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Pennsylvania

Drug Threat Assessment

UPDATE

October 2003



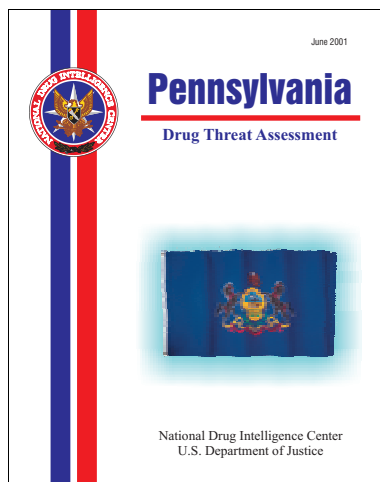
National Drug Intelligence Center
and
Drug Enforcement Administration

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Preface

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

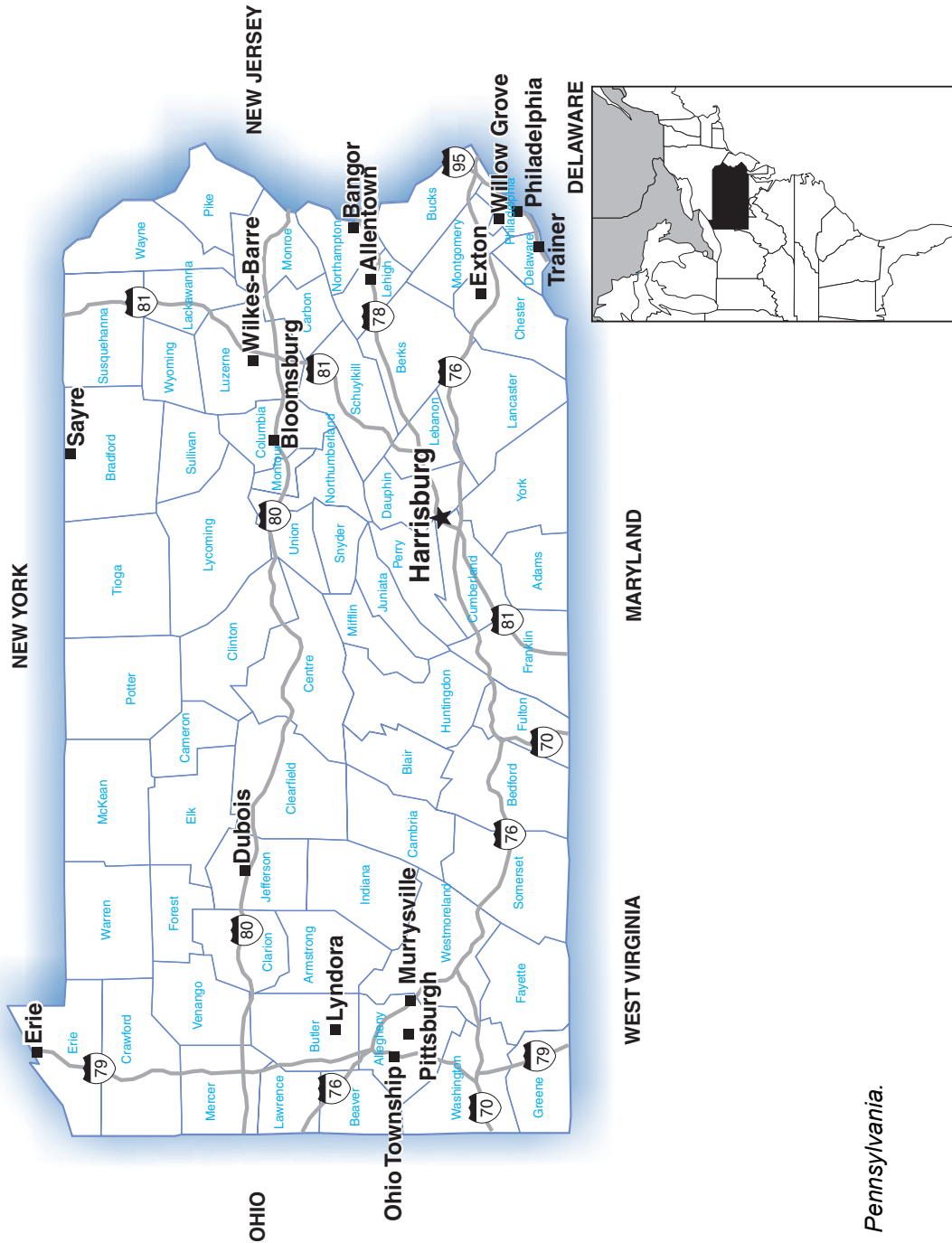


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Overview

The distribution and abuse of illicit drugs pose a significant threat to Pennsylvania. Most illicit drugs available in Pennsylvania are transported into the state from New York City; however, illicit drugs also are transported from Atlanta, Baltimore, Chicago, Detroit, Miami, New Jersey, and southwestern states, as well as from Canada and Mexico. Private vehicles are the primary conveyances used to transport illicit drugs into Pennsylvania. To a lesser extent, rental and commercial vehicles; couriers aboard buses, trains, and commercial aircraft; maritime vessels; and package delivery services also are used to transport illicit drugs into the state. A large portion of the cocaine and heroin transported into Pennsylvania is destined for Philadelphia and, to a lesser extent, Pittsburgh, which serve as regional distribution centers for these drugs. Cocaine and heroin transported to Philadelphia is distributed throughout Pennsylvania and other states. Cocaine and heroin transported to Pittsburgh is distributed in southwestern

Pennsylvania as well as in eastern Ohio and northwestern West Virginia.

