January 2002

District of Columbia

Drug Threat Assessment



National Drug Intelligence Center
U.S. Department of Justice

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Product No. 2002-S0379DC-001
January 2002

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Preface

This report is a strategic assessment that addresses the status and outlook of the drug threat to the District of Columbia. Analytical judgment determined the threat posed by each drug type or category, taking into account the most current quantitative and qualitative information on availability, demand, production or cultivation, transportation, and distribution, as well as the effects of a particular drug on abusers and society as a whole. While NDIC sought to incorporate the latest available information, a time lag often exists between collection and publication of data, particularly demand-related data sets. NDIC anticipates that this drug threat assessment will be useful to policymakers, law enforcement personnel, and treatment providers at the federal, state, and local levels because it draws upon a broad range of information sources to describe and analyze the drug threat to the District of Columbia.

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District of Columbia Drug Threat Assessment

Executive Summary

The distribution and abuse of illegal drugs pose a serious threat to the safety and security of individuals who live and work in the District of Columbia (D.C.). The District has a high homicide rate, and many of the killings are drug-related. Approximately 60,000 drug abusers reside in D.C.—over 10 percent of the population—resulting in higher treatment-related costs per capita than any state in the nation.

Cocaine, particularly crack, represents the most serious drug threat to the District. Cocaine abuse is associated with more drug treatment admissions to publicly funded facilities, emergency department mentions, and deaths than is abuse of any other drug. Cocaine is readily available and relatively inexpensive. Approximately 75 percent of all federal drug sentences in D.C. are crack-related, and about 9 percent are powdered cocaine-related. Additionally, most Organized Crime Drug Enforcement Task Force investigations are cocaine-related. Colombia-based drug trafficking organizations are the primary sources supplying D.C.-based criminal groups, frequently Colombian and Dominican, with wholesale quantities of cocaine. These criminal groups and other less dominant groups then supply neighborhood-based crews (a term frequently used to describe gangs in D.C.), typically African American or to a much lesser extent Hispanic, with smaller quantities of powdered and crack cocaine. The crews usually distribute the cocaine at open-air markets. Retail distribution networks are well established in neighborhoods, public housing projects, and on street corners.

Heroin, primarily South American, represents a growing threat to D.C. because the number of abusers is high and continues to increase. Long-term heroin abusers who inject the drug continue to purchase low-purity heroin. However, high-purity heroin is purchased, particularly in Northwest D.C., by a predominantly younger and more suburban abuser population from Virginia and Maryland that snorts the drug. Heroin is often abused in combination with other drugs. Colombian drug trafficking organizations are the dominant wholesale suppliers of South American heroin to D.C.-based criminal groups, typically Colombian and Dominican. Nigerian and other West African criminal groups typically supply wholesale quantities of Southeast Asian heroin to other Nigerian and West African criminal groups based in the District. Pakistani, Nigerian, and other criminal groups usually supply Southwest Asian heroin to other Pakistani and Nigerian

criminal groups in D.C. Mexican heroin is only sporadically available. Mexican criminal groups are the primary black tar and brown powdered heroin distributors at the wholesale and retail levels. African American and Hispanic crews are the dominant retail heroin distributors of South American, Southeast Asian, and Southwest Asian heroin.

Marijuana is the most readily available, least expensive, and widely abused illicit drug in D.C. However, the drug poses a lower threat than cocaine or heroin because the District had no deaths in 1999 related to marijuana abuse, and abuse is not frequently associated with violent crime. Most of the marijuana available in D.C. is supplied from areas including Arizona, Southern California, Texas, Jamaica, and Mexico and transported to the District. However, smaller quantities are produced locally, mostly at indoor locations. Jamaican and Mexican criminal groups are the dominant wholesale distributors of marijuana in the District. Crews, many with a propensity toward violence, distribute retail quantities of marijuana as do many criminal groups and independent dealers. Legislation enacted in June 2001 makes penalties for possession and distribution of marijuana much more severe than in the past.

Methamphetamine is increasingly available and abused, but is not yet a serious problem in the District. Methamphetamine is less often abused than cocaine, heroin, or marijuana. Law enforcement officials in the District seize gram and ounce quantities much more frequently than pound quantities. Most methamphetamine available in D.C. is produced in southwestern states using the hydriodic acid/red phosphorus method; however, methamphetamine produced using the phenyl-2-propanone method is also available. Most methamphetamine transported to and seized in D.C. is destined for distribution in surrounding states. Wholesale distribution of methamphetamine in D.C. is limited and is usually controlled by Mexican criminal groups and, to a lesser extent, Asian, Colombian, and Middle Eastern criminal groups. Various groups distribute methamphetamine at the retail level in the District, including teenagers and young adults who distribute the drug at raves and nightclubs.

Other dangerous drugs are a growing threat to the District and include the club drugs MDMA, GHB, and ketamine; the hallucinogens LSD and PCP; the stimulant khat; and diverted pharmaceuticals. Many ODDs are sold by middle-class, suburban teenagers at raves, nightclubs, and on college campuses. MDMA is easily accessible, increasingly available, and associated with an increasing level of violent crime. Diversion of sedative hypnotics such as Xanax and Valium (both benzodiazepines); narcotics such as methadone, Dilaudid, Percocet, Percodan, and most recently OxyContin; and other prescription drugs is a developing threat. Law enforcement officials report that diversion of pharmaceuticals is a lucrative business.

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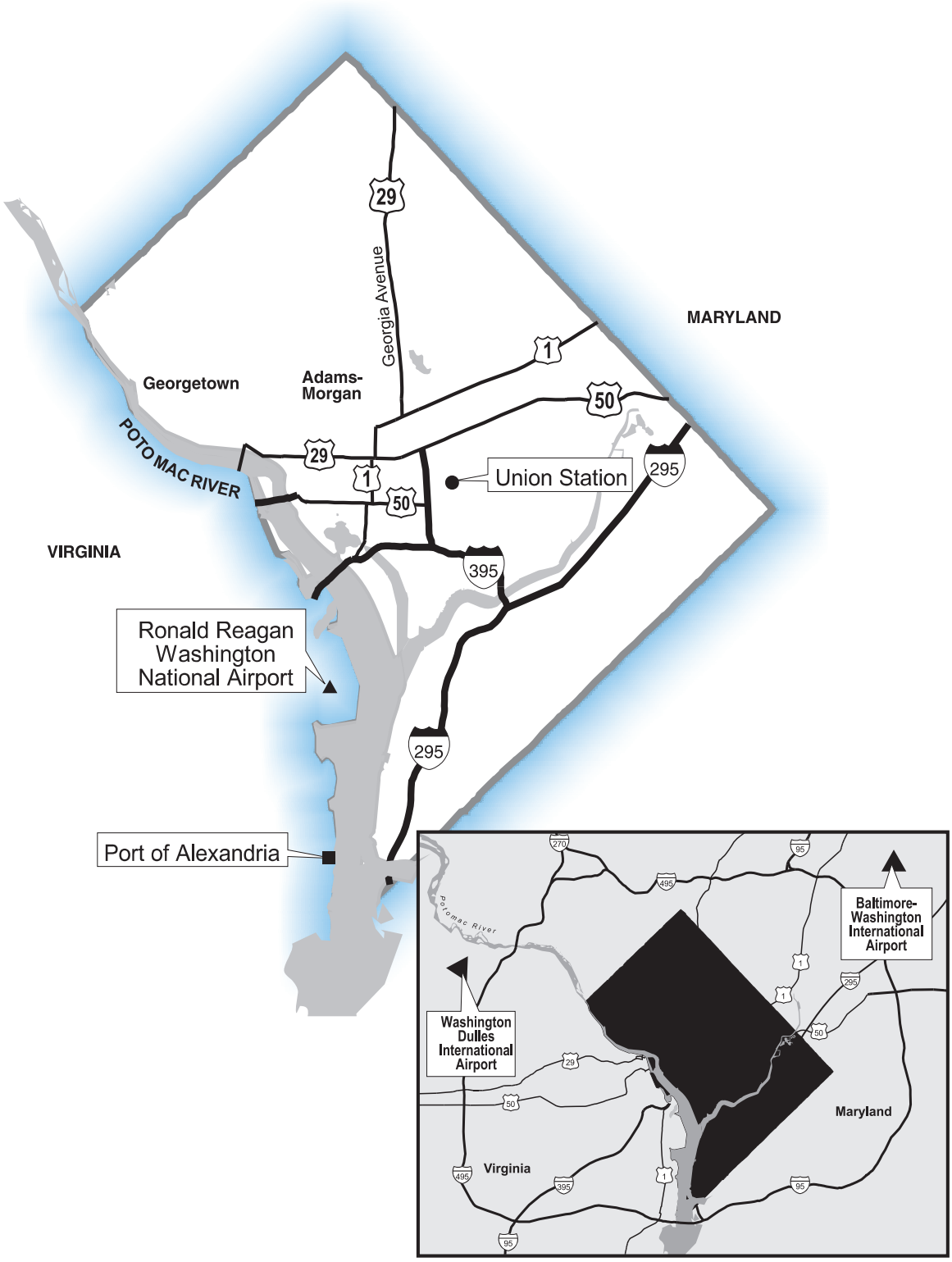
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District of Columbia.

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District of Columbia Drug Threat Assessment

Overview

The District of Columbia (D.C.) is an ethnically, culturally, and economically diverse 68-square-mile federal district with over 572,000 residents. If D.C. were a state, it would rank fiftieth by population, ahead of only Wyoming. Washington, D.C.'s role as the nation's capital and as a focal point for the world's political, diplomatic, and financial activities enhances the District's diversity. Attracting inhabitants from throughout the country and the world, D.C. provides an ideal setting for criminal groups to blend in easily.

The District has a large population of drug abusers and a high level of violence associated with the distribution of illegal drugs. According to the National Drug Intelligence Center (NDIC) National Drug Threat Survey 2001, the U.S. Park Police reported that 35 percent of its 1,583 D.C. investigations were drug-related. Many were for polydrug distribution and involved the use of firearms. The threat posed by drug distribution and abuse to the safety and security of District residents is illustrated by the District's high homicide rate. Although the number of homicides in D.C. has decreased from an annual high of almost 500 a decade ago to 232 in 2000, shooting incidents remain frequent, and many District residents live in fear of becoming victims of random violence.

