



U.S. Department of Justice
National Drug Intelligence Center



Appalachia High Intensity Drug Trafficking Area



Drug Market Analysis 2011

Source Summary Statement

The National Drug Intelligence Center (NDIC) has high confidence in this drug market analysis as it is based on multiple sources of information that have proved highly reliable in prior NDIC, law enforcement, and intelligence community reporting. Quantitative data, including seizure, eradication, and arrest statistics, were drawn from data sets maintained by federal, state, or local government agencies. Discussions of the prevalence and consequences of drug abuse are based on published reports from U.S. Government agencies and interviews with public health officials deemed reliable because of their expertise in the diagnosis and treatment of drug abuse. Trends and patterns related to drug production, trafficking, and abuse were identified through detailed analysis of coordinated counterdrug agency reporting and information. NDIC intelligence analysts and field intelligence officers obtained this information through numerous interviews with law enforcement and public health officials (federal, state, and local) in whom NDIC has a high level of confidence based on previous contact and reporting, their recognized expertise, and their professional standing and reputation within the U.S. counterdrug community. This report was reviewed and corroborated by law enforcement officials who have jurisdiction in the Appalachia High Intensity Drug Trafficking Area and possess an expert knowledge of its drug situation.



**U.S. Department of Justice
National Drug Intelligence Center**



2011-R0813-001

September 2011

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This assessment is an outgrowth of a partnership between the NDIC and HIDTA Program for preparation of annual assessments depicting drug trafficking trends and developments in HIDTA Program areas. The report has been coordinated with the HIDTA, is limited in scope to HIDTA jurisdictional boundaries, and draws upon a wide variety of sources within those boundaries.

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Executive Summary

The overall drug threat to the Appalachia High Intensity Drug Trafficking Area (HIDTA) remained relatively consistent over the past year. The diversion, trafficking, and abuse of controlled prescription drugs (CPDs)^a pose the primary drug threat to the Appalachia region, overshadowing the threat posed by any other illicit drug.¹ Methamphetamine is widely available throughout the region, fueled by increasing production in Kentucky and Tennessee.² The HIDTA region is a significant cannabis cultivation and marijuana production area. As such, cannabis cultivation and the resulting marijuana production, distribution, and abuse are significant concerns to law enforcement officers.³ Cocaine availability is stable at levels sufficient to meet market demand,⁴ and heroin is available and abused at low levels throughout most of the region.⁵

Key issues identified in the Appalachia HIDTA region include the following:

- Widespread CPD availability and abuse are pervasive and pose the greatest drug threat to the region.⁶
- CPD diversion is occurring at high levels in the Appalachia HIDTA region⁷—CPD distributors and abusers are acquiring prescription drugs with relative ease through numerous rogue pain management clinics (commonly referred to as pill mills) operating in the eastern United States.
- Methamphetamine production is increasing in Kentucky and Tennessee—largely facilitated by smurfing rings that circumvent pseudoephedrine sales restrictions and electronic tracking systems.
- Outdoor cannabis cultivation occurs at high levels in the region—growers are increasingly employing strategies to make law enforcement detection of plots more difficult.

a. The Drug Enforcement Administration (DEA) reports that schedule II to V controlled substances more accurately describes pharmaceuticals than does the term CPDs.

Key Issues^b

Widespread CPD availability and abuse are pervasive and pose the greatest drug threat to the region.⁸

Law enforcement reporting and seizure data indicate that illicitly diverted CPDs are available at high levels in the Appalachia HIDTA region, and law enforcement officials in the region routinely report high and increasing levels of CPD availability.⁹ Law enforcement reporting on CPD availability is further evidenced in National Drug Intelligence Center (NDIC) National Drug Threat Survey (NDTS) 2011^c data—60 of the 61 law enforcement agency respondents in the Appalachia HIDTA region report that CPDs are available at moderate or high levels in their jurisdictions.¹⁰ Drug seizure data also reveal high availability of CPDs, particularly prescription opioid pain relievers such as hydrocodone and oxycodone.¹¹ Appalachia HIDTA initiatives seized more than 64,276 dosage units of hydrocodone and oxycodone in 2010 (see Table B1 in Appendix B), a 135 percent increase from the 27,329 dosage units seized in 2009.¹²