Heroin, primarily South American heroin, has surpassed cocaine as the greatest drug threat to most of Pennsylvania. In 2002 heroin-related treatment admissions represented 36 percent of all admissions in the state, higher than for any other illicit drug. Cocaine, both powdered and crack, also poses a significant drug threat to Pennsylvania, as it is readily available, frequently abused, and often associated with violent crime. Marijuana is readily available and commonly abused in the state. Diverted pharmaceuticals pose a serious drug threat to Pennsylvania. The abuse, production, and distribution of methamphetamine are an increasing threat to Pennsylvania, particularly in the northwestern part of the state. The availability and abuse of other dangerous drugs (principally MDMA and GHB and its analogs) also pose a significant drug threat to Pennsylvania, although the threat is less severe than that posed by heroin, cocaine, marijuana, diverted pharmaceuticals, and methamphetamine.

Heroin

Treatment statistics, emergency department (ED) mentions, and mortality data reflect the magnitude of the heroin threat to Pennsylvania and two of its largest cities, Philadelphia and Pittsburgh. According to the Pennsylvania Bureau of Drug and Alcohol Programs, the number of heroin-related treatment admissions to publicly funded facilities statewide increased 7.3 percent from 13,261 in state fiscal year (SFY) 2001 to 14,229 in SFY2002. (SFY is July 1 through June 30.) Drug Abuse Warning Network (DAWN) ED data indicate that the number of heroin-related mentions in the Philadelphia metropolitan area fluctuated but increased overall from 4,661 in 2000 to 5,362 in 2001 to 4,918 in 2002. The rate of heroin ED mentions per 100,000 population in the Philadelphia metropolitan area (109) was significantly higher than the rate nationwide (36) in 2002. DAWN mortality data indicate that heroin/morphine was mentioned in 412 of the 874 drug deaths in the Philadelphia metropolitan area in 2001. Heroin/morphine was the only drug present in 34 of those deaths. Allegheny County (Pittsburgh) Coroner data indicate that heroin alone was involved in 56 (26.6%) of the 210 accidental drug overdose deaths in 2002. Heroin in combination with other drugs was a factor in 118 (56.1%) of those deaths. According to Arrestee Drug Abuse Monitoring Program (ADAM) data, 13 percent of adult male arrestees in Philadelphia tested positive for opiates in 2001, the most recent data available. The 2001 Youth Risk Behavior Survey (YRBS) indicates that 2.6 percent of high school students surveyed in Philadelphia reported having abused heroin in their lifetime, compared to 3.1 percent nationwide.

Heroin, primarily South American heroin, is readily available throughout Pennsylvania. According to the Drug Enforcement Administration (DEA) Philadelphia Division, all of the heroin purchased in Pennsylvania in 2002 under the auspices of the Domestic Monitor Program (a heroin purchase program designed to identify the purity, price, and source of origin of retail-level heroin available in drug markets in 23 major U.S.

DAWN Mortality Data

DAWN measures the consequences of drug use through hospital emergency departments. Hospitals eligible for DAWN are nonfederal, short stay, general hospitals in the coterminous United States that have a 24-hour emergency department. DAWN ED data include information on ED episodes that are induced or related to the use of an illegal drug or the nonmedical use of a legal drug. A drug mention refers to a substance that was recorded (mentioned) during a drug-related ED episode.

DAWN mortality data include information on drug-induced and drug-related deaths identified and submitted by death investigation jurisdictions participating in DAWN.

DAWN mortality data for the Philadelphia metropolitan area represent drug deaths in Bucks, Chester, Delaware, Montgomery, and Philadelphia Counties in Pennsylvania and Burlington, Camden, and Gloucester Counties in New Jersey. These eight counties account for 99 percent of the metropolitan area population.

metropolitan areas) and analyzed by DEA's Special Testing and Research Laboratory was South American heroin. Some state and local law enforcement agencies, however, report that Southeast Asian, Southwest Asian, and Mexican black tar and brown powdered heroin are available, though to a lesser extent. According to the National Drug Intelligence Center (NDIC) National Drug Threat Survey (NDTS) 2002, 72 of the 99 law enforcement respondents in Pennsylvania reported the availability of heroin as medium or high. According to Federal-wide Drug Seizure System (FDSS) data, federal law enforcement officials in Pennsylvania seized 18.2 kilograms of heroin in 2002, a substantial increase from the 8.8 kilograms seized in 2001. U.S. Sentencing Commission (USSC) data indicate that the percentage of drug-related federal sentences in the state involving heroin (9.2%) was higher than the national percentage (7.2%) in fiscal year (FY) 2001. Statewide, heroin sold for \$80,000 to \$110,000 per kilogram, \$2,000 to \$6,500 per

ounce, and \$10 to \$40 per bag in the second quarter of FY2003, according to the DEA Philadelphia Division. The heroin analyzed by the DEA during that period had purity levels ranging from as low as 40 percent to as high as 95 percent.

