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Ohio

Drug Threat Assessment

UPDATE

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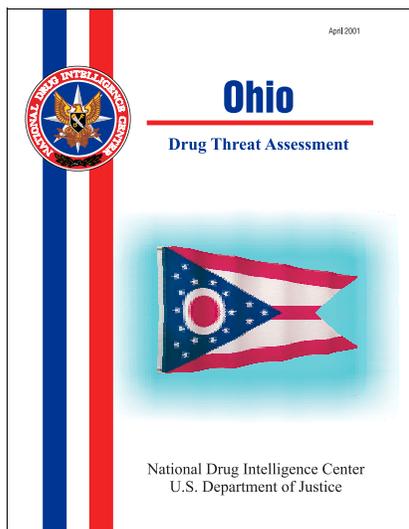
National Drug Intelligence Center
U.S. Department of Justice

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Preface

This report is a brief update to the *Ohio Drug Threat Assessment*, which is a strategic assessment of the status and outlook of the drug threat to Ohio. 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 *Ohio Drug Threat Assessment* was produced in April 2001 and is available on NDIC's web site www.usdoj.gov/ndic or by contacting the NDIC dissemination line at 814-532-4541.





Ohio

Drug Threat Assessment Update

Overview

The distribution and abuse of illicit drugs pose a serious threat to Ohio. The state's transportation infrastructure, its proximity to the U.S.–Canada border, and its location halfway between Chicago and New York City—two national distribution centers for illicit drugs—are conducive to all levels of drug trafficking. Ohio's well-developed network of highways connects New York City, Cleveland, Toledo, and Chicago, thereby facilitating the transportation of cocaine, heroin, marijuana, methamphetamine, and other dangerous drugs to drug markets within and outside the state.

Cocaine is a significant drug threat to Ohio. It is readily available throughout the state, and its distribution and abuse consistently have been linked to violent crime. Heroin is widely available and poses another serious drug threat to the state. The heroin user population is growing and includes an increasing number of young people.

Marijuana is the most widely available and commonly abused illicit drug in Ohio. Methamphetamine production and abuse are expanding throughout the state. Other dangerous drugs such as MDMA, GHB, ketamine, LSD, PCP, and diverted pharmaceuticals are emerging threats.

Cocaine

Cocaine, both powdered and crack, is a significant drug threat to Ohio. The level of cocaine abuse in the state is relatively high. According to the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) Multi-Agency Community Services Information System (MACSIS), there were 11,023 cocaine-related treatment admissions in state fiscal year (SFY) 2001 (July 1 through June 30), a slight decrease from SFY2000 when there were 11,156 cocaine-related treatment admissions. Despite this decrease, cocaine abuse remains the second leading cause of treatment admissions for substance abuse among adults in the state. (See Table 1 on page 2.) According to

Table 1. Primary Drug Treatment Admissions, Ohio, SFY2000–SFY2001

	Cocaine	Heroin	Marijuana	Amphetamine
SFY2000	11,156	4,839	15,328	160
SFY2001	11,023	5,769	17,619	217

Source: Ohio Department of Alcohol and Drug Addiction Services (ODADAS).

the Arrestee Drug Abuse Monitoring (ADAM) Program, 38 percent of adult male arrestees in Cleveland tested positive for cocaine in 2000.

Powdered cocaine is readily available throughout the state; crack is primarily available in urban areas including Cleveland, Youngstown, Akron-Canton, Columbus, Toledo, Dayton, and Cincinnati. Prices for powdered cocaine and crack cocaine in Ohio are stable. According to the Drug Enforcement Administration (DEA) Detroit Division, powdered cocaine in Ohio sold for \$18,000 to \$32,000 per kilogram, \$800 to \$1,400 per ounce, and \$100 per gram in the first quarter of fiscal year (FY) 2002. Crack cocaine sold for \$800 to \$1,500 per ounce and \$5 to \$25 per rock during that time. According to the Federal-wide Drug Seizure System (FDSS), cocaine seizures by federal law enforcement officials in Ohio increased from 121.5 kilograms in 2000 to 343.2 kilograms in 2001.

Mexican and Dominican criminal groups are the primary transporters of powdered cocaine into Ohio. Jamaican and Cuban criminal groups also transport powdered cocaine into the state, but to a lesser extent. Mexican criminal groups transport multikilogram quantities of cocaine from Mexico through southwestern states and Chicago using commercial and private vehicles. They often intermingle cocaine with legitimate cargo or place the drug inside hidden compartments. Dominican criminal groups transport cocaine into Ohio from the New York City area. Jamaican criminal groups transport cocaine from California, Florida, New York, and New Jersey, generally using young

females as couriers. Cuban criminal groups transport powdered cocaine from southern Florida into Ohio. Crack cocaine typically is not transported into the state but is converted from powdered cocaine at or near the point of sale.