The wide availability of prescription opioid pain relievers throughout the region has led to high levels of abuse and associated adverse consequences.¹³ The number of admissions to publicly funded facilities in Kentucky, Tennessee, and West Virginia for other opiates^d has trended upward over the past few years, increasing 86 percent from 2005 (4,861) through 2009 (9,021), according to the Treatment Episode Data Set (TEDS).^e ¹⁴ (See Table B2 in Appendix B.) TEDS data also reveal that the number of treatment admissions for this category exceeded the number of admissions for amphetamines (including methamphetamine), cocaine, heroin, and marijuana each year since 2007.¹⁵ In addition, law enforcement officers report that high levels of prescription opioid abuse have contributed to a rise in unintentional overdose deaths within the HIDTA region,¹⁶ however, the exact number is unavailable.¹⁷ Nonetheless, law enforcement officials in Kentucky confirmed two overdose deaths attributed to acute oxycodone and alprazolam toxicity involving residents of Rockcastle County (KY) in 2010.¹⁸ The individuals obtained the CPDs from rogue pain management clinics (commonly referred to as pill mills) operating in South Florida,¹⁹ one of the individuals also received prescription opioids from pill mills operating in Kentucky.²⁰

A large number of law enforcement officers in the HIDTA region believe CPDs to be the greatest drug threat in the area²¹—42 of 61 respondents to the NDTS 2011 report CPDs as the greatest drug threat in their jurisdictions. Additionally, law enforcement officers indicate that drug-related crimes such as breaking and entering, burglary, fraud, larceny, and, increasingly, copper theft and pharmacy robberies are often linked to CPD abuse in most areas of the HIDTA region.²² According to NDTS 2011 data, 45 of 61 law enforcement agency respondents in the Appalachia HIDTA region identify CPDs as the drug that most contributes to property crime in their jurisdictions and 33 of 61 report the same for violent crime.²³ (See Table 1 on page 3.)

b. For a general overview of the drug threat in the Appalachia HIDTA region, see Appendix A.

c. The NDTS is conducted annually by NDIC to solicit information from a representative sample of state and local law enforcement agencies. NDIC uses this information to produce national, regional, and state estimates of various aspects of drug trafficking activities. NDTS data reflect agencies' perceptions based on their analysis of criminal activities that occurred within their jurisdictions during the past year. NDTS 2011 data cited in this report are raw, unweighted responses from federal, state, and local law enforcement agencies solicited through either NDIC or the Office of National Drug Control Policy (ONDCP) HIDTA program as of June 6, 2011.

d. TEDs data report that the "other opiates" category includes admissions for nonprescription use of methadone, codeine, morphine, oxycodone, hydromorphone, meperidine, opium, and other drugs with morphine-like effects.

e. Latest available data.

Table 1. Appalachia HIDTA Law Enforcement Responses to the National Drug Threat Survey 2011

Drug	Greatest Drug Threat	Most Contributes to Violent Crime	Most Contributes to Property Crime
CPDs	42	33	45
Powder Methamphetamine	6	7	4
Crack Cocaine	5	12	5
Marijuana	3	0	1
Heroin	2	0	0
Ice Methamphetamine	2	2	1
Powder Cocaine	0	3	2
Not Answered	1	1	1
Don't Know	0	2	2
Not Applicable	0	1	0

Source: National Drug Threat Survey 2011.

Note: Total number of agency respondents: 61.

CPD diversion is occurring at high levels in the Appalachia HIDTA region—CPD distributors and abusers are acquiring prescription drugs with relative ease through numerous rogue pain management clinics (commonly referred to as pill mills) operating in the eastern United States.

Appalachia HIDTA officials report that CPD diversion has grown to unprecedented levels in the region.²⁴ CPDs have typically been obtained by abusers through doctor-shopping, theft, and prescription forgeries;²⁵ however, an increasing number of abusers are obtaining CPDs from pill mills operating throughout the eastern United States.²⁶ CPD distributors and abusers in the region routinely circumvent Controlled Substance Monitoring Programs (CSMPs)^{f, g} in the region by traveling to pill mills in other states to obtain prescription drugs.²⁷ In fact, CPDs are in such high demand that Appalachia residents routinely travel in organized smurfing groups of two or more to pill mills in Florida,²⁸ Georgia,²⁹ Ohio,³⁰ Michigan,³¹ North Carolina,³² South Carolina,³³ and Virginia³⁴ to acquire large quantities of prescription drugs, particularly prescription opioid pain relievers.³⁵ To illustrate, THP officers report that most daily interdiction stops along Interstate 75 are “pill stops” that involve CPD smurfing groups traveling in privately owned vehicles from Kentucky to Florida or Georgia.³⁶ Officers typically seize 200 to 300 prescription pills during each stop.³⁷ In addition to prescription drugs, other items commonly seized from smurfing groups include binders of business cards that contain pain management clinic or pharmacy addresses and maps, as well as handwritten ledgers detailing costs associated with CPD purchases, gasoline, food, and other common travel expenses.³⁸ (See Figure 1 on page 4.)

f. Use of the term “CSMP” in this report replaces prior use of the term “Prescription Drug Monitoring Program” because CSMP more accurately describes the purpose of the program, which is to monitor the dispensing of controlled substances only.

g. Kentucky, Tennessee, and West Virginia have operational CSMPs. Each state determines whether, and how, the prescription information gathered as part of their CSMP will be shared, not only in the state, but also with other states. As of May 2011, most states in the southeastern United States had operational CSMPs. Arkansas, Florida, and Georgia have enacted CSMPs legislation; however, the CSMPs are not currently operational. The National Alliance for Model State Drug Laws defines an “operational” CSMP as a program that is currently collecting prescription data and can respond to requests for reports by those authorized to make these requests.