The District has a wide array of transportation options available for both licit and illicit activities, making D.C. an important node in the drug transportation network along the eastern seaboard of the United States. Transporters use an extensive highway system, three major airports near the District (Washington Dulles and Baltimore-Washington International Airports and Ronald Reagan Washington National Airport), and the railroads to ensure that drugs transported to and from the area have an excellent chance of reaching their intended destination. Thousands of travelers from all over the world pass through the three airports daily. Arrest and seizure data indicate that the three airports are being used to smuggle

Fast Facts

District of Columbia

Population (2000)	572,000
U.S. population ranking	50th (Relative to states)
Median household income (2000)	$40,000
Unemployment rate (2001)	6.6%
Land area	68 square miles
Principal industries	Government, service, tourism

drugs from source and transit countries to the District. Interstates 295 and 395 provide direct access to I-495, which encircles the District, and to I-95, the major north-south route on the East Coast. U.S. Highways 1, 29, and 50 also provide access to I-495 and I-95. Drugs are frequently transported in private vehicles and, to a lesser extent, by rail and bus services to and from the District. Many transporters reportedly purchase false identification with which they register private vehicles used to transport drugs.

Maritime smuggling directly into D.C. is unlikely since the few commercial maritime shipments into the area originate in domestic locations. The small port of Alexandria, Virginia, is the only commercial maritime cargo facility in the D.C. metropolitan area. An average of 23 vessels visit the port annually, and longshoremen at the port handled approximately 26,000 tons of cargo in 1999. The only international seaport near D.C. is the Port of Baltimore, a port through which thousands of tons of containerized and bulk cargo move daily; however, seizures of drugs are infrequent. Transporters are more likely to smuggle drugs to ports that handle a large volume of international cargo daily and provide more transportation options, such as the consolidated New York/New Jersey seaport.

D.C. is a secondary drug distribution center, with most drugs destined for distribution in D.C. first smuggled to New York, Philadelphia, Miami, and Los Angeles, among other cities. Drug trafficking organizations (DTOs) and criminal groups that work directly with DTOs in source countries such as Colombia supply D.C.-based distribution groups. The distribution groups range from wholesale-level criminal groups to local neighborhood-based crews (a term frequently used to describe gangs in D.C.) and independent dealers. Most investigations reveal that wholesale-level distributors directly supply retail-level distributors.

The District has approximately 60 open-air drug markets, some as large as two to three blocks, that are controlled by crews. Open-air markets are typically located near low-income housing projects and on main corridors into and out of the city. Most open-air markets operate 12 or more hours a day, 7 days a week. Crews sell primarily crack at open-air markets; however, powdered cocaine, heroin, marijuana, methamphetamine, and other dangerous drugs (ODDs) are also available. Law enforcement officials report that marijuana is available with increasing frequency at these markets. However, individual sales at open-air markets may involve no more than half a pound of marijuana because of legislation that became effective in D.C. in June 2001, making penalties for distribution and possession of marijuana much more severe than they had been previously.

Open-Air Drug Investigation in D.C.

On July 13, 2000, federal and local law enforcement officials arrested 37 individuals and seized $30,000 worth of crack, $70,000 in cash, and 13 guns, including an assault rifle and an Uzi-style weapon. The arrests and seizures were the result of a yearlong investigation that focused on open-air drug markets in the 1st, 3rd, and 5th Police Districts.

Source: Office of National Drug Control Policy, Drug Policy Information Clearinghouse, Washington, D.C., August 2000.

Local neighborhood-based crews that are unaffiliated with nationally recognized gangs usually dominate retail drug distribution in the District. Law enforcement officials usually assign the names by which crews are known based on the streets and housing developments in which members of crews live and distribute drugs. According to the Metropolitan Police Department, crews form primarily for economic gain and change composition regularly. Many crews distribute crack, and they frequently distribute other drugs as well. They maintain control of their markets by preventing nationally recognized street gangs from entering the area, and they will fight and kill to defend their "turf." No single crew appears to control or dominate the distribution of drugs throughout the District. Some reports indicate that as many as 150 crews, each averaging 20 to 30 members, distribute drugs and engage in additional criminal activities. The NDIC National Gang Survey 2000 identified 42

Crews Known to Distribute Drugs in D.C.

1-7 Crew	7th & Taylor Crew	The Circle/Simple City Crew	Montana Avenue Crew
1-5 Mob	12th & Hamlin Street Crew	Congress Park Crew	Naylor Road Crew
1st & O Crew	13th Street Crew	E Street Crew	Park Morton Crew
1st & Seaton Place Crew	14th & Clifton Street Crew	Hobart Stars	Queen Street Crew
1st & T Street Crew	20th Street Crew	Hucks Crew	Rock Creek Church Crew
3rd World	57th Street Mob	La Mara R	Rosedale Crew
5th & O Street Crew	58th Street Mob	Langston Crew	Stanton Terrace Crew
6th & S Street Crew	1512 Crew	Levis Street Crew	Todd Place Crew
7th & I Street Crew	6200 Crew	Lincoln Heights Crew	Woodland Boys
7th & O Street Crew	Alabama Avenue Crew	Mellon Mob	
7th & S Street Crew	Barry Farms Crew	Michigan Park Crew	

Source: National Drug Intelligence Center, *National Gang Survey 2000.*

crews that distribute cocaine in D.C., and most of these crews distribute heroin and marijuana as well. Forty-one of them are African American, and one, La Mara R, is Hispanic.

The percentage of drug-related federal sentences in D.C. in 1999 was slightly lower than the national average, as were the percentages by drug type—crack is the exception. Drug-related sentences represented over 33 percent of all federal sentences in the District in 1999, compared with the national average of 41 percent. Additionally, over 75 percent of all drug-related sentences were crack-related, much higher than the national average of 23 percent.

According to an official from the Substance Abuse and Mental Health Services Administration, approximately 60,000 drug abusers—over 10 percent of the District's population—reside in the District. D.C. had more drug treatment admissions in 1999 than it did during any other year from 1994 through 1998. The number of annual drug admissions to publicly funded facilities in D.C. increased approximately 510 percent from 1996 through 1999, according to Treatment Episode Data Set (TEDS) data. The District had 979 admissions in 1996, 2,885 in 1997, 3,618 in 1998, and 6,005 in 1999. Conversely, the number of drug-related deaths in the D.C. metropolitan area decreased from 281 episodes in 1998 to 239 in 1999 (15%), the second largest decrease among the 40 metropolitan areas reporting medical examiner (ME) data to the Drug Abuse Warning Network (DAWN). Minneapolis had the largest decrease (17%).

A significant percentage of the District's budget is used for drug treatment programs. The National Center on Addiction and Substance Abuse at Columbia University reported that D.C. spent $777 per person in 1998 on substance abuse-related services, more than any state in the nation. The District government spent approximately 15 percent of its 1998 budget on substance abuse-related programs that focused on justice, education, health, child/family assistance, mental health/developmental disabilities, employment, and public safety issues. D.C. was fifth in the nation in the percentage spent, following New York, Massachusetts, Minnesota, and California.

Cocaine

Cocaine, particularly crack, represents the most serious drug threat to the District. Cocaine abuse is associated with more drug treatment admissions to publicly funded facilities, emergency department mentions, and deaths than is abuse of any other drug. Cocaine is readily available and relatively inexpensive. Approximately 75 percent of all federal drug sentences in D.C. are crack-related, and about 9 percent are powdered cocaine-related. Additionally, most Organized Crime Drug Enforcement Task Force (OCDETF) investigations are cocaine-related. Colombia-based drug trafficking organizations are the primary sources supplying D.C.-based criminal groups, frequently Colombian and Dominican, with wholesale quantities of cocaine. These criminal groups and other less dominant groups supply local neighborhood-based crews, typically African American or to a much lesser extent Hispanic, with smaller quantities of powdered and crack cocaine. The crews usually distribute the cocaine at open-air markets. Retail distribution networks are well-established in neighborhoods, public housing projects, and on street corners.

Abuse

Treatment admissions indicate that cocaine is the drug most commonly abused in D.C. The District had more drug treatment admissions to publicly funded facilities for cocaine abuse than for any other drug from 1994 through 1999, and that number increased approximately 510 percent from 363 in 1996 to 2,225 in 1999, according to TEDS data.

Table 1. Cocaine-Related Treatment Admissions to Publicly Funded Facilities District of Columbia, 1994–1999

Year	Number
1994	921
1995	540
1996	363
1997	1,070
1998	1,401
1999	2,225

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set.

Cocaine abuse is more commonly associated with emergency department (ED) mentions in D.C. than is abuse of any other drug. The District had more ED mentions for cocaine abuse than for any other drug from 1995 to 2000, according to DAWN. The number of cocaine ED mentions in D.C. fluctuated during that period but declined significantly from 3,542 in 1995 to 2,830 in 2000. In 2000 the District ranked eleventh among the 21 metropolitan areas reporting to DAWN in the total number of cocaine ED mentions, compared with tenth in 1993. The District kept a similar ranking because the number of ED mentions decreased in many other metropolitan areas as well.

Table 2. Cocaine-Related Emergency Department Mentions and Mentions Per 100,000, District of Columbia, 1995–2000

Year	Mentions	Mentions Per 100,000
1995	3,542	96
1996	3,881	104
1997	3,223	85
1998	3,718	97
1999	3,150	81
2000	2,830	72

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Drug Abuse Warning Network, Year-End Emergency Department Data.

Cocaine was the drug most commonly mentioned in drug-related deaths in D.C. in 1999.

According to DAWN ME data, the District had 106 cocaine-related deaths in 1999, which accounted for 44 percent of the total drug-related deaths that year. D.C. was one of 13 metropolitan areas reporting to DAWN in which cocaine was mentioned more than any other drug.

Cocaine was the drug most frequently detected among adult male arrestees who were tested for drug abuse in D.C. in 1999. Approximately 38 percent of adult male arrestees who were tested for drug abuse in D.C. tested positive for cocaine abuse in 1999, according to the Arrestee Drug Abuse Monitoring (ADAM) program. (Data were not reported for female arrestees in 1999.) Approximately 44 percent of Caucasian arrestees and 38 percent of African American arrestees who were tested for drug abuse tested positive for cocaine abuse. Over 60 percent of arrestees over 36 years of age who were tested for drug abuse tested positive for cocaine abuse.

Abuse of cocaine among youth in D.C. is lower than the national average percentage. According to the 1999 Youth Risk Behavior Survey, 2.8 percent of D.C. high school students surveyed reported that they had abused cocaine in their lifetime, compared with the national average of 9.5 percent. Additionally, 1.3 percent of the students surveyed in D.C. in 1999 reported that they were current abusers (used cocaine at least once in the last 30 days), compared with 4 percent nationwide.

Powdered cocaine is commonly abused at nightclubs and bars, while crack is primarily abused in low-income, inner-city housing projects. Many white-collar professionals reportedly purchase powdered cocaine for personal use at nightclubs, bars, and offices, particularly in Georgetown. Crack is commonly purchased at open-air markets and housing projects.