Wholesale cocaine distribution is not dominated by any particular criminal group, but is conducted by a variety of criminal groups throughout the state. Wholesale distributors use major cities in Ohio, particularly Cleveland, Columbus, Toledo, and Cincinnati, as distribution centers for smaller cities in and outside the state. Mexican, Dominican, Jamaican, and Cuban criminal groups and various national and local street gangs supply multikilogram quantities of cocaine to Cleveland. These groups, as well as Caucasian, Colombian, and local independent groups supply wholesale quantities of cocaine to Columbus. African American, Caucasian, and Hispanic criminal groups distribute multiounce quantities of cocaine in Toledo. Retail cocaine distribution is controlled largely by street gangs, ethnic criminal groups—primarily Mexican, Puerto Rican, and African American—and local independent dealers. Retail sales of powdered cocaine and crack cocaine generally take place at open-air markets, public housing projects, and private residences.

Cocaine, particularly crack, is the drug most often associated with violent crime in Ohio. Law enforcement officials across the state report that retail distributors frequently carry firearms and have committed drive-by shootings, assaults, and murders.

Heroin

Heroin poses another serious drug threat to Ohio. The number of heroin-related treatment admissions increased from SFY2000 to SFY2001. According to ODADAS, the number of heroin-related treatment admissions increased from 4,839 in SFY2000 to 5,769 in SFY2001. (See Table 1 on page 2.) The Ohio Substance Abuse Monitoring (OSAM) Network analysis of data from treatment centers, law enforcement agencies, personal interviews, and focus groups suggests that heroin abuse is increasing among young adults. In June 2001 OSAM Network research revealed an emerging population of new, young heroin users in Akron, Cleveland, Dayton, Toledo, and Youngstown. ADAM data indicate that in 2000, 4 percent of adult male arrestees in Cleveland tested positive for heroin.

Mexican black tar and Mexican brown powdered heroin are the most prevalent types of heroin available throughout the state. South American heroin is available to a limited extent, primarily in the metropolitan areas. Federal, state, and local law enforcement reporting indicates that heroin availability is increasing in many areas of Ohio, particularly in the Cleveland area.

According to FDSS data, seizures of heroin in Ohio by federal law enforcement increased from 9.6 kilograms in 2000 to 18.2 kilograms in 2001. During the first quarter of FY2002, heroin sold for \$75,000 to \$115,000 per kilogram, \$2,500 to \$7,200 per ounce, and \$140 to \$250 per gram, according to the DEA Detroit Division. The average purity of heroin was 25 percent in Youngstown and 72 percent in Cleveland during the same period.

Heroin is transported to drug markets within Ohio by Mexican, Dominican, Colombian, and Jamaican criminal groups. These groups supply wholesale distributors by transporting heroin in private and rental vehicles and aboard commercial buses from major distribution centers such as Chicago, Detroit, New York City, and various cities along the U.S.–Mexico border.

Mexican, Dominican, and Colombian criminal groups are the principal wholesale distributors of heroin in Ohio. They use major cities such as Cleveland, Columbus, and Toledo as distribution centers for smaller cities in and outside the state. These criminal groups frequently rent an apartment or motel room and distribute multiounce quantities of the drug to other Dominican and Colombian criminal groups and African American and Hispanic street gangs for retail distribution.

Marijuana

Marijuana is the most readily available and widely abused illicit drug in Ohio. It is also the most commonly reported substance of abuse in drug-related treatment admissions. According to ODADAS, the number of marijuana-related treatment admissions in Ohio increased from 15,328 in SFY2000 to 17,619 in SFY2001. (See Table 1 on page 2.) In 2000 ADAM data revealed that 49 percent of adult male arrestees in Cleveland tested positive for marijuana.

Marijuana is readily available throughout Ohio. Marijuana produced in Mexico is the dominant type; however, locally produced marijuana also is available. Marijuana prices vary depending upon quality. According to DEA Detroit Division, marijuana sold for \$800 to \$2,000 per pound, \$100 to \$250 per ounce, and \$9 to \$20 per gram during the first quarter of FY2002. FDSS data indicate marijuana seizures by federal law enforcement increased in volume from 841 kilograms of marijuana in 2000 to 2,441 kilograms in 2001.