Figure 1. Typical Items Seized From a “Pill Stop”



Methamphetamine production is increasing in Kentucky and Tennessee—largely facilitated by smurfing^h rings that circumvent pseudoephedrine sales restrictions and electronic tracking systems.

Methamphetamine laboratory seizure data and law enforcement reporting indicate that methamphetamine production, already at high levels, is increasing in HIDTA counties in Kentucky and Tennessee. According to National Seizure System (NSS) data, the number of methamphetamine laboratories seized in HIDTA counties in Kentucky and Tennessee increased 60 percent from 2009 (406 laboratories) through 2010 (653 laboratories).³⁹ (See Table B3 in Appendix B.) Remediation of seized methamphetamine laboratories is costly—laboratory site cleanup is estimated to have cost Kentucky and Tennessee more than \$7 million in 2010.⁴⁰ (See Table B4 in Appendix B.) Most methamphetamine laboratories in the region are small-capacity laboratories that typically yield less than 2 ounces of methamphetamine per production cycle,⁴¹ and many are one-pot laboratories that use a simplified production method.^{i, 42} Most small-capacity laboratory operators are Caucasian producers who are supplied with precursor chemicals obtained through local pseudoephedrine smurfing rings that circumvent point-of-sale control measures.⁴³ (See text box on page 5.)

Despite point-of-sale control measures that include electronic precursor sales tracking systems, such as Kentucky’s Meth Check⁴⁴ and Tennessee’s Methamphetamine Intelligence System (TMIS),⁴⁵ methamphetamine producers are able to obtain sufficient quantities of pseudoephedrine to support production operations through organized pseudoephedrine

h. Pseudoephedrine smurfing is a method used by some methamphetamine producers to acquire large quantities of pseudoephedrine by enlisting the assistance of several friends or associates (often referred to as smurfers) to make purchases at or below the legal thresholds from multiple retail locations.

i. A one-pot cook is a variation of the lithium ammonia method, also commonly referred to as the Nazi or Birch method of production. Instead of producing methamphetamine through a series of sequential steps, the one-pot method is performed in a single reaction vessel (typically a 2-liter plastic soda bottle), and all ingredients are added at once. The mixture is left to react, producing the necessary ammonia, which then reacts with the lithium metal to convert the pseudoephedrine into methamphetamine.

smurfing rings.^j ⁴⁶ Law enforcement officers report that an increasing number of pseudoephedrine smurfing rings are operating in the HIDTA region; however, the exact number is unknown.⁴⁷ Smurfers are often addicts who trade pseudoephedrine to producers for finished methamphetamine. However, the opportunity to earn high profits from the illicit sale of pseudoephedrine has enticed a growing number of nonmethamphetamine abusers in the region to become smurfers, including the homeless, senior citizens, college students, and inner-city gang members.⁴⁸ Law enforcement officers report that pseudoephedrine products, which are purchased at retail stores for \$4 to \$9 per box,⁴⁹ are commonly sold illicitly on the street for \$30 to \$100 per box.⁵⁰ In addition, law enforcement officers report increased use of fraudulent identification by pseudoephedrine purchasers to circumvent pseudoephedrine tracking systems in Kentucky and Tennessee.⁵¹

Efforts to Regulate Pseudoephedrine Fail to Pass State Legislatures in Kentucky, Tennessee, and West Virginia

In an effort to strengthen point-of-sale restrictions on retail pseudoephedrine sales that resulted from the 2005 federal Combat Methamphetamine Epidemic Act, state legislators in Kentucky, Tennessee, and West Virginia proposed legislation to make pseudoephedrine available by prescription only. The legislation failed to pass in all three states.⁵²