Availability

Investigative data indicate that cocaine is readily available in D.C. According to Federal-wide Drug Seizure System (FDSS) data from fiscal year (FY) 1995 through FY2000, the quantity of cocaine seized in D.C. peaked in FY1996 at 58.5 kilograms. Additionally, in response to the NDIC National Drug Threat Survey 2001, the U.S. Park Police reported seizures of approximately 9 grams of powdered cocaine and approximately 11 kilograms of crack in D.C. in 1999. The U.S. Park Police seized approximately 221 grams of powdered cocaine and 1.9 kilograms of crack in 2000. From October 1998 to June 2001, 30 of the 37 OCDETF investigations in D.C. were related to crack or powdered cocaine, more than any other drug. (OCDETF investigations often involve more than one illegal drug.)

Wholesale prices for both powdered and crack cocaine in FY2001 indicate that both drug forms were readily available. According to the Drug Enforcement Administration (DEA) Washington Division and the Middle Atlantic–Great Lakes Organized Crime Law Enforcement Network (MAGLOCLEN), kilogram prices for powdered cocaine ranged from $16,500 to $35,000 in FY2001, while kilogram prices for crack were approximately $35,000. However, kilogram quantities of crack are rarely distributed in D.C. Generally, higher purity cocaine will result in a higher price. In FY2001 ounce quantities of powdered

Table 3. Cocaine Seizures in Kilograms District of Columbia, FY1995–FY2000

FY	Seizures
1995	33.7
1996	58.5
1997	39.8
1998	27.8
1999	23.3
2000	32.0

Source: DEA, Federal-wide Drug Seizure System.

cocaine sold for $900 to $1,250 and an ounce of crack sold for $1,000 to $1,300. A gram of powdered cocaine sold for $50 to $100 in D.C., while a gram of crack sold for $80 to $100.

The purity of powdered and crack cocaine varies in the District and depends on the level of distribution. Wholesale purity levels have historically been high—indicating that the drug is not cut with adulterants or diluents. The Metropolitan Police Department and the DEA Washington Division report that cocaine purity is frequently at the high level—80 to 95 percent—for wholesale distribution. According to the DEA Washington Division, the purity of cocaine distributed at various levels in D.C. ranges from 19 to 95 percent for powdered cocaine and from 30 to 81 percent for crack. (Average purity levels are not calculated.)

Violence

Distributors and abusers of cocaine, particularly crack, frequently engage in violent crimes in the District. D.C. has the highest homicide rate of any city or state in the country, and many of those homicides are directly linked to territorial violence associated with crack distribution at open-air markets. Open-air drug markets are sometimes two to three blocks in size, and distributors are often violent when protecting their turf from rival crews attempting to take over their markets. In 1999 almost 27 percent of adult males arrested for assaults and tested for drug abuse tested positive for cocaine abuse, according to ADAM data. DEA, the Metropolitan Police Department, and the U.S. Attorney's Office in D.C. report that retail-level crack distributors often commit drive-by shootings, drug-related homicides, rip-offs (stealing drugs from other distributors), thefts, assaults, and are involved in black-market weapons distribution. In June 2000 the DEA Washington Division in cooperation with members of the Westmoreland, King George, Charles, and Prince George's County Sheriffs' Departments, the Metropolitan Police Department, and the U.S. Department of Housing and Urban Development arrested 15 individuals for distributing cocaine and committing violent crimes in D.C.

The Metropolitan Police Department reports that the availability of automatic weapons and crack is partially responsible for the high level of violence in the District. For example, in December 2000 D.C. and Prince George's County law enforcement officials arrested 22 individuals for distributing cocaine and marijuana along Georgia Avenue (parts of US 29 coincide with Georgia Avenue) and seized 11 firearms including 2 assault rifles. Law enforcement officials also seized over 2 pounds of crack, approximately a pound of powdered cocaine, a half-pound of marijuana, and approximately $20,000 in cash.

Forty-two crews reportedly distribute cocaine, often in combination with other drugs, and most engage in violent crimes. (See text box on page 3.) According to the NDIC National Gang Survey 2000, the most violent crews that distribute cocaine are La Mara R, Langston Crew, Rock Creek Church Crew, 1-7 Crew, and the 1-5 Mob. The alleged leader of the 1-5 Mob is currently being tried for conspiracy, racketeering, powdered and crack cocaine and heroin distribution, and 14 murders. If convicted, he could receive the death penalty; the last death penalty conviction in D.C. was in 1972.

Drug Kingpin Convicted for Cocaine Smuggling

In July 2001 a federal judge in Alexandria sentenced a Miami man to two life terms without parole for importing cocaine by the ton from Panama through Florida to D.C. and for committing numerous murders, including the asphyxiation death of another drug dealer in 1991. One witness testified that the drug kingpin had also shot and killed two Dominican drug dealers in New York City while robbing them of 11 pounds of cocaine.

Source: DEA and U.S. Park Police.

Production

Coca is not cultivated nor is cocaine produced in the District. Most cocaine consumed in the world is produced in South America. Most cocaine shipped to the United States transits the Mexico–Central America corridor. Most of the remainder is smuggled through the Caribbean corridor. Colombian DTOs produce most of the cocaine smuggled to the District.

Most of the crack sold in D.C. is converted from powdered cocaine in the District. Distributors are aware that federal sentences for distribution or possession of crack are lengthier than for powdered cocaine. Consequently, they convert powder into crack in small quantities only as needed. Some powdered cocaine is converted to crack in distribution centers such as New York City, Philadelphia, Miami, and Los Angeles before it is transported to the District.

Transportation

Cocaine distributed in D.C. is usually smuggled from Colombia to the distribution centers of New York City, Philadelphia, Miami, and Los Angeles before being transported to D.C. in automobiles that are frequently equipped with hidden compartments. Trains, airplanes, buses, and express mail services are also used. Some cocaine is then transported from D.C. to Virginia, North and South Carolina, and possibly other locations using many of the same modes. Interstate 95, which connects New York City and Miami, is the primary highway used to smuggle cocaine and other drugs to and from the District.

Colombian and Dominican criminal groups are the dominant cocaine transporters to D.C.; however, African American, Caucasian, and other Hispanic criminal groups also transport cocaine to the District. These groups typically smuggle cocaine in private and commercial automobiles equipped with hidden compartments, according to the DEA Washington Division. Colombian criminal groups generally transport larger quantities of cocaine (10 to 20 kilograms) than do Dominican criminal groups that usually transport between a half and a full kilogram. The U.S. Park Police, in response to the NDIC National Drug Threat Survey 2001, reported that Hispanic, Caucasian, and African American criminal groups are the primary transporters of cocaine to the District. The DEA Washington Division and the U.S. Park Police reported that most of the cocaine available for distribution in D.C. is transported from New York City or Philadelphia.

Cocaine Concealed in Hidden Compartments

In April 2001 the Federal Bureau of Investigation provided Frederick County, Maryland, officials with information that led to the seizure of 39 kilograms of cocaine with an estimated value of $4 million. The cocaine, hidden in a minivan that had departed from California, was destined for distribution in D.C. The drugs, wrapped in 33 plastic packets and smothered in automotive grease and baby wipes, were under a false floor.

Source: *The Washington Post,* 13 April 2001.

In 2001 DEA seized 33 kilograms of cocaine in Pope County, Arkansas, in a sport utility vehicle. The cocaine was hidden under a raised floor in the rear of the vehicle in a compartment that could be accessed only through the rear bumper. The cocaine had been transported from California and had been destined for distribution in the District.

Source: DEA Washington Field Division, *Quarterly Trends in the Traffic*, FY2001, Second Quarter.

Cocaine is frequently transported to D.C. using express mail services. For example, in March 2000 federal and local law enforcement officials in D.C. arrested two individuals and seized 3.7 kilograms of cocaine in a package mailed from California to Southeast D.C.

Transporters use commercial aircraft to transport cocaine to the D.C. area. According to El Paso Intelligence Center (EPIC) seizure statistics, law enforcement officials seized 109 kilograms of cocaine in D.C. in 1995, 26 kilograms in 1996, 7 kilograms in 1997, 1 kilogram in 1998, and none in 1999. All of the cocaine was transported using commercial airlines. (EPIC seizure reports for D.C. include seizures at Washington Dulles International and Ronald Reagan Washington National airports in Virginia.) According to Operation JETWAY data, law enforcement officials seized 13.5 kilograms of cocaine in four seizures in 2000; all of the cocaine was destined for distribution in the District. Additionally, the U.S. Customs Service (USCS) seized approximately 3.9 kilograms of cocaine on October 4, 2000, at Washington Dulles International Airport from a courier carrying the drugs in a package labeled as deodorant foot powder. The package originated in El Salvador, and the cocaine was destined for distribution in the District. In May 2001 DEA arrested a number of members of an African American criminal group that transported approximately 2 to 10 kilograms of cocaine weekly on commercial airlines from Los Angeles to D.C. using couriers, primarily female. A former airline employee taught the couriers how to avoid airline security.

Operation JETWAY

Operation JETWAY is an EPIC-supported domestic interdiction program. It operates across the nation at airports, train stations, bus stations, package shipment facilities, post offices, and airport hotels and motels.

Distribution

Colombian and Dominican criminal groups are the dominant wholesale distributors of cocaine in D.C. These criminal groups usually purchase their supplies from Colombia-based DTOs that frequently transport the cocaine shipments destined for D.C. from Colombia to areas such as New York City, Philadelphia, Miami, and Los Angeles. However, Colombian DTOs sometimes employ surrogates to distribute wholesale quantities of cocaine directly to distributors in D.C. A surrogate is usually a family member or lifelong associate of a D.C. resident, typically Colombian or Dominican, whose purpose is to distribute wholesale quantities of cocaine to criminal groups in the District.

Some members of Dominican criminal groups that are based outside the city distribute wholesale quantities of cocaine in D.C. after establishing full- or part-time residency in the District. These criminal groups generally consist of distributors that have not been able to establish a strong customer base in New York City, according to the DEA Washington Division. One investigation revealed that couriers working for a Colombian DTO in New York City or Philadelphia set up shop in a motel room or local apartment in D.C. and distributed wholesale quantities of cocaine, returning the proceeds to their suppliers. African American, Caucasian, Chinese,

International Criminal Group Dismantled

In 2001 DEA New York seized 76 kilograms of cocaine and arrested several members of a Colombian criminal group that transported cocaine and heroin to D.C. and Northern Virginia in private vehicles, usually in large trucks similar in size to rental moving vans. This criminal group also controlled the distribution of these drugs in both areas.

Source: DEA Washington Field Division, *Quarterly Trends in the Traffic*, FY2001, Second Quarter.