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 were also 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.

Most of the South American heroin available in Pennsylvania is transported into the state by Colombian and Dominican drug trafficking organizations (DTOs) and African American, Dominican, Mexican, and Puerto Rican criminal groups. Caucasian criminal groups; African American, Caucasian, and Hispanic local independent dealers; and street gangs also transport South American heroin into the state, although to a lesser extent. Most of the South American heroin available in Pennsylvania is purchased from sources of supply in New York City and, to a lesser extent, in Atlanta, Baltimore, Chicago, New Jersey, and Florida and transported into the state via private vehicles (frequently equipped with hidden compartments) and rental vehicles. Heroin also is transported into Pennsylvania, albeit to a lesser extent, via commercial vehicles; couriers aboard buses, trains, and commercial aircraft; maritime vessels; and package delivery services.

Colombian and Dominican DTOs and criminal groups and African American, Puerto Rican, and Mexican criminal groups are the principal wholesale-level heroin distributors in Pennsylvania. These DTOs and criminal groups primarily are based and conduct their illicit activities in the state's larger cities, such as Philadelphia. Caucasian criminal groups; African American, Caucasian, and Hispanic local independent dealers; street gangs such as Latin Kings; and outlaw motorcycle gangs (OMGs) such as Warlocks also distribute heroin at the wholesale level in the state, although to a lesser extent.

Drug Distributors Moving Into Pennsylvania

Federal, state, and local law enforcement officials in Pennsylvania report that some Philadelphia- and New York-based criminal groups and street gangs that distribute heroin, cocaine, and marijuana are relocating to central and northern Pennsylvania to establish new drug markets. According to law enforcement officials, these criminal groups and street gang members are moving into these areas because there are fewer law enforcement resources to combat the problem, and there is less competition in these drug markets.

Various ethnic criminal groups, local independent dealers and abusers, street gangs and, to a lesser extent, OMGs distribute heroin at the retail level in Pennsylvania. African American, Caucasian, and Hispanic criminal groups and local independent dealers; street gangs such as Latin Kings; and, to a lesser extent, OMGs such as Breed and Warlocks are the principal retail-level heroin distributors in Pennsylvania. Retail-level heroin distribution in the state typically occurs at open-air drug markets, from private residences, hotel rooms, and bars, as well as in public parking areas at malls and shopping centers. Most heroin sold at the retail level in Pennsylvania is packaged in small glassine bags stamped with a logo.

Heroin distribution and abuse often are associated with property crime and occasionally are associated with violent crime in Pennsylvania. In

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2002 Ohio Township Police officials reported that the number of property crimes such as shoplifting and the theft of items (compact discs, stereos) from vehicles increased significantly because of the high level of heroin abuse in the area. One home improvement store in Ohio Township changed its liberal exchange policy because heroin abusers were stealing merchandise from the store and then returning the stolen items for cash. According to law enforcement officials, heroin distributors occasionally commit violent crimes such as assault and robbery to protect product, money, and turf.

Cocaine

Cocaine—both powdered and crack—poses a significant drug threat to Pennsylvania, particularly in Philadelphia where the cocaine threat rivals that of heroin. Treatment data indicate that the level of cocaine abuse has decreased but remains high. According to the Pennsylvania Bureau of Drug and Alcohol Programs, the number of cocaine-related treatment admissions to publicly funded facilities decreased statewide 10 percent from 12,234 in SFY2001 to 10,957 in SFY2002. DAWN ED data indicate that the number of cocaine-related ED mentions in the Philadelphia metropolitan area increased from 10,497 in 2000 to 11,358 in 2001 to 12,437 in 2002. The rate of cocaine-related ED mentions per 100,000 population in the Philadelphia metropolitan area (274) was higher than the rate nationwide (78) in 2002.

DAWN mortality data indicate that cocaine was mentioned in 405 of the 874 drug deaths in the Philadelphia metropolitan area in 2001. Cocaine was the only drug present in 65 of those deaths. Data provided by the Allegheny County Coroner indicate that cocaine alone was involved in 15 (7.1%) of the 210 accidental drug overdose deaths in 2002. Cocaine in combination with other drugs was involved in 57 (27.1%) of those deaths. According to ADAM data, 37 percent of adult male arrestees in Philadelphia tested positive for cocaine in 2001. According to combined data from the 1999 and the 2000 National Household Survey on Drug Abuse (NHSDA), the percentage

of Pennsylvania residents who reported having abused cocaine in the past year (1.4%) was comparable to the percentage nationwide (1.6%). Data from the 2001 YRBS indicate that 2.6 percent of high school students surveyed in Philadelphia reported having abused cocaine in their lifetime, compared with 9.4 percent nationwide.