Similar legislation, however, has been enacted in Mississippi and Oregon. Mississippi House Bill 512, which requires a prescription for the purchase of any product containing pseudoephedrine or ephedrine, was enacted on July 1, 2010.⁵³ Mississippi is the second state (Oregon was first in 2006) to pass such a law.⁵⁴ Data from Mississippi suggest that the law has led to decreased methamphetamine production. Following enactment of the legislation in Mississippi, the number of methamphetamine laboratory seizures declined significantly throughout the state, from 252 laboratories in the first half of 2010 to 62 laboratories in the second half of the year.⁵⁵ The number of methamphetamine laboratories seized in the state remained lower in the first 5 months of 2011 (72 laboratories) than in the first half of 2010.⁵⁶ Law enforcement officers in Mississippi report that the more stringent restrictions on pseudoephedrine sales in the state have led many pseudoephedrine smurfing groups to target pharmacies in the neighboring states of Alabama, Louisiana, and Tennessee in order to continue operations.⁵⁷

Source: Appalachia High Intensity Drug Trafficking Area; El Paso Intelligence Center; Federal Bureau of Investigation, Jackson (MS) Field Division, Pascagoula (MS) Resident Agency; KSP; Mobile County (AL) Sheriff's Office; Narcotics Task Force of Jackson County (MS); Office of the Governor of Mississippi; Tennessee Methamphetamine Task Force; U.S. Attorneys Office, Southern District of Alabama.

Outdoor cannabis cultivation occurs at high levels in the region—growers are increasingly employing strategies to make law enforcement detection of plots more difficult.

The Appalachia HIDTA region is one of the most significant outdoor cannabis cultivation areas in the United States. Kentucky, Tennessee, and West Virginia are three of seven states—along with California, Hawaii, Oregon, and Washington—that make up the Marijuana Seven, or M7, states.^k Domestic Cannabis Eradication/Suppression Program (DCE/SP) data indicate that 1,078,715 cannabis plants were eradicated from outdoor grow sites in Kentucky (326,837), Tennessee (332,987), and West Virginia (418,891) in 2010—comprising 11 percent of all outdoor plants eradicated in the United

j. The Kentucky Meth Check electronic tracking system records pseudoephedrine purchases up to the 9-gram legal limit made at area pharmacies in real-time. TMIS is an electronic tracking system that identifies and tracks suspicious pseudoephedrine purchases.

k. In 2005, the ONDCP and DEA, along with other federal, state, and local law enforcement and intelligence agencies, identified California, Hawaii, Kentucky, Oregon, Tennessee, Washington, and West Virginia as the primary cannabis cultivation states (M7 states).

States.⁵⁸ Moreover, counties in the Appalachia HIDTA accounted for almost 45 percent (482,124) of all plants eradicated in Kentucky, Tennessee, and West Virginia that year.⁵⁹ (See Table B5 in Appendix B.) Law enforcement officials in the region report high levels of outdoor cannabis cultivation⁶⁰—NDTS 2011 data reveal that 54 of 61 law enforcement agency respondents in the Appalachia HIDTA region indicate that cannabis is grown outdoors in their jurisdictions.⁶¹ Marijuana produced in the region is distributed locally and in drug markets in Georgia, Illinois, Indiana, Maryland, Michigan, North Carolina, Ohio, Pennsylvania, and South Carolina.⁶²

Most outdoor cultivation sites in the Appalachia HIDTA region are operated by Caucasian traffickers and, to a lesser extent, by Mexican^l or Hispanic drug trafficking organizations (DTOs).⁶³ Traffickers typically locate grow sites on public lands, such as the Daniel Boone National Forest in Kentucky and Cherokee National Forest in Tennessee,⁶⁴ and on private lands including land owned by logging and mining companies.⁶⁵ Cannabis cultivators in the region are increasingly employing strategies that make outdoor grow operations difficult for law enforcement officers to detect.⁶⁶ For example, cultivators in Kentucky and Tennessee are growing fewer plants on a greater number of decentralized plots and are extending plots over larger areas (up to hundreds of acres).^{m,67} In addition, some growers are sacrificing crop yield to avoid law enforcement detection by establishing plots in areas with less than favorable growing conditions, such as areas with significant canopy coverage from trees that reduce light necessary for plant growth.⁶⁸ Increasing law enforcement difficulty in detecting grow sites is exemplified by cannabis eradication data that indicates the number of cannabis plants eradicated from outdoor grow sites in the region decreased from 2009 (557,553 plants) through 2010 (482,124 plants).⁶⁹ (See Table B5 in Appendix B.) The KSP report that decreased eradication in the region is most likely related to the difficulty in detecting outdoor grow operations, particularly large-scale Mexican DTO grow operations, and not to a decrease in outdoor cannabis cultivation.⁷⁰

