals. Some abusers hide liquid LSD in breath mint vials and eyedrop bottles, or conceal it in over-the-counter pain relief capsules. Law enforcement officials from the Harrison-Lewis Drug and Violent Crime Task Force report that some LSD abusers in their jurisdiction use hypodermic needles to remove all or a portion of this medication and replace it with powdered LSD.

Most of the LSD available in West Virginia is supplied from California, Ohio, and Pennsylvania, and transported to West Virginia via package delivery services and private vehicles. Caucasian local independent dealers and OMGs are the principal distributors of LSD in the state. LSD sold for \$5 to \$7 per dosage unit in 2002, according to the DEA Charleston Resident Office. LSD is distributed at gyms, dance clubs, nightclubs, private parties, on college campuses, and over the Internet.

Outlook

Cocaine will remain the principal drug threat to West Virginia because of high levels of abuse and ready availability of the drug. The level of violence associated with the distribution and abuse of cocaine, particularly crack, will contribute to the magnitude of the threat. Caucasian and African American local independent dealers and loosely organized criminal groups as well as local street gangs will remain the primary transporters and distributors of cocaine in West Virginia.

Diverted pharmaceuticals will continue to pose a serious drug threat to West Virginia. Treatment data indicate that pharmaceutical abuse, particularly opiate abuse, is a significant problem, and there are no indications that abuse levels will decrease in the near term. Over the long term, the threat may decrease as law enforcement and legislative efforts to reduce the availability and abuse of diverted pharmaceuticals become more effective.

Marijuana will continue to be the most widely available and commonly abused illicit drug in West Virginia. Marijuana produced in Mexico likely will remain the most common type available; however, marijuana produced locally will be readily available as well. Caucasian and African American local independent dealers and loosely organized criminal groups as well as OMGs and local street gangs will remain the principal transporters and distributors of marijuana in West Virginia.

The threat posed by methamphetamine most likely will increase and spread from western West Virginia to other areas of the state. Increasing levels of methamphetamine-related violence will contribute to the overall threat. Most methamphetamine available in West Virginia will continue to be produced locally. Caucasian local independent dealers and loosely organized criminal groups as well as OMGs will remain the principal producers, transporters, and distributors of methamphetamine in West Virginia. Distribution by Mexican criminal groups will continue to increase.

Heroin likely will remain a low threat to West Virginia. However, the threat may increase as law enforcement and legislative efforts become more effective in decreasing the availability of diverted pharmaceuticals, particularly opiates, causing some users to switch to heroin. South American heroin will remain the most prevalent type of heroin available. Caucasian and African American local independent dealers and loosely organized criminal groups as well as local street gangs will remain the primary transporters and distributors of heroin in West Virginia.

The threat posed by other dangerous drugs such as MDMA, GHB, ketamine, and LSD likely will remain low in West Virginia.