Cocaine is readily available in Pennsylvania. According to the NDTs 2002, 90 of the 99 law enforcement respondents in the state reported the availability of powdered cocaine as medium or high, and 74 of the 99 respondents reported the availability of crack as medium or high. FDSS data indicate that federal law enforcement officials in Pennsylvania seized 445.5 kilograms of cocaine in 2002, a substantial increase from the 145.0 kilograms seized in 2001. USSC data indicate that 30.4 percent of drug-related federal sentences in Pennsylvania in FY2001 were powdered cocaine-related, compared with 22.1 percent nationally. Further, 34 percent of the drug-related federal sentences in Pennsylvania were crack cocaine-related, compared with 20.4 percent nationwide. Powdered cocaine sold for \$20,000 to \$35,000 per kilogram, \$800 to \$1,600 per ounce, and \$28 to \$125 per gram in Pennsylvania in the second quarter of FY2003, according to the DEA Philadelphia Division. Crack cocaine sold for \$3 to \$50 per rock (0.05 gram to 0.10 gram) during the same period. The powdered cocaine analyzed by DEA had purity levels ranging from as low as 60 percent to as high as 95 percent; crack typically was 80 percent pure.

Most of the powdered cocaine available in Pennsylvania is transported into the state by Colombian and Dominican DTOs and criminal groups and African American, Mexican, and Puerto Rican criminal groups. Caucasian and Jamaican criminal groups; African American, Caucasian, Hispanic, and Jamaican local independent dealers; street gangs such as Bloods, Crips, and Latin Kings; and OMGs such as Outlaws and Pagan's also transport powdered cocaine into the state, although to a lesser extent. Most of the powdered cocaine available in Pennsylvania is purchased from sources of supply in New York City and, to a lesser extent, in Atlanta,

Baltimore, Chicago, Detroit, Houston, Miami, and New Jersey. The powdered cocaine is transported into the state via private vehicles (frequently equipped with hidden compartments), rental vehicles, and commercial vehicles. Cocaine also is transported into Pennsylvania via couriers aboard buses, trains, and commercial aircraft; maritime vessels; and package delivery services. Most of the abovementioned DTOs, criminal groups, street gangs, and OMGs also transport crack into Pennsylvania via these same conveyances. However, a significant portion of the crack available is converted in the state from powdered cocaine.

Colombian and Dominican DTOs and criminal groups and African American, Mexican, and Puerto Rican criminal groups are the principal wholesale-level distributors of powdered cocaine in Pennsylvania. These DTOs and criminal groups primarily are based and conduct their illicit activities in the state's larger cities, such as Philadelphia. Caucasian and Jamaican criminal groups; African American, Caucasian, Hispanic, and Jamaican local independent dealers; street gangs such as Bloods, Crips, and Latin Kings; and OMGs such as Outlaws and Pagan's also distribute powdered cocaine at the wholesale level in the state, although to a lesser extent. Dominican DTOs and criminal groups, as well as African American, Caucasian, Colombian, and Puerto Rican criminal groups and independent dealers; street gangs; and OMGs distribute wholesale-level quantities of crack in Pennsylvania.

Various ethnic criminal groups, local independent dealers and abusers, street gangs, and OMGs distribute both powdered cocaine and crack at the retail level in Pennsylvania. African American, Caucasian, and Hispanic criminal groups and local independent dealers; street gangs such as Bloods, Crips, and Latin Kings; and OMGs such as Outlaws and Pagan's are the principal retail-level distributors of both powdered cocaine and crack in Pennsylvania. Retail-level cocaine distribution typically occurs at open-air drug markets, from private residences, hotel rooms, and bars, as well as in public parking areas at malls and shopping centers. Powdered cocaine sold at the retail

level typically is packaged in small plastic bags, folded pages of magazines, folded wax paper, and balloons. Crack usually is sold loose as rocks or packaged in small plastic bags.

Cocaine, particularly crack, is the drug most often associated with violent crime in Pennsylvania. According to law enforcement officials, retail-level crack distributors commit violent acts to protect product, money, and turf. Crack abusers also commit violent crimes in the state.