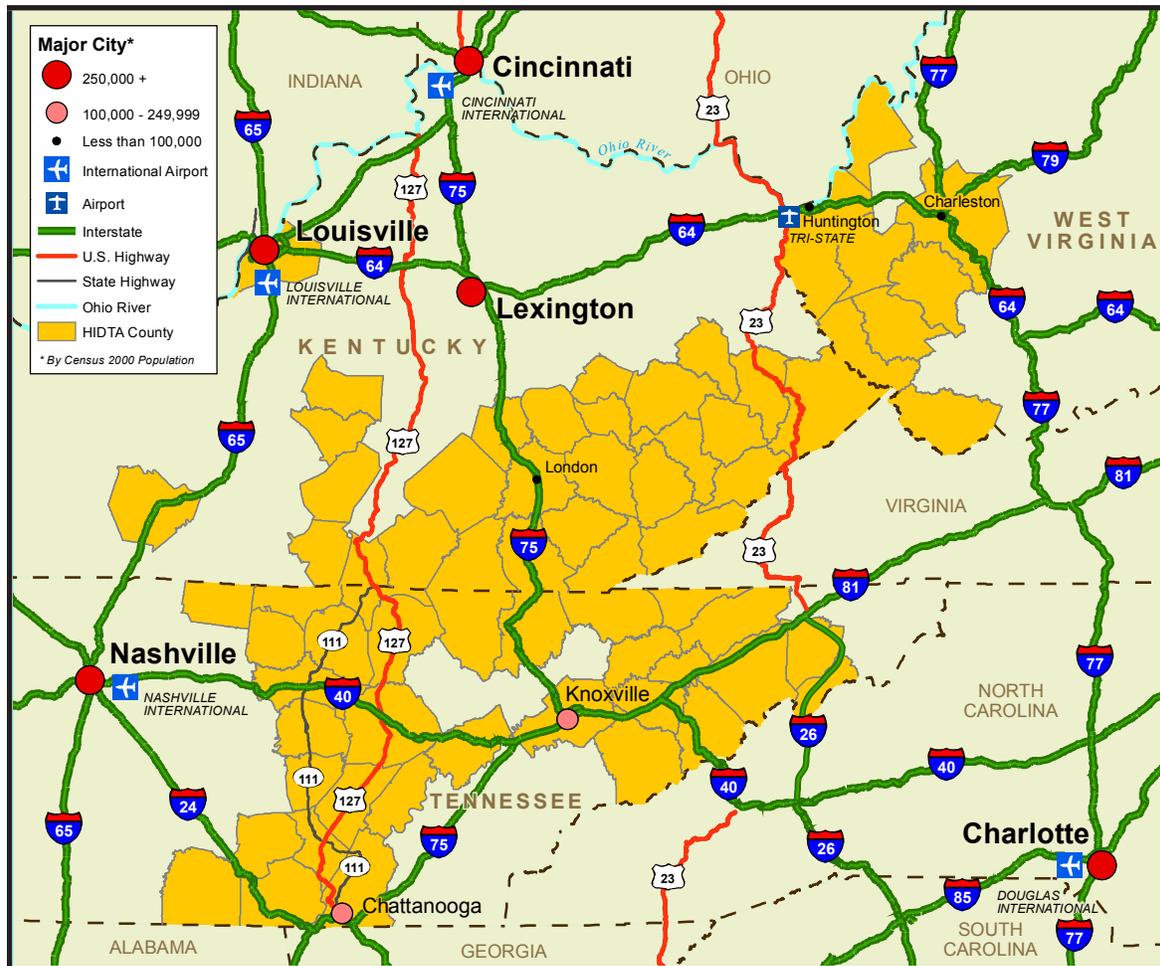
Outlook

NDIC assesses with high confidenceⁿ that CPD diversion, trafficking, and abuse will remain the primary drug threat to the region in the near term, with widespread availability and high levels of abuse. NDIC assesses with high confidence that pill mills operating in the eastern United States will remain significant source areas for the HIDTA region. Additionally, NDIC assesses with medium confidence that methamphetamine production by Caucasian operators of small-capacity laboratories will rise as they increase their use of organized pseudoephedrine smurfing rings to obtain the necessary precursor chemicals to produce the drug. Furthermore, NDIC assesses with high confidence that the Appalachia HIDTA region will continue to be one of the most significant cannabis cultivation and marijuana production areas in the nation.

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- l. Mexican DTOs in the Appalachia HIDTA region are frequently composed of illegal immigrants from Mexico, Americans of Mexican descent, or a combination of both.
 - m. Kentucky law enforcement officers report that sizable reductions in Kentucky National Guard personnel in 2011 will greatly hamper cannabis eradication efforts in 2011 and 2012 because the Kentucky National Guard assists with aerial surveillance, which enables grow sites to be located and subsequently eradicated.
 - n. **High Confidence** generally indicates that the judgments are based on high-quality information or that the nature of the issue makes it possible to render a solid judgment. **Medium Confidence** generally means that the information is credibly sourced and plausible but can be interpreted in various ways, or is not of sufficient quality or corroborated sufficiently to warrant a higher level of confidence. **Low Confidence** generally means that the information is too fragmented or poorly corroborated to make a solid analytic inference, or that there are significant concerns or problems with the sources.