Jamaican, Panamanian, Peruvian, and Salvadoran criminal groups, among others, also distribute cocaine at the wholesale level, but to a lesser extent. In addition, Mexican criminal groups in the Virginia suburbs of the D.C. area have recently started to distribute wholesale quantities of cocaine.

Colombian and Dominican criminal groups and other less dominant groups supply local crews with powdered and crack cocaine. Crews, typically African American or Hispanic, are the dominant retail distributors of powdered and crack cocaine in the District. Crews frequently convert powdered cocaine into crack before distributing it on the streets. According to the Metropolitan Police Department, at least 42 crews distribute cocaine, although additional law enforcement reporting indicates that the total number of crews may be significantly higher. (See text box on page 3.) These crews distribute cocaine along with other drugs at open-air drug markets, public housing projects, and on street corners. Powdered cocaine is also sold in affluent communities. For instance, dealers distribute high-purity cocaine to young and middle-age professionals in nightclubs, bars, and offices, particularly in the Georgetown area.

Law enforcement reports indicate that a few individuals over 60 years of age distribute cocaine in public housing projects occupied by senior citizens in D.C. to supplement their incomes or to sustain drug habits. Most of these dealers distribute smaller quantities than those distributed by crews. They typically distribute the cocaine from their homes, although some of these dealers distribute it on street corners. For example, an 82-year-old male who had been selling drugs illegally since he was 70 was convicted for the third time in February 2001 and sentenced to 5 years in prison for selling crack from his home in the Adams-Morgan area of Northwest D.C. Police had seized 73 grams of crack and $3,740 in cash from the man.

D.C. Police Target Public Housing Complexes Occupied by Senior Citizens

In April 2001 D.C. police began to arrive unannounced at public housing complexes occupied by senior citizens. Law enforcement officials used drug-detection dogs to search hallway lighting fixtures, trash cans, bushes, fast-food bags, and other items for drugs. The searches were unique in the nation, having been requested by elderly residents of the complexes who wanted to stop dealers from peddling crack and other drugs.

Source: *The Washington Post,* 27 March 2001.

Heroin

Heroin, primarily South American, represents a growing threat to D.C. because the number of abusers is high and continues to increase. Long-term heroin abusers who inject the drug continue to purchase low-purity heroin. However, high-purity heroin is purchased, particularly in Northwest D.C., by a predominantly younger and more suburban abuser population from Virginia and Maryland that snorts the drug. Heroin is often abused in combination with other drugs. Colombian drug trafficking organizations are the dominant wholesale suppliers of South American heroin to D.C.-based criminal groups, typically Colombian and Dominican. Nigerian and other West African criminal groups typically supply wholesale quantities of Southeast Asian heroin to other Nigerian and West African criminal groups based in the District. Pakistani, Nigerian, and other criminal groups usually supply Southwest Asian heroin to other Pakistani and Nigerian criminal groups in D.C. Mexican heroin is only sporadically available. Mexican criminal groups are the primary black tar and brown powdered heroin distributors at the wholesale and retail levels.

African American and Hispanic crews are the dominant retail heroin distributors of South American, Southeast Asian, and Southwest Asian heroin.

Abuse

Heroin abuse represents a growing threat to D.C. The District has approximately 14,000 to 17,000 heroin abusers, according to the Washington/Baltimore High Intensity Drug Trafficking Area (HIDTA). Although the number of heroin abusers who use the traditional method of injection has decreased, the number of those who snort the drug has increased. New abusers include a younger population averse to using needles. Many heroin abusers, particularly suburban youths, abuse MDMA and other substances in combination with heroin.

Treatment data indicate that heroin abuse has increased dramatically in the District. The number of drug treatment admissions to publicly funded facilities for heroin abuse in D.C. increased from 257 in 1996 to 1,744 in 1999, more than 575 percent, but remained lower than the number of admissions for cocaine abuse, according to TEDS data. (See Table 1 on page 4.) The number of ED mentions in D.C. has increased from 1,307 in 1995 to 1,967 in 2000. D.C. ranked eleventh in the number of ED mentions out of the 21 metropolitan areas reporting to DAWN in 2000.

Table 4. Heroin-Related Treatment Admissions to Publicly Funded Facilities District of Columbia, 1994–1999

Year	Number
1994	761
1995	304
1996	257
1997	931
1998	1,045
1999	1,744

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set.

Table 5. Heroin-Related Emergency Department Mentions and Mentions Per 100,000 District of Columbia, 1995–2000

Year	Mentions	Mentions Per 100,000
1995	1,307	35
1996	1,535	41
1997	1,691	45
1998	2,112	55
1999	1,794	46
2000	1,967	50

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Drug Abuse Warning Network, Year-End Emergency Department Data.

Heroin was frequently cited in drug-related deaths in the District. An increasing number of drug-related deaths in D.C. were related to heroin from 1996 through 1998, but that number declined somewhat in 1999. D.C. had 93 deaths in which heroin was mentioned in 1996, 107 in 1997, 117 in 1998, and 103 in 1999, according to DAWN ME data. Heroin was mentioned in approximately 43 percent of drug-related deaths in D.C. in 1999, second only to the percentage of cocaine-related deaths (44%), according to DAWN ME data.

D.C. Legislation on Vacant Buildings

Law 13-281, which became effective on April 27, 2001, allows city personnel to condemn or take possession of abandoned property in which heroin is abused. The District modeled the law on legislation in Baltimore and Prince George's County, Maryland.

Source: *The Washington Post,* 30 November 2000.

The number of arrestees who tested positive for heroin abuse in D.C. in 1999 indicates that heroin is abused less frequently than cocaine or marijuana. Approximately 16 percent of adult male arrestees tested for drug abuse in 1999 tested positive for heroin abuse, according to ADAM data. Male arrestees over the age of 36 were more likely to test positive for heroin abuse than males in any other age group. Approximately 22 percent of Caucasian arrestees and 15 percent of African American arrestees who were tested for drug abuse had tested positive for heroin abuse that year.

Availability

South American heroin is by far the type most readily available in the District. Approximately 80 to 90 percent of all heroin in D.C. originates in Colombia, according to the NDIC 1999 Heroin Conference Report. Federal and metropolitan law enforcement officials seize South American heroin much more frequently than any other type of heroin. In D.C. 80 percent (20 of 25 samples) of all retail-level heroin samples in which a signature could be determined through DEA's Domestic Monitor Program (DMP) in 1999 were of South American origin. The average purity of these retail-level samples was 24.5 percent.

Southeast Asian heroin is available in D.C. but to a much lesser extent than South American heroin. During 1999 approximately 16 percent (4 of 25) of the heroin samples purchased through the DMP in which a signature could be determined were identified as Southeast Asian. Those purchased samples averaged 20.1 percent pure.

Southwest Asian heroin is also available and seized in D.C. but to a much lesser extent than South American or Southeast Asian heroin. Only 4 percent (1 of 25) of the heroin samples purchased through the DMP in D.C. in which a signature could be determined were Southwest Asian. The purity of this sample was approximately 13 percent.

Mexican heroin is only sporadically available in D.C. and is rarely mentioned in law enforcement reporting. None of the heroin purchased under the DMP in D.C. in which a signature could be determined was identified as Mexican; however, the DEA Washington Division reports that Mexican black tar and brown powdered heroin are seized sporadically, usually from an individual or parcel. According to the NDIC National Drug Threat Survey 2001, the U.S. Park Police has reportedly seized Mexican brown powderedheroin twice since 1999.

Mexican Black Tar Heroin Seized With Numerous Other Drugs

In June 2001 D.C. police arrested 30 people outside a rock concert at Robert F. Kennedy Stadium and seized $4,000 in cash, Mexican black tar heroin, MDMA, marijuana, hallucinogenic mushrooms, and diverted nitrous oxide.

Source: *The Washington Post*, 10 June 2001.

Long-term heroin abusers who inject the drug continue to purchase low-purity heroin. However, high-purity heroin is purchased, particularly on 14th Street Northwest, by predominantly younger suburban abusers who snort the drug. Average purity levels were 20.3 percent in 1996, 21.1 percent in 1997, 24.3 percent in 1998, and 23 percent in 1999. Estimates of heroin purity based on retail samples purchased through the DMP in D.C. in 1999 were stable at low levels, ranging from 11 to 29 percent. DEA's System to Retrieve Information from Drug Evidence (STRIDE) indicates that purity levels, primarily at the midlevel and wholesale level, ranged from 46.6 to 51.9 percent between FY1999 and June of FY2001. In general, heroin is cut with diluents such as mannitol or adulterants like quinine, also known in D.C. as "beat," before being distributed. Purity levels in New York, Newark, and Philadelphia are higher, ranging between 60 and 70 percent.

Heroin prices in D.C. are high but stable, indicating a strong market. At the midlevel, heroin is usually sold in ounce or multihundred-gram quantities; kilogram quantities are rarely sold, according to the DEA Washington Division and MAGLOCLEN. MAGLOCLEN reports that when heroin is available in kilogram quantities, the price averages $134,000 a kilogram. In 2000 a bag of heroin (approximately one dosage unit) sold for about $10, a gram sold for $125 to $150, and an ounce sold for $3,000.

Operation Pipeline

Operation Pipeline is an EPIC-supported national highway interdiction program. It involves the highways and interstates most frequently used to transport illegal drugs and drug proceeds.

Seizure statistics and investigative information indicate that heroin is readily available in D.C. According to FDSS data, the quantities of heroin seized in D.C. fluctuated from FY1995 through FY2000. Additionally, in response to the NDIC National Drug Threat Survey 2001, the U.S. Park Police reported having seized approximately 258 grams of heroin in D.C. in 1999 and approximately 398 grams in 2000. From October 1998 through June 2001, 22 of the 37 OCDETF investigations in D.C. were heroin-related, second only to the number of cocaine-related investigations. Operation JETWAY and Operation Pipeline data documented three heroin seizures in D.C. in 2000.

Table 6. Heroin Seizures
District of Columbia, FY1995–FY2000

Year	Kilograms
1995	**11.5**
1996	**16.0**
1997	**9.5**
1998	**14.9**
1999	**7.8**
2000	**5.8**

Source: DEA, Federal-wide Drug Seizure System.

Violence

Heroin abusers who commit crimes in D.C. generally commit nonviolent property crimes to support their habits. However, heroin distributors at all levels engage in violence and other criminal activities to further drug distribution operations. Drug distributors use violence to protect their drugs or to maintain control over distribution in a given area. According to the Metropolitan Police Department, at least 17 crews distributing heroin engage in violent crimes including assaults, drive-by shootings, homicides, and black-market weapons distributions. The Washington/Baltimore HIDTA reports that Dominican criminal groups in the District are now attempting to expand into retail distribution of heroin on the streets, resulting in violent turf wars. Dealers in Northwest D.C. who cater to a predominantly younger and more suburban population from Virginia and Maryland frequently commit more violent crimes than dealers elsewhere in D.C., according to the Metropolitan Police Department.