Marijuana

Marijuana is the most widely available and commonly abused illicit drug in Pennsylvania. However, the drug generally is regarded as a lower threat than heroin or cocaine because it is less often associated with violent crime or property crime. According to the Pennsylvania Bureau of Drug and Alcohol Programs, the number of marijuana/hashish-related treatment admissions to publicly funded facilities increased slightly from 9,712 in SFY2001 to 10,052 in SFY2002. DAWN ED data indicate that the number of marijuana-related mentions in the Philadelphia metropolitan area increased from 4,928 in 2000 to 5,496 in 2001 to 6,787 in 2002. The rate of marijuana-related ED mentions per 100,000 population in the Philadelphia metropolitan area (150) was the highest in the nation and significantly higher than the rate nationwide (47) in 2002. According to ADAM data, 43 percent of adult male arrestees in Philadelphia tested positive for marijuana in 2001. According to combined data from the 1999 and the 2000 NHSDA, the percentage of Pennsylvania residents who reported having abused marijuana in the past month (4.5%) was comparable to the percentage nationwide (4.8%). The 2001 YRBS data indicate that 42.7 percent of high school students surveyed in Philadelphia reported having abused marijuana in their lifetime, compared to 42.4 percent nationwide.

Marijuana is the most widely available illicit drug in Pennsylvania. According to the NDTs 2002, 98 of the 99 law enforcement respondents in Pennsylvania reported the availability of marijuana as medium or high. Most of the marijuana

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available in the state is produced in Mexico; however, significant quantities of locally produced marijuana and marijuana produced in other states, as well as marijuana produced in Canada and Jamaica, also are available. According to FDSS data, federal law enforcement officials in Pennsylvania seized 1,567.5 kilograms of marijuana in 2002, a significant increase from the 377.3 kilograms seized in 2001. USSC data indicate that the percentage of drug-related federal sentences in the state that involved marijuana (12.9%) was lower than the national percentage (32.8%) in FY2001. Marijuana available in Pennsylvania sold for \$3,000 to \$4,000 per kilogram, \$500 to \$2,000 per pound, \$80 to \$225 per ounce, and \$5 to \$35 per bag in the second quarter of FY2003, according to the DEA Philadelphia Division.

Jamaican and Mexican criminal groups are the primary transporters of marijuana into Pennsylvania. African American, Caucasian, and Puerto Rican criminal groups and local independent dealers; street gangs; and OMGs also transport marijuana into Pennsylvania, although to a lesser extent. Marijuana is transported into the state primarily via private and commercial vehicles from Arizona, California, Texas, and Mexico, among other areas. Marijuana also is transported into the state via rental vehicles; by couriers aboard commercial aircraft, buses, and trains; by package delivery services; and occasionally by maritime vessels.

Caucasian criminal groups and local independent dealers are the primary cultivators of cannabis in Pennsylvania. Mexican criminal groups; Mexican, Puerto Rican, and African American local independent dealers; OMGs such as Pagan's; and street gangs such as Hoovers, a local street gang based in Trainer, also cultivate cannabis in Pennsylvania, although to a much lesser extent. Cannabis is grown both outdoors and indoors in Pennsylvania. Most outdoor cultivation occurs in the northwestern part of the state, particularly in Erie, Crawford, Mercer, Venango, and Warren Counties. Cannabis increasingly is cultivated in remote areas to avoid detection. Some growers are using private farmland, typically owned by others, or public lands to avoid property

seizures and forfeitures. According to DEA Domestic Cannabis Eradication/Suppression Program data, 6,508 cannabis plants were eradicated from 359 outdoor grow sites in 2002. In addition, a total of 800 cannabis plants were eradicated from 79 indoor grow sites during that year.

Jamaican and Mexican criminal groups are the primary wholesale-level marijuana distributors in Pennsylvania. African American, Caucasian, and Hispanic criminal groups and local independent dealers also distribute marijuana at the wholesale level, albeit to a lesser extent. African American, Caucasian, Jamaican, and Puerto Rican criminal groups and local independent dealers; OMGs such as Pagan's; and street gangs such as Hoovers distribute marijuana at the retail level in the state. Marijuana distributed at the retail level typically is packaged in small plastic or glassine bags or sold as joints (marijuana cigarettes). Retail-level marijuana distribution occurs at open-air drug markets, from private residences, hotel rooms, and bars, and in public parking areas at malls and shopping centers.

Diverted Pharmaceuticals

Pharmaceutical drugs such as Dilaudid, Oxy-Contin, Vicodin, and Xanax (alprazolam, a benzodiazepine) pose a serious drug threat to Pennsylvania. According to the Pennsylvania Bureau of Drug and Alcohol Programs, the number of pharmaceutical-related treatment admissions to publicly funded facilities increased 17 percent from 2,622 in SFY2001 to 3,055 in SFY2002. (The drugs included in this pharmaceutical subset include nonprescription methadone, opiates/synthetics, amphetamines, stimulants, benzodiazepines, tranquilizers, barbiturates, and sedatives/hypnotics.) Opiate-related admissions represented 77 percent (2,352) of the 3,055 pharmaceutical-related admissions in 2002. DAWN mortality data indicate that narcotic analgesics (excluding heroin) were mentioned in 466 of the 874 drug deaths in the Philadelphia metropolitan area in 2001, antidepressants in 254 drug deaths, benzodiazepines in 235 drug deaths, and other analgesics in 83 drug deaths.