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Sources

State and Regional

Pennsylvania

Office of the Attorney General

Pennsylvania State Police

West Virginia

Athens County Drug Task Force

Beckley Police Department

Berkeley County Sheriff's Department

Bridgeport Police Department

Brooke County Sheriff's Office

Charleston Daily Mail

The Charleston Gazette

Charleston Police Department

Street Crimes Unit

Charles Town Police Department

Central West Virginia Drug and Violent Crime Task Force

Nicholas County Sheriff's Office

Summersville Police Department

Doddridge County Sheriff's Office

Eastern Panhandle Drug and Violent Crime Task Force

Berkeley County Sheriff's Department

Jefferson County Sheriff's Office

Martinsburg Police Department

West Virginia State Police

Fairmont City Police Department

Gilbert Police Department

Gilmer County Sheriff's Office

West Virginia Drug Threat Assessment

Hancock-Brooke-Weirton Drug and Violent Crime Task Force

Harpers Ferry Police Department

Harrison County Sheriff's Office

Harrison-Lewis Drug and Violent Crime Task Force

Bridgeport Police Department

Clarksburg City Police Department

Harrison County Sheriff's Office

Lewis County Sheriff's Office

Huntington Drug and Violent Crime Task Force

Barboursville Police Department

Bureau of Alcohol, Tobacco, Firearms and Explosives

Cabell County Sheriff's Office

Drug Enforcement Administration

Federal Bureau of Investigation

Huntington Police Department

Internal Revenue Service

West Virginia State Police

Huntington Police Department

Kanawha County District Attorney's Office

Lewis County Sheriff's Office

Logan Drug and Violent Crime Task Force

Appalachia High Intensity Drug Trafficking Area

Boone County Sheriff's Office

Drug Enforcement Administration

Gilbert Police Department

Logan County Sheriff's Office

West Virginia State Police

Marshall County Sheriff's Office

Maryland State Police

Mason County Sheriff's Office

Metro Drug Enforcement Network Team

Charleston Police Department

Chesapeake Police Department

Dunbar Police Department

Kanawha County Sheriff's Office

Nitro Police Department
St. Albans Police Department

Mingo County Sheriff's Office

Mon (Monongalia) Valley Drug and Violent Crime Task Force

Fairmont Police Department
Marion City Police Department
Marion County Sheriff's Office
Monongalia County Sheriff's Office
Morgantown Police Department
Preston County Sheriff's Office

Monroe County Sheriff's Office

Morgantown Police Department

Ohio Valley Drug and Violent Crime Task Force

Drug Enforcement Administration
Federal Bureau of Investigation
Marshall County Sheriff's Office
Ohio County Sheriff's Department
West Virginia State Police
Wheeling Police Department

Parkersburg Drug and Violent Crime Task Force

Drug Enforcement Administration
Internal Revenue Service
Parkersburg Police Department
Vienna Police Department
West Virginia State Police
Wood County Sheriff's Office

Pleasants County Sheriff's Office

Potomac Highlands Drug and Violent Crime Task Force

Federal Bureau of Investigation
Keyser City Police Department
Moorefield Police Department
West Virginia State Police

Preston County Prosecuting Attorney's Office

Prestrera Center for Mental Services

South Charleston Police Department

West Virginia Drug Threat Assessment

Southern Regional Drug and Violent Crime Task Force

- Bluefield Police Department
- Drug Enforcement Administration
- Internal Revenue Service
- McDowell County Sheriff's Office
- Mercer County Sheriff's Office
- Princeton Police Department
- West Virginia National Guard
- West Virginia State Police

State of West Virginia

- Army National Guard
- Department of Health and Human Resources
 - Board of Medicine
 - Board of Pharmacy
 - West Virginia Legislative Reference and Information Center
 - Bureau for Behavioral Health and Health Facilities
 - Office of Behavioral Health Services
 - Division on Alcoholism and Drug Abuse
- Department of Military Affairs and Public Safety
 - Division of Criminal Justice Services
 - Criminal Justice Statistical Analysis Center
 - West Virginia State Police
- Office of the Attorney General
- Poison Control Center
- Prevention and Resource Center
- Prosecuting Attorneys Institute
- Public Employees Insurance Agency

Sutton Police Department

Tri-Lateral Drug Enforcement Network Team

- Beckley Police Department
- Drug Enforcement Administration
- Fayette County Sheriff's Office
- Mount Hope Police Department
- Raleigh County Sheriff's Office
- West Virginia State Police

Welch Police Department

West Union Police Department

West Virginia University

Wheeling Police Department

Wood County Sheriff's Office

Wyoming County Sheriff's Office

National

Executive Office of the President

Office of National Drug Control Policy

Appalachia High Intensity Drug Trafficking Area

U.S. Department of Commerce

U.S. Census Bureau

U.S. Department of Health and Human Services

Centers for Disease Control

Youth Risk Behavior Survey

National Institutes of Health

National Institute on Drug Abuse

Community Epidemiology Work Group

Substance Abuse and Mental Health Services Administration

Office of Applied Studies

National Household Survey on Drug Abuse

U.S. Department of Justice

Bureau of Alcohol, Tobacco, Firearms and Explosives

Criminal Division

Mid-Atlantic Organized Crime Drug Enforcement Task Force

Drug Enforcement Administration

Domestic Cannabis Eradication/Suppression Program

El Paso Intelligence Center

Federal-wide Drug Seizure System

Philadelphia Division

Washington Division

Charleston Resident Office

Clarksburg Post of Duty Office

Wheeling Post of Duty Office

West Virginia Drug Threat Assessment

Federal Bureau of Investigation
Martinsburg Resident Agency
Wheeling Resident Agency
U.S. Attorney's Office
Northern District of West Virginia
Southern District of West Virginia

U.S. Department of Transportation
Bureau of Transportation Statistics

U.S. Sentencing Commission

Other

Associated Press

Columbia University
The National Center on Addiction and Substance Abuse

Miller, Gary J., *Drugs and the Law: Detection, Recognition and Investigation*

Reuters

University of Mississippi
Potency Monitoring Project



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RISS ndic.riss.net

INTERNET www.usdoj.gov/ndic