Numerous Weapons Seized from Criminal Group in D.C.

Federal and local law enforcement officials arrested 25 individuals who were part of a sophisticated drug and money laundering ring and seized 19 weapons, 16 vehicles, $790,000 in cash, 5 kilograms of heroin, small amounts of cocaine and marijuana, and 2,000 methadone capsules in D.C. on August 9, 2000.

Source: *The Washington Post,* 9 August 2000.

Production

Opium poppies are not cultivated nor is heroin refined in the District. Criminal groups smuggle heroin to D.C. that originated in South America, primarily Colombia; Southeast Asia, primarily Burma, Laos, and Thailand; Southwest Asia, primarily Afghanistan; and Mexico, the four major source regions. Most heroin in D.C. originates in South America.

Transportation

Transporters smuggle heroin to D.C. from New York, Philadelphia, Chicago, and other cities by private and rental vehicle, commercial airline, bus, train, and parcel delivery service. Colombian and Dominican criminal groups are the dominant South American heroin transporters, while Nigerian criminal groups are the primary Southeast Asian heroin transporters. Nigerian and Pakistani criminal groups are the dominant Southwest Asian heroin transporters, and Mexican criminal groups are the dominant Mexican black tar and brown powdered heroin transporters. Heroin shipments are frequently transported to the District via rental vehicles from New York City, Philadelphia, and Chicago. Transporters often hide heroin in concealed compartments in private vehicles. Couriers also transport heroin from Baltimore to D.C. on trains and buses. Additional quantities of heroin are also transported by similar methods to the District from Los Angeles, San Francisco, and Seattle, among other cities, according to the Metropolitan Police Department.

Heroin is transported from D.C. to Northern Virginia and Maryland, among other locations, primarily in private vehicles, although other methods are used as well. Residents of suburban Virginia and Maryland reportedly drive to D.C. to purchase personal-use quantities of heroin.

Couriers flying on commercial airlines generally smuggle 1 or 2 kilograms of heroin to the District for distribution. The Metropolitan Police have arrested several members of Nigerian and other West African criminal groups for smuggling Southeast Asian heroin from Europe and West Africa through Washington Dulles International Airport. Additionally, an airline serving Baltimore-Washington International Airport started to offer direct flights in July 2000 from Ghana, a West African country known as a transshipment area for Asian heroin. Several Nigerian couriers arriving on the flights had been arrested. All of them had ingested heroin capsules. Law enforcement officials seized 3.4 kilograms of heroin in 1996, 11 kilograms in 1997, 9 kilograms in 1998, and 1 kilogram in 1999 from couriers or cargo on commercial airlines, according to EPIC seizure statistics from 1996 to 1999.

Law enforcement officers frequently arrest heroin couriers riding on buses or trains typically from Baltimore en route to the District. Many couriers are female and carry the drugs in carry-on baggage. The Metropolitan Police Department Interdiction Group reports that most of its drug seizures are effected at the train station rather than at the bus terminal. According to Operation JETWAY data for 2000, D.C had two seizures of unknown types of heroin; one was at the train station and the other at the bus depot at Union Station. One shipment was destined for distribution in the District, and the other was destined for New York City.

Heroin is rarely seized on D.C. roadways. According to EPIC Operation Pipeline and Operation Convoy seizure statistics from 1995 to 1999, law enforcement officials in Maryland seized approximately 3 grams of heroin destined for D.C. in May 1995. In 1998 law enforcement officials in Pennsylvania seized 255 grams of Mexican brown powdered heroin in a single shipment destined for distribution in D.C.

In June 2001 law enforcement officials seized a shipment of 1,044 grams of heroin in D.C. that was destined for Virginia. No other seizures were recorded from 1995 to 1999.

Transporters use express mail services to ship small quantities of heroin, and larger shipments are occasionally sent to D.C. via this method. In March 1998 Metropolitan Police arrested three individuals and seized 5 kilograms of heroin smuggled through express mail services to three different mailbox companies in the District. This seizure was the largest heroin seizure in the D.C. metropolitan area since 1993.

Distribution

Most of the heroin distributed in D.C. is transshipped to the District through one of two major distribution centers—New York City and Philadelphia. D.C.-based Colombian and Dominican criminal groups are the dominant wholesale distributors of South American heroin in the District. Both groups purchase heroin from Colombia-based suppliers. Dominican criminal groups appear to have stronger control over heroin distribution in D.C. than they do over cocaine distribution. Nigerian and other West African criminal groups in D.C. usually purchase wholesale quantities of Southeast Asian heroin from other Nigerian and West African criminal groups. Pakistani and Nigerian criminal groups in D.C. usually purchase Southwest Asian heroin from other Pakistani and Nigerian criminal groups. Southwest Asian heroin distributors charge high prices and hold heroin until a buyer is located, thus limiting their market share. Mexican criminal groups distribute Mexican black tar and brown powdered heroin in D.C.

African American and Hispanic crews are the dominant retail distributors of all heroin except Mexican black tar and brown powdered heroin. Mexican criminal groups and independent dealers usually distribute Mexican heroin within the large Mexican population residing in the District. Crews typically distribute heroin, as well as other drugs, in open-air drug markets. According to the NDIC Gang Survey 2000, at least 17 crews distribute heroin in the District. The Metropolitan Police report that Salvadoran nationals distribute heroin at the retail level for Dominican criminal groups. Retail-level crews usually serve as pitchers (distributors), catchers (money collectors), lookouts, or runners. These crews are not very sophisticated and are generally loosely knit groups of individuals from the same neighborhood.

Open-air heroin markets are typically near low-income housing projects, main corridors into and out of the city, or in other areas contained within a few city blocks. The location usually determines the customer base. For example, dealers at housing projects generally sell heroin to neighborhood customers, while dealers along main corridors usually cater to suburban abusers

Crews Known to Distribute Heroin in D.C.

1-7 Crew	7th & O Street Crew	Langston Crew
1st & O Crew	7th & S Street Crew	Lincoln Heights Crew
1st & Seaton Place Crew	14th & Clifton Street Crew	Park Morton Crew
1st & T Street Crew	58th Street Mob	Queen Street Crew
5th & O Street Crew	1512 Crew	Rosedale Crew
6th & S Street Crew	La Mara R	

Source: National Drug Intelligence Center, *National Gang Survey 2000.*

who want easy access to drugs and a convenient way out of the city. Suburban customers spend several hundred dollars at a time, and dealers want to ensure that these customers are satisfied in order to maintain regular sales.

Leaders of Langston Crew Arrested

On August 8, 2000, federal and local authorities arrested leaders of the Langston Crew, one of the largest and most sophisticated heroin distribution crews in the District. Between 1996 and 2000 the crew had distributed more than 30 kilograms of heroin and some cocaine in the Langston Dwelling Housing Complex in D.C. Most of the heroin was sold in personal-use quantities. This crew had not typically engaged in violent crimes, unlike other criminal groups in the District.

Source: *The Washington Times*, 9 August 2000.

Some heroin distributed in D.C. is sold at indoor locations, making law enforcement efforts more difficult. For example, the DEA Washington Division has reported instances in which couriers working for an organization based in New York City or Philadelphia had set up shop at apartments and motel rooms in D.C. to distribute heroin. These couriers usually returned to New York City or Philadelphia with the proceeds once the drugs were sold.

Law enforcement reports indicate that a few individuals over 60 years of age distribute heroin in public housing projects occupied by senior citizens in D.C. to supplement their incomes or to sustain drug habits. Most of these dealers distribute smaller quantities than those distributed by crews. They typically distribute heroin out of their homes, although some distribute it on street corners or outside methadone clinics. According to the Office of the U.S. Attorney for the District of Columbia, 41 individuals over the age of 60 were charged with distributing drugs (commonly heroin) in 1998 and 1999.

Retail-level dealers in D.C. usually distribute heroin packaged in small zipper-type bags stamped with a symbol or logo. However, the U.S. Park Police has seized heroin packaged in cellophane and in brownish-colored gelcaps. Most of the heroin packaged in cellophane originates in Philadelphia and is transported in quantities of multithousand-dosage units (approximately 50 milligrams per dosage unit) for retail distribution. The Washington/Baltimore HIDTA reports that some heroin is sold packaged with powdered cocaine, a combination referred to as "one plus one."

Marijuana

Marijuana is the most readily available, least expensive, and widely abused illicit drug in D.C. However, the drug poses a lower threat than cocaine or heroin because the District had no deaths in 1999 related to marijuana abuse, and its abuse is not frequently associated with violent crime. Most of the marijuana available in D.C. is supplied from areas including Arizona, Southern California, Texas, Jamaica, and Mexico and transported to the District. However, smaller quantities are produced locally, mostly at indoor locations. Jamaican and Mexican criminal groups are the dominant wholesale distributors of marijuana in the District. Crews, many with a propensity toward violence, distribute retail quantities of marijuana as do many criminal groups and independent dealers. Legislation enacted in June 2001 makes penalties for possession and distribution of marijuana much more severe than in the past.

Marijuana Legislation in D.C.

Law 13-300, which became effective on June 8, 2001, toughens the penalties for the distribution and possession of marijuana. This law makes distribution or intent to distribute more than a half-pound of marijuana a felony punishable by up to 5 years in prison. Possession of over a half-pound of marijuana is now a felony.

Source: *District of Columbia Register*, 29 June 2001.

Abuse

Treatment data indicate that marijuana is commonly abused in D.C. According to TEDS data, the number of drug treatment admissions to publicly funded facilities for marijuana abuse in D.C. increased almost 510 percent from 123 in 1996 to 750 in 1999, but remained lower than the number of treatment admissions for either cocaine (see Table 1 on page 4) or heroin. (See Table 4 on page 10.)

Table 7. Marijuana-Related Treatment Admissions to Publicly Funded Facilities District of Columbia, 1994–1999

Year	Number
1994	215
1995	147
1996	123
1997	344
1998	549
1999	750

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set.

Out of 21 total metropolitan reporting areas, the district ranked seventh in the number of marijuana DAWN ED mentions in 2000. The number of ED mentions for marijuana in D.C. increased from 2,035 (fifth highest) in 1995 to 2,511 in 2000, according to the DAWN data. The District had no marijuana-related deaths in 1999, according to DAWN ME data.