Prescription Narcotics

Prescription 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). Such drugs are prescribed for pain relief but often are abused for the euphoric effects they produce. Possible side effects of narcotic abuse include drowsiness, respiratory depression, constricted pupils, and nausea.

OxyContin continues to be one of the most widely abused diverted pharmaceuticals in Pennsylvania. However, successful law enforcement efforts have limited the availability of OxyContin in some areas of the state. As a result, many OxyContin abusers in those areas have switched to abusing heroin because it produces similar physiological effects.

Diverted pharmaceuticals are readily available in most areas of Pennsylvania. According to the NDTs 2002, 73 of the 99 law enforcement respondents in Pennsylvania rated the level of pharmaceutical availability as medium or high. Murrysville Police Department officials (Westmoreland County) responded that the availability of pharmaceutical drugs in their jurisdiction is high, and that such drugs pose the greatest drug threat to their area. Most diverted pharmaceuticals available in Pennsylvania are obtained through prescription forgery and “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 be prescribed. Diverted pharmaceuticals also are obtained by prescription drug abusers and dealers who steal the drugs from pharmacies or from the residences of legitimate prescription holders. Law enforcement officials in the state report that some pharmacy employees divert drugs by intentionally filling fraudulent prescriptions or by stealing pharmaceuticals from their place of employment. Law enforcement officials also report that some physicians in Pennsylvania

practice lax prescribing protocols or prescribe such drugs for fees or sexual favors.

Caucasian local independent dealers and abusers are the principal distributors of diverted pharmaceuticals in Pennsylvania. Diverted pharmaceuticals typically are distributed at private residences, bars, and nightclubs. According to the DEA Philadelphia Division, diverted OxyContin sold for \$1 per milligram throughout most of the state; however, it sold for \$20 per tablet (any strength) in Philadelphia in the second quarter of FY2003. Dilaudid sold for \$20 per 2-milligram tablet and \$40 per 4-milligram tablet, Vicodin sold for \$4 to \$7 per tablet, and Xanax sold for \$1 to \$5 per tablet during the same period.

Methamphetamine

Methamphetamine poses an increasing drug threat to Pennsylvania, particularly in the northwestern part of the state, despite low demand data. According to the Pennsylvania Bureau of Drug and Alcohol Programs, there were 162 methamphetamine-related treatment admissions in both SFY2001 and SFY2002. Bradford County had the highest rate of methamphetamine-related treatment admissions per 10,000 population (3.19) in the state in 2002—the statewide rate was 0.13. DAWN ED data indicate that there were 67 methamphetamine-related mentions in the Philadelphia metropolitan area in 2000 to 60 in 2001 to 50 in 2002. The rate of methamphetamine-related ED mentions per 100,000 population in the Philadelphia metropolitan area (1) was lower than the rate nationwide (7) in 2002. DAWN mortality data indicate that methamphetamine was a factor in 7 of the 874 drug deaths in the Philadelphia metropolitan area in 2001. Allegheny County Coroner data indicated that methamphetamine was not a factor in any of the 210 accidental drug overdose deaths in 2002. According to ADAM Program data, no adult male arrestees in Philadelphia tested positive for methamphetamine in 2001. The 2001 YRBS indicated that 4.6 percent of high school students surveyed in Philadelphia reported having abused methamphetamine in their lifetime, compared with 9.8 percent nationwide.

Stages of Methamphetamine Abuse

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

The availability of methamphetamine varies from low to moderate levels throughout Pennsylvania. Generally, methamphetamine availability is higher in the northwestern and eastern parts of the state. According to the NDTs 2002, 77 of the 99 law enforcement respondents in Pennsylvania reported the availability of methamphetamine as low or medium. Eight respondents (Allentown, Bloomsburg, Dubois, Erie, Lyndora, Sayre, Wilkes-Barre, and Willow Grove) reported that methamphetamine was available at high levels. Fourteen did not respond to this item on the survey questionnaire. According to FDSS data, federal law enforcement officials in Pennsylvania seized 4.7 kilograms of methamphetamine in 2002, an increase from the 1.4 kilograms seized in 2001. USSC data indicate that the percentage of drug-related federal sentences in Pennsylvania that involved methamphetamine (9.7%) was lower than the national percentage (14.2%) in FY2001. Methamphetamine sold for \$8,000 to \$13,000 per pound, \$700 to \$2,000 per ounce, and \$80 to \$200 per gram in Pennsylvania and was 25 to 60 percent pure in the second quarter of FY2003, according to the DEA Philadelphia Division.