Appendix A. Appalachia HIDTA Region Overview

Map A1. Appalachia High Intensity Drug Trafficking Area



The Appalachia HIDTA region comprises 67 counties in Kentucky, Tennessee, and West Virginia that form one of the predominant marijuana production areas in the United States.⁷¹ (See Map A1.) The Appalachia HIDTA was established in 1998 to combat large-scale cannabis cultivation and marijuana production in designated counties in the tri-state area. Over the past few years, the mission of the Appalachia HIDTA has expanded to combat the threats posed by polydrug trafficking and abuse. The primary drug markets in the region are Knoxville (TN)⁷² and Charleston and Huntington (WV).⁷³

Many communities in the Appalachia HIDTA region have high rates of poverty that result in high levels of unemployment, adult illiteracy, fragmented families, teenage pregnancy, public corruption, and an established moonshining tradition.⁷⁴ These conditions have led some individuals in the region to an acceptance of illegal drug activities, particularly marijuana and methamphetamine production, to supplement low family incomes.⁷⁵

o. The percentages of people living below the poverty level in Kentucky (18.4), Tennessee (17.2), and West Virginia (17.8) were greater than the national average (14.3) in 2009 (the latest date for which such data are available).

The Appalachia HIDTA region has a highly developed transportation infrastructure composed of roadways and airports that link the region to other domestic drug markets.⁷⁶ Traffickers most often use private, rental, and commercial vehicles along Interstate 75 in Kentucky; Interstates 24, 26, 40, 75, and 81 in Tennessee; and Interstates 64, 77, and 79 in West Virginia to transport illicit drugs into and through the HIDTA region.⁷⁷ (See Map A1 in Appendix A.) Traffickers also use couriers on commercial flights and package delivery services to transport drugs to the region.⁷⁸ For example, CPD traffickers in West Virginia are increasingly using commercial aircraft to travel to pill mills outside the region to obtain CPDs.⁷⁹ To illustrate, a commercial airline operating at the Huntington Tri-State Airport offers inexpensive, nonstop flights to Ft. Lauderdale and Orlando, Florida, enabling CPD traffickers to make frequent trips to pills mills in South Florida.⁸⁰ Additionally, law enforcement officials frequently seize large quantities of illicit drugs entering the region in parcels destined for locations within the HIDTA region and throughout the United States that are processed through a major worldwide air hub at the Louisville International Airport.⁸¹ In 2010, the Appalachia HIDTA Parcel Interdiction Team intercepted more than 1,400 parcels and seized more than 12,000 pounds of marijuana, 398 pounds of codeine, 189 pounds of cocaine, 45 pounds of PCP (phencyclidine), 51,825 dosage units of prescription drugs, and \$264,840 in U.S. currency.⁸²

CPDs pose the greatest drug threat to the Appalachia HIDTA region because of the high level of diversion, availability, abuse, and criminal activity associated with the drugs.⁸³ Most diverted CPDs are obtained through doctor-shopping, theft, and prescription fraud;⁸⁴ however, an increasing number of prescription opioids are obtained by CPD traffickers who circumvent operational CSMPs and travel to pill mills operating throughout the eastern United States.⁸⁵ The most commonly abused CPDs in the region include prescription opioid pain relievers such as hydrocodone, hydromorphone, methadone, and oxycodone.⁸⁶

Methamphetamine production, trafficking, and abuse present significant drug threats to Appalachia HIDTA counties in Kentucky and Tennessee.⁸⁷ The number of methamphetamine laboratories seized in HIDTA counties in Kentucky and Tennessee increased more than 60 percent from 2009 through 2010.⁸⁸ (See Table B3 in Appendix B.) Most methamphetamine laboratories seized in Kentucky and Tennessee are small-capacity laboratories that typically yield less than 2 ounces of methamphetamine per production cycle.⁸⁹ Many of these laboratories are one-pot laboratories that use a simplified production method and are operated by Caucasian traffickers⁹⁰ who acquire precursor chemicals from local pseudoephedrine smurfing rings that circumvent point-of-sale control measures.⁹¹ Most of the available methamphetamine in the region is locally produced; however, Mexican methamphetamine is also available.⁹²