Approximately 35 percent of adult male arrestees tested for drug abuse in D.C. in 1999 tested positive for marijuana abuse. Approximately 85 percent of male arrestees aged 15 to 20 and 70 percent of male arrestees aged 21 to 25 who tested positive for drug abuse in 1999 tested positive for marijuana, according to ADAM data. Almost 39 percent of Caucasian male arrestees who were tested for drug abuse tested positive for marijuana abuse.

Table 8. Marijuana/Hashish-Related Emergency Department Mentions and Mentions Per 100,000 District of Columbia, 1995–2000

Year	Mentions	Mentions Per 100,000
1995	2,035	55
1996	2,167	58
1997	2,394	63
1998	2,396	62
1999	2,518	65
2000	2,511	64

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Drug Abuse Warning Network, Year-End Emergency Department Data.

Survey and law enforcement data indicate that marijuana is commonly abused in D.C. According to the 1999 National Household Survey on Drug Abuse, nationwide the District had the fourth highest rate within all age groups and the tenth highest rate for individuals 12 to 17 years of age in the percentage of current marijuana abusers. D.C. and Colorado tied for first in the percentage of current abusers in the 26-and-older category. Blunts (cigars in which the filler tobacco has been replaced with marijuana) and joints are the most popular methods of smoking marijuana, particularly among younger abusers in D.C., according to DEA. T-shirts, hats, and bumper stickers emblazoned with a marijuana leaf and the words “blunt” or “chronic” (popular street slang for high-grade marijuana) can be purchased at colleges, head shops, and other locations in the District.

Availability

Marijuana is the most readily available illegal drug in the District. In 1999 the Metropolitan Police arrested over 4,660 individuals, most of them teenagers and young adults, on marijuana-related charges. Most of the seizures documented in Operation JETWAY and Operation Pipeline for D.C. in 2000 were marijuana-related. The Metropolitan Police Department reports that more marijuana is now sold in D.C. than in previous years. Nine of the 37 OCDETF investigations in D.C. from October 1998 to June 2001 were marijuana-related, ranking third after cocaine and heroin investigations.

Intelligence reports indicate that bulk quantities of marijuana in D.C. are priced according to their level of THC (tetrahydrocannabinol), a chemical unique to the cannabis plant that induces marijuana's psychoactive effects. THC levels of commercial grade marijuana distributed in D.C. have historically been low (currently 2.6 percent) compared with the national average of 4.92 percent. However, three forms of marijuana with a higher potency—referred to as hydro, Killer Bud or KB, and Killer Weed—are now available in D.C. Hydro is grown hydroponically (in water) in closely controlled conditions to increase its potency. This form reportedly has a THC level as high as 12 percent and is preferred by many young abusers. Killer Bud is grown in the standard indoor fashion with enhanced soil and lighting. Both hydro and Killer Bud have a stronger than usual odor and bolder coloring than commercial grade marijuana, and both are also reportedly grown in Canada. According to DEA, Killer Weed, also known as "boat" in D.C., is marijuana that has been dipped or soaked in PCP, which increases the potency of the substance and may also cause brain damage.

Prices for marijuana in the Washington Metropolitan Area are low and stable. According to the DEA Washington Division and MAGLOCLEN, commercial grade marijuana sold for $10 a gram (approximately two dosage units), $100 an ounce, $700 to $1,400 a pound, and $1,700 to $3,800 a kilogram in 2001. A kilogram of sinsemilla (the processed version of the leaves and buds of the unpollinated female cannabis plant that yields the highest THC levels and is therefore more desirable to abusers) sold for $4,500 in 2000, according to the DEA Washington Division.

The quantities of marijuana seized in D.C. fluctuated between FY1995 and FY2000. According to the FDSS data, law enforcement officers seized more marijuana in FY1999 (119 kilograms) than in any other year from FY1995 through FY2000. In 1999 law enforcement officials seized numerous small quantities rather than one large amount. Additionally, in response to the NDIC National Drug Threat Survey 2001, the U.S. Park Police reported seizing approximately 5.2 kilograms of marijuana in D.C. in 1999 and approximately 10.8 kilograms in 2000.

Table 9. Marijuana Seizures
District of Columbia, FY1995–FY2000

Year	Kilograms
1995	**4.6**
1996	**23.2**
1997	**48.8**
1998	**44.5**
1999	**119.0**
2000	**50.6**

Source: DEA, Federal-wide Drug Seizure System.

Violence

Marijuana abusers are generally nonviolent. The effects of marijuana often depend upon abuser expectations as well as the potency of the marijuana itself. While low THC marijuana tends to induce a sense of relaxation, high THC content may cause image distortion, a loss of personal identity, fantasies, and hallucinations, which could lead to violence.

Marijuana available in the District is sometimes mixed with other drugs including crack and PCP (phencyclidine). (See ODD section.) The most common mixture involves small rocks of crack or PCP added to marijuana blunts. These drugs substantially alter the effects and toxicity of the marijuana blunt, making it more likely that the abuser will become violent.

The level of violence associated with the distribution of marijuana in D.C. has increased over the last decade, as cocaine and heroin distributors have started to sell marijuana along with other drugs at open-air markets. The level of violence is equivalent to that associated with the distribution of cocaine or heroin. Law enforcement sources attribute much of the District's high crime rate to the distribution of marijuana, which is often the principle source of revenue for crews. According to the NDIC National Gang Survey 2000, at least 28 crews in D.C. distribute marijuana along with other illicit drugs and often commit violent crimes. (See text box on page 20.) The Metropolitan Police Department reports that crews frequently commit assaults, automobile thefts, drive-by shootings, homicides, and are involved in black-market weapons distribution.

Members of the K Street Crew Convicted of Murder

In August 2001 a federal jury convicted six members of the K Street Crew (a Southeast D.C.-based crew that distributed marijuana, crack, and PCP in an open-air market) of murder. This crew began distributing large quantities of marijuana in the mid-1990s. Its members committed 18 murders.

Source: *The Washington Post,* 17 August 2001.

Production

Cannabis is not cultivated in large quantities in D.C., primarily because the urban landscape is not conducive to outdoor grows. However, producers in Arizona, Southern California, Texas, Jamaica, and Mexico cultivate significant quantities of cannabis outdoors. Producers in the rural areas of Maryland, Virginia, and West Virginia cultivate smaller amounts of cannabis outdoors. All supply the market in the District. The plants that are cultivated in D.C. are usually grown indoors in smaller quantities. For example, the Metropolitan Police Department reports that cannabis plants have been seized in basement grows.

Transportation

Express mail services and private vehicles are the primary means used to transport multipound quantities of marijuana to and from D.C. Buses and trains are used as well. Domestically grown marijuana is often transported to the District from Arizona, California, Maryland, Texas, and Virginia, among other locations. Some domestically grown marijuana also is transported through the District

by these same methods en route to areas including North and South Carolina for further distribution. Of note, some Virginia and Maryland residents travel to D.C. in private automobiles to purchase personal-use quantities of marijuana, according to the Washington/Baltimore HIDTA.

Seizure data indicate that marijuana was the drug most often transported to and from D.C. in 2000. According to Operation Pipeline and Operation JETWAY data, law enforcement made 10 of 17 marijuana-related seizures during that period. Half of those shipments originated in Arizona and were destined for D.C., and one marijuana shipment was transported through D.C. en route to North Carolina. Additionally, 36 airport seizures and 23 mail seizures in D.C. in 2000 involved marijuana, according to Operation JETWAY data. All of those marijuana shipments were destined for D.C. except two, which were being transported from or through D.C. en route to Virginia. In August 2000 law enforcement personnel from D.C. and Prince George's County, Maryland, arrested two individuals and seized 38 pounds of marijuana in two packages that were transported via express mail service from Landover, Maryland, to Southeast D.C.

Multihundred Kilograms of Marijuana Seized

In 2001 the El Paso Police Department seized 328 kilograms of marijuana in Texas in a tractor-trailer destined for D.C. The marijuana was concealed in seven cardboard boxes. Law enforcement officials discovered that this seizure was linked to several other large seizures.

Source: DEA.

Jamaican and Mexican criminal groups appear to be the dominant transporters of marijuana to D.C.; however, Caucasian, African American, and many other criminal groups also transport marijuana to and from the District. Marijuana cultivated in Mexico is transported mainly from southwestern states by Mexican and Jamaican criminal groups, among others, using the same means used to smuggle domestically grown marijuana to and from the District. Couriers sometimes use dryer sheets, yellow mustard, coffee grounds, jalapeño peppers, hot pepper flakes, or cleaning products to mask the marijuana odor during transport. According to the Washington/Baltimore HIDTA, Jamaican criminal groups, in particular, transport large quantities of marijuana through express mail services and commercial cargo carriers.

Operation Marquis

In July 2001 federal law enforcement officials arrested 76 members of a multimillion dollar Mexico-based drug network in an investigation titled "Operation Marquis." This drug ring smuggled marijuana and cocaine concealed in shipments of produce in tractor-trailers, in private automobiles with hidden compartments, and on passenger buses from Mexico to Texas (Austin and San Antonio). Some of the drugs were allegedly distributed in southern Texas, and the rest were transported to San Diego, the District, and other locations. The ring was capable of smuggling 5,000 pounds of marijuana and 200 kilograms of cocaine monthly into the United States.

Source: DEA.

Seizure statistics indicate that commercial aircraft are rarely used to transport marijuana to D.C. According to EPIC seizure statistics, 4.6 kilograms of marijuana were seized on commercial airlines in 1998. Law enforcement officials reported no other commercial airline seizures to EPIC from 1995 to 1999.

Distribution

Jamaican and Mexican criminal groups are the dominant wholesale distributors of marijuana in the District; however, many other groups distribute wholesale quantities of marijuana as well. Asian/Chinese, Caribbean, Nigerian/West African, Central American, and Caucasian criminal groups, among others, distribute wholesale quantities of marijuana, according to the Metropolitan Police. The DEA Washington Division reports that local independent dealers, local street crews, and outlaw motorcycle gangs (OMGs) distribute wholesale quantities of marijuana in the District, but to a lesser extent than do Jamaican and Mexican criminal groups.

Most of the groups distributing cocaine or heroin in D.C. also distribute marijuana. Some groups that distribute wholesale quantities of marijuana in the District also distribute retail quantities, according to the Metropolitan Police and the DEA Washington Division. The DEA Washington Division reports that marijuana is increasingly distributed at open-air drug markets, housing projects, raves, and offices.

Crews frequently distribute marijuana in D.C. According to the NDIC Gang Survey 2000, at least 28 crews distribute retail quantities of marijuana and other drugs in the District. All the crews are African American except one; La Mara R is Hispanic.

Crews Known to Distribute Marijuana in D.C.