Cannabis is cultivated throughout the state at both outdoor and indoor grow sites. Outdoor grow sites are located on public and private land usually in remote areas. Indoor grows often are located in residential basements and have intricate lighting systems to stimulate plant growth. According to the DEA Domestic Cannabis Eradication/Suppression Program, 38,482 outdoor-cultivated plants were eradicated in 1999 and 36,962 in 2000. Further, 2,264 indoor-cultivated plants were eradicated in 1999 and 3,085 in

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2000. In November 2001, the DEA Cleveland Resident Office, in cooperation with the Akron Police Department, seized a relatively large indoor cannabis grow consisting of approximately 292 plants from a vacant building.

Mexican criminal groups supply most of the marijuana available in Ohio. They transport the marijuana in bulk quantities from Mexico through southwestern states using commercial and private vehicles. The marijuana often is intermingled with legitimate cargo such as produce.

Mexican criminal groups generally supply wholesale quantities of marijuana to street gangs and local independent dealers for retail distribution. Locally produced marijuana is not produced in quantities large enough to support wholesale distribution. Local growers generally control the retail distribution of the marijuana they produce. Marijuana typically is sold on street corners or in low-income public housing developments. Some retail sales are prearranged using cellular telephones or pagers and occur in private residences or vehicles.

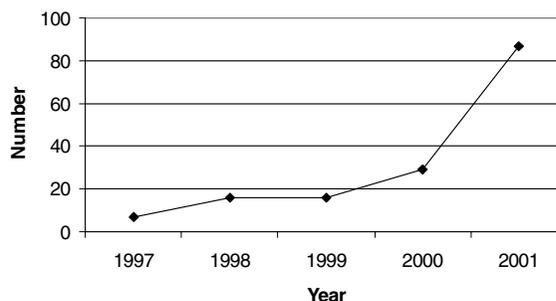
Methamphetamine

Methamphetamine abuse poses another significant drug threat throughout the state, particularly in southwestern Ohio. According to ODADAS, the number of amphetamine-related treatment admissions including those for methamphetamine increased from 160 in SFY2000 to 217 in SFY2001. (See Table 1 on page 2.) Federal, state, and local law enforcement reporting confirms that methamphetamine abuse is spreading from southwestern Ohio to urban areas in the northeastern part of the state.

Methamphetamine produced locally as well as in Mexico, California, and southwestern states is available in Ohio. Locally produced methamphetamine is the primary type available, particularly in rural areas of southwestern Ohio. According to the DEA Detroit Division, methamphetamine sold for \$100 per gram and for \$700 to \$1,500 per ounce during the first quarter of FY2002.

Methamphetamine production is spreading throughout Ohio, particularly from southwest to northeast. This has resulted in a substantial increase in laboratory seizures from 7 in 1997 to 87 in 2001 (see Chart 1). Local independent Caucasian males are the primary producers of methamphetamine in the state. They generally produce the drug using the Birch reduction method, which utilizes anhydrous ammonia, a common agricultural fertilizer. Law enforcement officials throughout rural areas of Ohio are reporting increased thefts of anhydrous ammonia that they attribute to increased methamphetamine production in their areas.

Chart 1. Methamphetamine Laboratory Seizures, Ohio, 1997–2001



Source: El Paso Intelligence Center (EPIC).

Independent producers, primarily using private vehicles, transport locally produced methamphetamine. The drug typically is not transported far from laboratory sites. Mexican criminal groups transport methamphetamine produced in Mexico, California, and southwestern states into Ohio in commercial and private vehicles.

Locally produced methamphetamine is not produced in quantities large enough to support wholesale distribution. Local independent producers distribute the drug at the retail level. Limited law enforcement reporting reveals that outlaw motorcycle gangs also may be distributing locally produced methamphetamine at the retail level. Mexican criminal groups are the primary wholesale distributors of methamphetamine produced in Mexico, California, and southwestern states. They generally sell wholesale quantities to local independent dealers for retail distribution.

Other Dangerous Drugs

The distribution and abuse of other dangerous drugs such as MDMA, GHB, ketamine, PCP, and LSD pose an increasing threat, particularly to the state's teenagers and young adults. The diversion and abuse of pharmaceuticals also are serious and growing concerns in the state.

MDMA. The availability and abuse of MDMA (3,4-methylenedioxymethamphetamine) are increasing in Ohio, primarily in areas near colleges and universities. Most of the MDMA available in the state is transported into Ohio from Chicago and New York City by local independent dealers who generally use package delivery services. MDMA is sold to teenagers and young adults at raves and dance clubs for \$15 to \$25 per tablet. However, in October 2001 the OSAM Network indicated that MDMA distribution and abuse are increasingly occurring at such locations as homes, small parties or gatherings, high schools, college campuses, and anywhere else young people congregate.