Cannabis cultivation and the resulting marijuana production, distribution, and abuse pose serious concerns in the region.⁹³ High levels of outdoor cannabis cultivation occur in the region.⁹⁴ The number of cannabis plants eradicated from outdoor grow sites in the region, however, decreased from 2009 (557,553 plants) through 2010 (482,124 plants).⁹⁵ (See Table B5 in Appendix B.) The KSP report that this decrease is most likely related to the difficulty in detecting grow operations, particularly large-scale Mexican DTO grow operations, and not to a decrease in cannabis cultivation in the region.⁹⁶ Most outdoor cultivation sites are established and operated by Caucasian traffickers; some grow sites are operated by Mexican or Hispanic DTOs.⁹⁷ Mexican traffickers also supply large quantities of commercial-grade marijuana to the region from Mexico.⁹⁸

Cocaine availability is stable at levels sufficient to meet market demand throughout the region.⁹⁹ Wide and stable cocaine availability is evidenced by NDTS 2011 data—41 of 61 law enforcement agency respondents in the Appalachia HIDTA region report that powder cocaine is available at moderate or high levels, and 37 respondents report the same for crack.¹⁰⁰ Pricing and seizure data also support stable availability.¹⁰¹ Wholesale-level cocaine prices remained steady in Charleston at \$30,000 to \$45,000 per kilogram from 2010 to early 2011. Retail-level crack prices remained stable as well at \$20 per rock from 2010 to early 2011. Cocaine seized through Appalachia HIDTA initiatives totaled more than 127 kilograms in 2010—a 188 percent increase from the approximately 44 kilograms seized in 2009. (See [Table B1 in Appendix B](#).)

Heroin poses a low threat to the Appalachia HIDTA region overall. It is available at low levels throughout most of the region.¹⁰² Heroin availability and abuse in the region are most prevalent in HIDTA counties in West Virginia. For example, NDTS 2011 data reveal that only two law enforcement agency respondents (both in West Virginia) report heroin as the greatest drug threat and that the drug is available at high levels in their jurisdictions.¹⁰³ In addition, numerous law enforcement officers in West Virginia report that heroin availability is increasing in some areas as prescription opioid abusers switch to heroin because of its lower cost.¹⁰⁴ One drug treatment provider in West Virginia reports an increase in the number of individuals seeking treatment services for heroin abuse in 2011 and attributes the increase to prescription opioid abusers increasingly switching to heroin because of its lower cost.¹⁰⁵ Law enforcement officers report that a prescription opioid abuser in Charleston (WV) could spend approximately \$80 to purchase an 80-milligram OxyContin tablet (1 dosage unit), whereas one bindle of heroin (1 dosage unit) would cost the abuser \$20 to \$30.¹⁰⁶

Appendix B. Tables

Table B1. Appalachia HIDTA Initiative Seizures, by Drug, in Kilograms, 2010

State	Powder Cocaine	Crack Cocaine	Ice Methamphetamine	Powder Methamphetamine	Commercial Grade Marijuana	High-Potency Marijuana	Heroin	Oxycodone (Dosage Units)	Hydrocodone (Dosage Units)
Kentucky	98.344	0.133	10.238	1.148	5,944.343	556.818	1.029	16,499	28,564
Tennessee	10.640	3.670	3.441	9.980	1,353.539	655.455	0.405	4,142	3,735
West Virginia	12.693	2.006	0.007	0.073	1,655.000	777.273	0.142	9,982	1,354
Total	121.677	5.809	13.686	11.201	8,952.882	1,989.546	1.576	30,623	33,653

Source: Appalachia High Intensity Drug Trafficking Area.

Table B2. Admissions to Publicly Funded Facilities in Kentucky, Tennessee, and West Virginia, by Drug, 2005–2009

	2005	2006	2007	2008	2009
Marijuana					
Kentucky	4,247	4,403	4,235	3,834	3,770
Tennessee	1,404	1,307	1,418	1,749	1,804
West Virginia	919	1,001	1,055	1,214	661
Total	6,570	6,711	6,708	6,797	6,235
Cocaine (by all routes of administration)					
Kentucky	3,885	4,353	3,800	2,856	2,246
Tennessee	2,744	2,653	2,236	1,796	1,512
West Virginia	571	785	565	483	181
Total	7,200	7,791	6,601	5,135	3,939
Other Opiates*					
Kentucky	2,183	2,946	3,628	4,302	5,047
Tennessee	1,578	1,529	1,742	2,022	2,366
West Virginia	1,100	1,259	1,546	2,586	1,608
Total	4,861	5,734	6,916	8,910	9,021
Amphetamines (including methamphetamine)					
Kentucky	1,307	1,249	1,045	844	833
Tennessee	541	414	287	277	338
West Virginia	176	187	138	147	68
Total	2,024	1,850	1,470	1,268	1,239
Heroin					
Kentucky	458	515	513	694	946
Tennessee	NR	NR	1	NR	103
West Virginia	254	218	161	259	181
Total	712	733	675	953	1,230

Source: Treatment Episode Data Set, run July 14, 2011.