1-7 Crew	7th & Taylor Crew	E Street Crew
1-5 Mob	13th Street Crew	Hobart Stars
1st & O Crew	14th & Clifton Street Crew	La Mara R
1st & Seaton Place Crew	57th Street Mob	Lincoln Heights Crew
1st & T Street Crew	58th Street Mob	Mellon Mob
3rd World	1512 Crew	Naylor Road Crew
5th & O Street Crew	Alabama Avenue Crew	Rock Creek Church Crew
6th & S Street Crew	Barry Farms Crew	Stanton Terrace Crew
7th & O Street Crew	The Circle/Simple City Crew	
7th & S Street Crew	Congress Park Crew	

Source: National Drug Intelligence Center, *National Gang Survey 2000.*

Methamphetamine

Methamphetamine is increasingly available and abused, but is not yet a serious problem in the District. Methamphetamine is less often abused than cocaine, heroin, or marijuana. Law enforcement officials in the District seize gram and ounce quantities much more frequently than pound quantities. Most methamphetamine available in D.C. is produced in southwestern states using the hydriodic acid/red phosphorus method; however, methamphetamine produced using the phenyl-2-propanone (P2P) method is also available. Most methamphetamine transported to and seized in D.C. is destined for distribution in surrounding states. Wholesale distribution of methamphetamine in D.C. is limited and is usually controlled by Mexican criminal groups and, to a lesser extent, Asian, Colombian, and Middle Eastern criminal groups. Various groups distribute methamphetamine at the retail level in the District including teenagers and young adults that distribute the drug at raves and nightclubs.

Abuse

ED and treatment data indicate that the level of methamphetamine abuse is not yet significant in the District. The number of ED mentions for methamphetamine in D.C. fluctuated from 1993 through 2000 (more than tripling from 20 in 1993 to 62 in 2000), but remained significantly lower than the number of ED mentions in metropolitan areas such as Los Angeles (1,375), San Diego (747), and Phoenix (600). The number of ED mentions for methamphetamine is significantly lower than the number of cocaine (see Table 2 on page 4), heroin (see Table 5 on page 10), or marijuana (see Table 8 on page 16) ED mentions in the District. However, D.C. had five drug-related deaths in which methamphetamine was mentioned in 1999, more than the previous 3 years combined. The District had five treatment admissions to publicly funded facilities for methamphetamine abuse in 1999, more than the previous 6 years combined (one admission from 1993 through 1998), according to TEDS data.

The number of male arrestees tested for drug abuse who tested positive for methamphetamine abuse in D.C. in 1999 was very low. Less than 1 percent of adult male (0.9%) arrestees tested for drug abuse tested positive for methamphetamine, according to ADAM data. All were African American males over the age of 36.

The profile of the methamphetamine abuser population in D.C. has expanded recently. Historically, OMGs and blue-collar workers such as truck drivers were the predominant methamphetamine abusers. A new abuser population emerged in 2000 that includes white-collar professionals, business owners, and some members of the lower and lower-middle classes. Teenagers and young adults also abuse methamphetamine, particularly crystal methamphetamine, in combination with other drugs at raves or nightclubs. Crystal methamphetamine—also known as ice—is a colorless, odorless form of smokable d-methamphetamine resembling glass fragments or ice shavings.

Availability

Methamphetamine is now more available in D.C. than before FY1998, but it remains a low threat. The Metropolitan Police Department reports that methamphetamine is not as available as other major drugs but is becoming increasingly popular at nightclubs and rave parties. According to FDSS data, law enforcement officers seized 2.6 kilograms of methamphetamine in D.C. in 1998, 0.1 kilogram in FY1999, and 0.5 kilogram in FY2000. In response to the NDIC National Drug Threat Survey 2001, the U.S. Park Police reported seizures of approximately 22 grams of methamphetamine in D.C. in 1999 and approximately 1.1 grams in 2000. Additionally, the DEA Washington Division reportedly seized crystal methamphetamine in the D.C. metropolitan area in 2001. None of the 37 OCDETF investigations in D.C. from October 1998 to June 2001 were methamphetamine-related.

Methamphetamine sold in D.C. is approximately 70 percent pure, and prices are stable. DEA reports that pound quantities of methamphetamine sold for $13,000 in the Shenandoah Valley region in western Virginia, the closest area to D.C. where pound prices were available in 2001. MAGLOCLEN reports that methamphetamine in D.C. sold for $1,100 to $2,000 per ounce, $225 per eight-ball (one-eighth of an ounce), and $60 to $100 per gram.

Violence

Violence is rarely associated with the distribution and abuse of methamphetamine in the District. If the number of methamphetamine abusers increases in D.C., then violence and psychotic episodes will likely increase as well. Chronic methamphetamine abusers often display paranoia, experience hallucinations or mood disturbances, and have a tendency toward violence.

Production

There are no reports that methamphetamine is produced in the District. Most methamphetamine available in D.C. is produced in southwestern states using the hydriodic acid/red phosphorus method. Additional quantities of methamphetamine produced using the P2P method are also available in D.C. but to a lesser extent.

Methamphetamine Production Methods

Hydriodic acid/red phosphorus: The principal chemicals associated with this method are ephedrine or pseudoephedrine, hydriodic acid, and red phosphorus. This method can yield multipound quantities of high-quality d-methamphetamine and is often associated with Mexican DTOs.

P2P: The principal chemicals associated with this method are phenyl-2-propanone, aluminum, methylamine, and mercuric acid. This method yields low-quality dl-methamphetamine and traditionally has been associated with OMGs.

Transportation

Methamphetamine is transported to D.C. primarily from California and southwestern states in private automobiles, by couriers who bodycarry the drug on trains, buses, and commercial airlines, and through express mail services. For example, during the first quarter of 2001 Metropolitan Police officials seized 70 grams of methamphetamine in a package mailed from California to a post office box in D.C. The DEA Washington Division reports that couriers destined for surrounding states travel on commercial airlines from California to the D.C. metropolitan area several times a week, sometimes smuggling several pounds of methamphetamine per trip.

Mexican criminal groups and to a lesser extent Asian, Colombian, and Middle Eastern criminal groups and OMGs transport methamphetamine to and from the District. Most of the methamphetamine transported through D.C. is destined for distribution in North and South Carolina, among other states, and is transported there by the same means used to transport methamphetamine to the District.

Distribution

Wholesale distribution of methamphetamine in D.C. is limited and is usually controlled by the same groups that transport the drug to the District. Mexican criminal groups are the dominant wholesale distributors, according to the Metropolitan Police. However, Asian, Colombian, and Middle Eastern criminal groups as well as OMGs also distribute wholesale quantities of methamphetamine. Methamphetamine distributors based in California and Texas with ties to Mexican DTOs and criminal groups sometimes supply wholesale quantities in D.C.

Because law enforcement officials dismantled most of the established Pagans OMG chapters in northern, central, and southeastern Virginia, OMGs are less organized and distribute methamphetamine less frequently than they used to in D.C. However, former Pagans OMG affiliates in the Shenandoah Valley region of western Virginia maintain ties with Pagans OMG members in Maryland, Pennsylvania, and New Jersey from whom they purchase retail quantities of methamphetamine to distribute in D.C.

Wholesale distributors, with the exception of Asian and Middle Eastern criminal groups, also distribute methamphetamine at the retail level. In addition, law enforcement reports suggest that methamphetamine is distributed and abused by teenagers and young adults at raves and nightclubs. According to the NDIC National Drug Threat Survey 2001, the U.S. Park Police seized an unspecified quantity of methamphetamine at a rave in D.C. in 2001.

Other Dangerous Drugs

ODDs for the most part are a threat to the District and include the club drugs MDMA, GHB, and ketamine; the hallucinogens LSD and PCP; the stimulant khat; and diverted pharmaceuticals. Many ODDs are sold by middle-class, suburban teenagers at raves, nightclubs, and on college campuses. MDMA is easily accessible, increasingly available, and associated with an increasing level of violent crime. Diversion of sedative hypnotics such as Xanax and Valium (both benzodiazepines); narcotics such as methadone, Dilaudid, Percocet, Percodan, and most recently OxyContin; and other prescription drugs is a developing threat. Law enforcement officials report that diversion of pharmaceuticals is a lucrative business.

ODDs such as MDMA, GHB, and ketamine are distributed at raves, rock concerts, and on college campuses. Suppliers and distributors prefer to distribute at crowded places where they can blend in easily, exchange phone numbers, and set up future meetings. Many of these drugs are also distributed by parcel delivery services or through the mail.

Club Drugs

MDMA is the ODD most commonly distributed and abused in the District. MDMA, also known as Adam, ecstasy, XTC, E, and X, is a stimulant and low-level hallucinogen. MDMA was patented in 1914 in Germany where it was sometimes given to psychiatric patients to assist in psychotherapy, a practice never approved by the American Psychological Association or the Food and Drug Administration. Sometimes called the hug drug, MDMA purportedly helps abusers to be more “in touch” with others and “opens channels of communication.” However, abuse of

Raves and Rave Promoters

Raves have become key locations for ODD distribution since the 1990s. Raves, which feature hard pounding techno-music and flashing laser lights, have increased in popularity among teenagers and young adults. Raves occur in most metropolitan areas of the country. They can be either permanent dance clubs or temporary weekend event sites set up in abandoned warehouses, open fields, empty buildings, or civic centers. Raves are promoted through flyers and advertisements distributed at clubs, in record shops and clothing stores, on college campuses, and over the Internet. However, because of increased law enforcement pressure, raves are beginning to be promoted more secretly in the rave community.

Although rave promoters routinely deny awareness of drugs being sold and abused at the parties they promote, most rave club owners and promoters in D.C. sell specialty items associated with the abuse of ODDs. For example, club owners and promoters sell bottled water and sports drinks to prevent hyperthermia and dehydration and baby pacifiers to prevent injuries from involuntary teeth clenching—common side effects of MDMA abuse. Rave club owners also sell menthol nasal inhalers, chemical lights, neon glow sticks, necklaces, and bracelets to enhance the sensory effects of MDMA. MDMA increases a person's energy level and heightens sensory perception.

Source: Pennsylvania Bureau of Narcotics Investigations, Brief on Club Drugs, 20 December 2000.

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 can also cause a marked increase in body temperature leading to muscle breakdown, kidney failure, cardiovascular system failure, stroke, or seizure as reported in some fatal cases. Researchers suggest that MDMA abuse may result in long-term and sometimes permanent damage to parts of the brain that are critical to thought and memory.