Most of the methamphetamine available in Pennsylvania is produced locally by Caucasian criminal groups and local independent dealers and by OMGs such as Breed, Hells Angels, Pagan's, and Warlocks using the iodine/red phosphorus, Birch reduction, and (to a lesser extent) the phenyl-2-propanone production methods. State and local law enforcement officials report increasing levels of methamphetamine production in Bradford, Columbia, Crawford, Erie, Jefferson, Lawrence, McKean, and Venango Counties. Pennsylvania State Police officials seized 32 methamphetamine laboratories in 2002 and almost that many laboratories in the first half of 2003. Most of the laboratories seized were capable of producing gram to ounce quantities of methamphetamine per production cycle. Methamphetamine laboratories in Pennsylvania typically are located at private residences and hunting cabins. Mobile methamphetamine laboratories also are used, although to a lesser extent. Such laboratories typically are set up in small trailers that are moved into wooded or secluded areas to run a production cycle, and then quickly moved to another location to run another production cycle.

Some of the methamphetamine available in Pennsylvania is transported into the state from Arizona, California, and Mexico, among other areas. Caucasian criminal groups and local independent dealers and OMGs such as Breed, Hells Angels, Pagan's, and Warlocks are the principal transporters of methamphetamine into Pennsylvania. These dealers, groups, and OMGs typically transport methamphetamine to Pennsylvania via private vehicles and package delivery services.

Caucasian criminal groups and local independent dealers and OMGs such as Breed, Hells Angels, Pagan's, and Warlocks are the principal wholesale-level and retail-level distributors of methamphetamine in Pennsylvania. However, most methamphetamine distribution in the state typically involves gram and ounce quantities. Methamphetamine distributed at the retail level often is packaged in folded pages of pornographic magazines, small plastic bags, and cellophane from cigarette packs. Retail-level methamphetamine distribution

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.

in Pennsylvania typically occurs from private residences, hotel rooms, and bars as well as in public parking area at malls and shopping centers and, to a lesser extent, at open-air drug markets.

Methamphetamine-related violence occurs occasionally in Pennsylvania. Further, state law enforcement officials report that the number of child endangerment cases related to methamphetamine abuse and production is increasing.

Other Dangerous Drugs

Other dangerous drugs (ODDs) including MDMA and GHB and its analogs pose a significant drug threat to Pennsylvania, although the threat is less severe than that posed by heroin, cocaine, marijuana, diverted pharmaceuticals, and methamphetamine. MDMA and GHB and its analogs typically are abused by young adults and distributed at raves, nightclubs, bars, private parties, and on college campuses.

MDMA. Young adults are the principal abusers of MDMA (3,4-methylenedioxymethamphetamine, also known as ecstasy) throughout Pennsylvania. Treatment, mortality data, and seizure statistics regarding MDMA are not available in the state. However, the number of MDMA-related ED mentions in the Philadelphia metropolitan area fluctuated but increased overall from 141 in 2000 to 203 in 2001 to 177 in 2002, according to DAWN.

MDMA is available at varying levels throughout Pennsylvania. The drug is most readily available in the state's larger cities and on or near college campuses. According to the NDTs 2002, 66 of the 99 law enforcement respondents in Pennsylvania rated the level of MDMA availability as low or medium; 27 respondents rated the level as high. Six did not respond to this item on the survey questionnaire. MDMA tablets sold for \$9 to \$35 at the retail level in the second quarter of FY2003, according to the DEA Philadelphia

Division. In Philadelphia retail-level MDMA prices decreased from \$20 per tablet in the third quarter of FY2002 to \$9 per tablet in the first quarter of FY2003.

Most of the MDMA consumed in Pennsylvania is produced outside the United States, typically in laboratories in the Netherlands and Belgium. Some of the MDMA available in the state is smuggled directly from these countries or transit countries in Europe by couriers aboard commercial aircraft and by package delivery services. Additional quantities of the drug are transported into Pennsylvania from New York City or Miami via private or rental vehicles and by package delivery services. Russian and Israeli DTOs, Israeli and Dutch nationals, and Caucasian criminal groups and local independent dealers smuggle and transport MDMA into Pennsylvania. In 2002 law enforcement officials assigned to the Philadelphia/Camden High Intensity Drug Trafficking Area (HIDTA) Interdiction Unit and the Bureau of Immigration and Customs Enforcement (ICE) arrested several couriers and seized approximately 60 pounds of MDMA at the Philadelphia International Airport. The MDMA was concealed in the clothes and luggage of the couriers who arrived at the airport on commercial aircraft from the Netherlands.

Some MDMA is produced in Pennsylvania. On December 10, 2002, agents from the Pennsylvania Office of Attorney General, Bureau of Narcotics Investigations (BNI) seized a large underground MDMA laboratory in Bangor—located 90 miles north of Philadelphia. The laboratory was located in a 30,000-gallon steel drum buried under the driveway of a residence and was accessible through a partially hidden doorway. Agents discovered that the primary suspect in this case had stored precursor chemicals (enough to produce more than 1 million MDMA tablets) at a nearby warehouse. Agents indicated that the suspect supplied MDMA to retail-level distributors in Philadelphia and several East Coast states.