*TEDs data report that the “other opiates” category includes admissions for nonprescription use of methadone, codeine, morphine, oxycodone, hydromorphone, meperidine, opium, and other drug with morphine-like effects.

NR–Not reported

Table B3. Methamphetamine Laboratories Seized in Appalachia HIDTA Counties, 2006–2010

HIDTA Counties in	2006	2007	2008	2009	2010
Kentucky	74	60	111	212	343
Tennessee	292	147	176	194	310
West Virginia	54	28	35	28	27
Total	420	235	322	434	680

Source: National Seizure System, run on April 6, 2011.

Table B4. Methamphetamine Laboratory Site Cleanup and Associated Costs for Kentucky, Tennessee, and West Virginia, 2010

State	2010	
	Number of Cleanups	Estimated Total Cost
Kentucky	1,080	\$2,900,000
Tennessee	2,082	\$4,500,000
West Virginia	162	\$473,300
Total	3,324	\$7,873,300

Sources: Appalachia High Intensity Drug Trafficking Area; Tennessee Methamphetamine Task Force.

Table B5. Cannabis Plants Eradicated at Outdoor and Indoor Grow Sites in Appalachia HIDTA Counties, 2006–2010

HIDTA Counties in	Outdoor					Indoor				
	2006	2007	2008	2009	2010	2006	2007	2008	2009	2010
Kentucky	387,780	285,938	246,901	226,840	238,777	50	333	1,215	709	966
Tennessee	309,961	117,482	436,859	292,675	219,829	111	112	0	78	0
West Virginia	41,761	32,079	72,413	38,038	23,518	1,165	510	448	994	407
Total	739,502	435,499	756,173	557,553	482,124	1,326	955	1,663	1,781	1,373

Source: Appalachia High Intensity Drug Trafficking Area; KSP; Tennessee Bureau of Investigation; West Virginia State Police.

Endnotes

1. National Drug Intelligence Center (NDIC), National Drug Threat Survey (NDTS) 2011; Appalachia High Intensity Drug Trafficking Area (HIDTA), Huntington (WV), interview by NDIC intelligence analyst (IA), March 15, 2011; Tennessee Highway Patrol (THP), interview by NDIC IA, March 14, 2011; West Virginia law enforcement agencies, interviews by NDIC field intelligence officers (FIOs) March 17, 2011; Kentucky State Police (KSP), interview by NDIC IA, March 14, 2011.
2. El Paso Intelligence Center (EPIC), National Seizure System (NSS), “Methamphetamine laboratory seizures,” 2006–2010, accessed April 28, 2011; Tennessee Methamphetamine Task Force (TMTF), response to NDIC Request for Information (RFI), March 23, 2011; Drug Enforcement Administration (DEA), London (KY), interview by NDIC IA, March 14, 2011.
3. Appalachia HIDTA, London (KY), interviews by NDIC IA, March 14, 2011; Tennessee Alcoholic Beverage Commission (TABC), interview by NDIC IA, March 16, 2011.
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Rockcastle County Sheriff's Office

Mississippi

Office of the Governor of Mississippi

Ohio

South Central Drug Task Force

Tennessee

Alcoholic Beverage Commission
Governor's Task Force for Marijuana Eradication
Knoxville Police Department
Tennessee Bureau of Investigation
Tennessee Department of Health
Tennessee Highway Patrol
Tennessee Methamphetamine Task Force

West Virginia

Boone County Sheriff's Office
Cabell County Sheriff's Office
Charleston Police Department
Huntington Police Department
Kanawha County Sheriff's Office
Metropolitan Drug Enforcement Network Team
Lincoln County Sheriff's Office
Logan County Sheriff's Office
McDowell County Sheriff's Office
Mason County Sheriff's Department
Mingo County Sheriff's Office
U.S. 119 Violent Crime Drug Task Force
Pretera Health System
Wayne County Sheriff's Office
West Virginia State Police
Bureau of Criminal Investigation

Federal

Executive Office of the President
Office of National Drug Control Policy
High Intensity Drug Trafficking Areas
Appalachia
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U.S. Department of Agriculture
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U.S. Department of Commerce
U.S. Census Bureau
U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administration

Treatment Episode Data Set
U.S. Department of Justice
Drug Enforcement Administration
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Federal Bureau of Investigation
U.S. Attorneys Office
Eastern District of Tennessee

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