MDMA

MDMA, also known as ecstasy, Adam, XTC, E, and X, is a stimulant and low-level hallucinogen. Sometimes called the hug drug, MDMA purportedly helps abusers to be more "in touch" with others and "opens channels of communication." However, abuse of the drug can cause psychological problems similar to those associated with methamphetamine and cocaine abuse including confusion, depression, sleeplessness, anxiety, and paranoia. The physical effects can include muscle tension, involuntary teeth clenching, blurred vision, and increased heart rate and blood pressure. MDMA abuse also can cause a marked increase in body temperature leading to muscle breakdown, kidney failure, cardiovascular system failure, stroke, or seizure as reported in some fatal cases. Research suggests that MDMA abuse may result in long-term and sometimes permanent damage to parts of the brain that are critical to thought and memory.

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

GHB Analogs

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

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

GHB generally is produced outside Ohio and transported into the state by local independent dealers. GHB analogs are available at disreputable health food stores, gyms, and via the internet. GHB and its analogs are typically sold to high school and college students at raves and dance clubs for \$5 to \$20 per dose.

Ketamine. The ketamine available in Ohio is smuggled into the state from Mexico or is stolen from veterinary offices. Ketamine is an injectable veterinary anesthetic that, when taken by humans in large doses, causes reactions similar to those associated with PCP. Local independent dealers are the primary distributors of ketamine in Ohio. The drug usually is sold at

raves and dance clubs in liquid and powder forms for approximately \$60 per dose.

PCP. The hallucinogen PCP (phencyclidine) is becoming increasingly available in Ohio. The drug generally is produced in California and transported primarily via package delivery services and private vehicles into Ohio. For example, in December 2001 the Northeast Ohio Parcel Interdiction Team seized over 11 quarts of PCP that were being shipped via a package delivery service from Los Angeles to a criminal group in Cleveland for distribution within the state. PCP is distributed by street gangs and local independent dealers. PCP abusers often display unpredictable and violent behavior that may present a danger to law enforcement officials and others. PCP commonly is smoked in cigarettes and marijuana joints that have been dipped in the liquid form of the drug. One PCP-laced cigarette or joint sells for \$15 at the retail level.

LSD. The hallucinogen LSD (lysergic acid diethylamide) is available in some urban areas of Ohio. It is transported from California primarily via package delivery services, and distributed at the retail level by local independent dealers for \$1 to \$4 per dose. LSD often is applied to blotter paper and candy or disguised as breath freshener drops.

Diverted Pharmaceuticals. Pharmaceuticals are diverted, distributed, and abused in Ohio; however, the threat posed by diverted pharmaceuticals is less than that of other illicit drugs. Diverted pharmaceuticals that are commonly abused include OxyContin, Valium, Vicodin, and Xanax. They generally are acquired by abusers and distributors through forged or stolen prescriptions, “doctor shopping”—visiting numerous physicians to obtain drugs in excess of what should be legitimately prescribed—and theft from pharmacies.

OxyContin, a powerful opiate-based pain relief medication, is the most prevalent diverted pharmaceutical in the state. OxyContin is designed to be swallowed whole for controlled-release dosing; however, abusers often chew the

tablets or crush them into a powder, which they snort or mix with water and inject. This eliminates the controlled-release property of the drug and causes heroin-like effects that may last up to 12 hours.

Outlook

Cocaine will remain a significant drug threat to Ohio due to its widespread abuse and availability. The level of violence associated with crack cocaine distribution and abuse will continue to contribute to the magnitude of the threat. Mexican and Dominican criminal groups have well-established transportation networks in Ohio and will likely remain the primary transporters of powdered cocaine throughout the state. Street gangs, ethnic criminal groups, and local independent groups will maintain control of the retail distribution of both powdered cocaine and crack.

Heroin will continue to pose a considerable threat to the state. The drug is widely available, and its abuse will likely increase, particularly among younger users.

Marijuana will inevitably remain the most widely available and frequently abused illicit drug in Ohio. Cannabis will continue to be cultivated at indoor and outdoor grow sites throughout the state; however, marijuana from Mexico will remain the dominant type available.

Methamphetamine abuse and availability will likely increase, particularly as methamphetamine production in the state continues to escalate. The user population also will likely increase, spreading from rural to urban areas.

The abuse of MDMA, GHB, and its analogs will continue to be a problem, particularly among teenagers and young adults. Raves and dance clubs will remain the primary outlets for these drugs, but they will likely be sold at an increasing number of other venues. Ketamine, LSD, PCP, and diverted pharmaceuticals will remain lower threats than other illicit drugs in Ohio.

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