Israeli and Russian DTOs, as well as Caucasian criminal groups and local independent dealers,

are the principal wholesale-level MDMA distributors in Pennsylvania. Most wholesale-level MDMA distribution occurs in the state's larger cities, such as Philadelphia and Pittsburgh. African American, Caucasian, Dominican, and Russian criminal groups; Caucasian local independent dealers; and street gangs such as Latin Kings and Hoovers are the principal retail-level MDMA distributors in Pennsylvania's larger cities. In smaller cities and on most college campuses, Caucasian local independent dealers are the principal retail-level distributors of the drug. Retail-level MDMA distribution typically occurs at raves, nightclubs, bars, private parties, and on college campuses. MDMA generally is distributed in tablet and, less often, in capsule form. Most tablets are stamped with a logo or marking.

GHB and Analogs. The depressant GHB (gamma-hydroxybutyrate) and its analogs—GBL, BD, GHV, and GVL—are available and abused in Pennsylvania. According to the NDTs 2002, 6 of the 99 law enforcement respondents in Pennsylvania rated the level of GHB availability as high, and 63 rated it as low or medium. Thirty did not respond to this item on the survey questionnaire. Emergency department, treatment, mortality, and seizure data regarding GHB are not available in Pennsylvania.

Caucasian local independent dealers are the principal distributors and abusers of GHB and its analogs in Pennsylvania. Distributors and abusers often produce the drugs themselves or obtain the drugs via the Internet. GHB and its analogs are distributed primarily at raves, bars, nightclubs, private parties, gyms, and on college campuses in Pennsylvania and have been used to facilitate sexual assaults in the state. GHB and its analogs typically are packaged in vials at the time of distribution and sold by the capful—usually the size of the cap from a small water bottle. According to the DEA Philadelphia Division, GHB sold for \$10 to \$20 per dosage unit at the retail level in the second quarter of FY2003.

Outlook

South American heroin will continue to pose a significant drug threat to Pennsylvania and two of its largest cities, Philadelphia and Pittsburgh. Treatment and mortality data indicate that heroin abuse is a serious problem, and there are no indications that abuse levels will decrease in the near future. Colombian and Dominican DTOs and criminal groups, as well as African American, Mexican, and Puerto Rican criminal groups, will continue to dominate South American heroin transportation and wholesale-level distribution in Pennsylvania. Various ethnic criminal groups, local independent dealers and abusers, as well as street gangs and, to a lesser extent, OMGs will continue to distribute heroin at the retail level in the state.

Cocaine will remain a significant drug threat to Pennsylvania due to high levels of abuse and ready availability of the drug. The level of violence associated with cocaine distribution and abuse, particularly crack, will contribute to the magnitude of the threat. Colombian and Dominican DTOs and criminal groups and African American, Mexican, and Puerto Rican criminal groups will remain the principal transporters of cocaine into Pennsylvania. Colombian and Dominican DTOs and criminal groups and African American, Mexican, and Puerto Rican criminal groups will remain the primary wholesale-level cocaine distributors in Pennsylvania. Dominican DTOs and criminal groups, as well as African American, Caucasian, Colombian, and Puerto Rican criminal groups; local independent dealers; street gangs; and OMGs will remain the primary wholesale-level distributors of crack cocaine in Pennsylvania. African American, Caucasian, and Hispanic criminal groups; local independent dealers; street gangs; and OMGs will remain the principal retail-level distributors of both powdered and crack cocaine in Pennsylvania.

Marijuana will remain the most readily available and commonly abused illicit drug in Pennsylvania. Marijuana produced in Mexico will remain the most prevalent type available; however, significant quantities of marijuana produced locally and in other states as well as marijuana produced in Canada and Jamaica will be available. Jamaican and Mexican criminal groups will remain the principal transporters and wholesale-level distributors of marijuana in Pennsylvania due to their established sources of supply and distribution networks. African American, Caucasian, Jamaican, and Puerto Rican criminal groups; local independent dealers; street gangs; and OMGs will remain the principal retail-level marijuana distributors in the state.

Diverted pharmaceuticals will continue to pose a serious drug threat to Pennsylvania. Treatment data indicate that pharmaceutical abuse, particularly opiate abuse, is a serious problem, and there are no indications that abuse levels will decrease in the near term. Over the long term, the threat posed may decrease as successful law enforcement reduces the availability of diverted pharmaceuticals.

The availability and abuse of methamphetamine most likely will spread from northwestern Pennsylvania to the central and southwestern portions of the state. Locally produced methamphetamine will remain the most prevalent type available. Caucasian local independent dealers and criminal groups and OMGs will remain the primary producers, transporters, and distributors of methamphetamine in Pennsylvania.

The drug threat posed by other dangerous drugs such as MDMA and GHB and its analogs will continue to pose a serious drug threat to Pennsylvania. However, the threat posed by these drugs will be less than the threat posed by heroin, cocaine, marijuana, diverted pharmaceuticals, and methamphetamine.

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Department of Health

Bureau of Drug and Alcohol Programs

Office of Attorney General

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