OCDETF investigations indicate that MDMA is becoming increasingly available in D.C. Five of the 37 OCDETF investigations in D.C. from October 1998 to June 2001 were MDMA-related, ranking fourth after cocaine, heroin, and marijuana investigations. Four of those investigations occurred between November 2000 and April 2001. In April 2001 local and federal authorities in D.C. dismantled a suburban drug ring whose members stored MDMA in their homes. The drug ring sold as many as 200,000 MDMA tablets, usually in large quantities, with an estimated value of $5 million at raves and clubs in D.C.

MDMA is frequently transported to D.C. from Miami, Newark, New York, and Philadelphia, among other cities, via couriers or express mail services. A significant percentage of the MDMA smuggled to D.C. arrives at Newark or John F. Kennedy International Airports on flights originating in various European cities. Couriers conceal MDMA in backpacks or in luggage. The MDMA is then transported to D.C. in private automobiles or via commercial carrier services (bus or train). Many thousands of MDMA tablets are also transported using express mail services and hidden in inventive ways—concealed beneath wood-laminate veneer on furniture, in hollowed-out books and wooden toys, or inside bicycle tires. The DEA Washington Division also reports that some U.S. military personnel assigned overseas or to military bases from Virginia to Florida send significant quantities of MDMA through express mail services to D.C.

MDMA shipments ranging from multigram to multihundred-gram quantities (0.3 gram is usually equal to one tablet) are frequently transported through the D.C. area. Law enforcement officials made two MDMA seizures at Union Station in 2000, according to Operation JETWAY data. One seizure was over 30,000 dosage units (usually one tablet equals a dosage unit); the other seizure

exceeded 15,000 dosage units. Both shipments were destined for Florida.

Retail-level MDMA distributors are usually high school or college age students from the middle and upper-middle classes. Law enforcement officials report that these distributors have little understanding of the threat posed by the distribution and abuse of the drug. These individuals do not usually distribute MDMA as part of an organized group bound by loyalty or long-standing affiliations, as is often the case with crews that distribute cocaine, heroin, marijuana, and other drugs. Violence associated with the distribution and abuse of MDMA has recently become a threat to D.C. as crews have started to distribute MDMA. Law enforcement officials report that the new level of violence associated with MDMA is comparable to that associated with crack in the 1980s and 1990s.

MDMA is sold at clubs in Adams-Morgan and downtown near 10th and F Streets Northwest, as well as at many local colleges and universities. MDMA is frequently sold with marijuana or other drugs that will help the abuser "come down" from MDMA more easily. The average price of an MDMA tablet is $25 to $30 in D.C. The tablets are usually stamped with a logo; over 100 logos are available in D.C., according to DEA. MDMA tablets stamped with the Mitsubishi logo are among the most popular in the world. According to the Washington/Baltimore HIDTA, some of the Mitsubishi-labeled MDMA tablets sold in D.C. also contain heroin. Other common logos available on MDMA tablets in D.C. include the four-leaf clover, the five rings associated with the Olympics, and various forms of smiley faces. Some of these smiley faces have a line for a mouth and others have a moon-shaped mouth; some have circles for eyes and others have "X X" for eyes. Counterfeit MDMA tablets are also sold, some containing other controlled substances such as methamphetamine, ketamine, cocaine, or PCP instead of MDMA.

The threat from GHB is increasing in the District. GHB, also known as liquid MDMA, scoop, grievous bodily harm, and Georgia homeboy, is a depressant that is produced by the body and is necessary for full functioning of the brain and central nervous system. The synthetic version of GHB has been increasingly involved in poisonings, overdoses, date rapes, and fatalities. Using GHB and methamphetamine simultaneously (co-using) increases the risk of seizures. GHB overdoses can occur quickly; some effects include drowsiness, nausea, vomiting, loss of consciousness, impaired breathing, and death. Abusers can also experience insomnia, anxiety, tremors, and sweating. Because GHB is eliminated from the body quickly, detection is difficult.

GHB is frequently available in social settings involving middle- and upper-class teenagers. GHB is sold in D.C. at raves, bars, and nightclubs; it has also been seized at universities in the Washington/Baltimore HIDTA region. In D.C. the liquid is usually sold in small vials for $10 to $25 per dosage unit, according to MAGLOCLEN.

Ketamine is a growing threat to the District. Ketamine, also known as K, special K, vitamin K, and cat valium, is an injectable anesthetic that is approved for both human and animal use. Ketamine is sold commercially and is produced in liquid, powder, and pill forms. The liquid form is injected intramuscularly. Liquid ketamine can be boiled into powdered ketamine, some of which is put into capsules. In its powdered form, ketamine can be mistaken for cocaine or methamphetamine and is often snorted or smoked with marijuana or tobacco products.

MDMA Distribution and Murder

On March 15, 2001 a 21-year-old male was shot to death in the driveway of his townhouse in Prince William County, Virginia. Police seized thousands of MDMA tablets and over $300,000 worth of high-grade marijuana in the largest MDMA seizure ever in the county. Law enforcement officials believe that a ring of MDMA distributors operating in Northern Virginia, D.C., and Maryland may be responsible for the murder.

Source: *Washington/Baltimore HIDTA Threat Assessment 2002*.

Low-dose intoxication from ketamine may result in impaired attention, learning ability, and memory; disassociation, which includes out-of-body and near-death experiences; and hallucinations. High doses of ketamine can cause delirium, amnesia, impaired motor function, high blood pressure, depression, and potentially fatal respiratory problems. Ketamine gained popularity among abusers in the 1980s when it was discovered that large doses caused reactions similar to those experienced with PCP abuse (see PCP section). Ketamine abusers in the United States and the United Kingdom have reported incidents similar to bad LSD trips. Some abusers try to jump from moving vehicles or fly.

Miami-based wholesale distributors, usually Russian or Israeli, supply most of the ketamine available for distribution in the District. Ketamine is usually smuggled by couriers traveling on commercial aircraft to the District. However, break-ins at local veterinary clinics are also sources of the drug. Ketamine is available most frequently in social environments involving Caucasian teenagers from the middle and upper classes. The drug is sold frequently in D.C. nightclubs and dance scenes in an eighth-of-a-gram quantity of powder or in liquid form. A bottle of ketamine sold for approximately $60 to $80 in FY2001 in D.C., according to DEA. The price is a slight decrease from that of FY2000 when a bottle sold for approximately $100, indicating that ketamine may be available more readily than it had been previously.

Hallucinogens

LSD distribution and abuse create challenges for law enforcement officials, but the threat appears to be decreasing. LSD, also known as acid, boomer, and yellow sunshine, induces abnormalities in sensory perceptions. The effects of LSD are unpredictable, depending upon the amount taken, the environment in which it is abused, and the abuser's personality, mood, and expectations. Abusers may feel the effects for up to 12 hours. The physical effects include dilated pupils, higher body temperature, increased heart rate and blood pressure, sweating, loss of appetite, nausea, numbness, weakness, insomnia, dry mouth, and tremors. Two long-term disorders associated with LSD are persistent psychosis and hallucinogen persisting perception disorder (flashbacks). LSD is typically taken orally.

Wholesale distributors in California transport LSD to criminal groups in the District primarily in private automobiles or through express mail services. LSD is available in blotter and liquid forms in D.C., particularly at raves, and is almost always sold in conjunction with other drugs. The DEA Washington Division reports that LSD is not as popular as it was over a decade ago. Most abusers are high school and college age individuals. LSD can be ingested by placing a drop of the liquid drug, which is frequently carried in breath or eye-drop bottles, on a piece of candy or directly on the tongue. Crystal LSD is also available in limited quantities in the District. LSD crystals are odorless, tasteless, water soluble, and usually clear or white in color but, with impurities, may be yellow, tan, or even black. Manufacturers usually sell undiluted LSD crystals in multigram quantities to a limited number of distributors in D.C. who then sell gram quantities. Grams of crystal LSD are diluted with binding agents or dissolved and diluted with liquids that are placed on blotter paper or sold in other forms. In general, 1 gram of crystal LSD yields 10,000 dosage units of LSD. Abusers in the District also report "candy flipping"—co-using LSD and MDMA. One dosage unit (approximately one liquid drop or a blotter square) of LSD in D.C. sells for $2 to $5, and 100 dosage units (usually one liquid bottle or one sheet of blotter paper) sell for $200 to $300, according to MAGLOCLEN.

PCP distribution and abuse in D.C. are low but increasing. PCP was originally developed as

an intravenous anesthetic. Use of PCP in humans was discontinued in 1965 because patients that were given the drug became agitated, delusional, and irrational. PCP, also known as angel dust, ozone, wack, and rocket fuel, is now illegally produced in laboratories in the United States. PCP is a white, crystalline powder that is soluble in water and has a bitter taste. The drug can be mixed with dyes and is available in tablet, capsule, or colored powder form. PCP may be snorted, smoked, injected, or swallowed. For smoking purposes, PCP may be applied to mint, parsley, oregano, or marijuana. When combined with marijuana, the mixture is called a killer joint or crystal supergrass.

PCP is addictive; its abuse often leads to psychological dependence, craving, and compulsive PCP-seeking behavior. Abusers cite feelings of strength, power, invulnerability, and a numbing effect on the mind. At low to moderate doses, physiological effects include a slight increase in respiration and a more pronounced rise in blood pressure and pulse rate. Respiration becomes shallow, flushing and profuse sweating occur, and generalized numbness of the extremities and lack of muscle coordination may also occur. Psychological effects include distinct changes in body awareness similar to the effects of alcohol intoxication. PCP abuse by adolescents may interfere with hormones related to normal growth and development and the learning process. At high doses, blood pressure, pulse rate, and respiration drop. High doses can also cause seizures, coma, and death. Abusers that consume significant quantities of PCP over a long period of time may suffer memory loss, difficulties with speech and thinking, depression, and weight loss. PCP has sedative effects and, when mixed with alcohol or other central nervous system depressants, may result in an overdose or coma.

The number of PCP abusers in D.C. is low but increasing. The number of PCP ED mentions in D.C. increased from 112 in 1998 to 141 in 2000, according to DAWN data. A large portion of this increase is attributed to an increase in the number of younger abusers in the District. According to ME data, four PCP-related deaths occurred in D.C. in 1999. The District also had 16 PCP admissions to publicly funded treatment facilities in 1998 and 26 in 1999, according to TEDS data.

Retail distributors of PCP are usually African American independent dealers and criminal groups that purchase the drug from wholesale distributors based in Southern California. Criminal groups based in Cleveland, Newark, New York City, and Philadelphia also supply D.C. criminal groups with wholesale quantities of PCP, but to a lesser extent. For example, DEA reports that a Jamaican individual residing in New York City hired couriers to transport wholesale quantities of PCP from New York City to D.C. by train in 2001.

Most reporting regarding the availability of PCP is derived from marijuana investigations since PCP is frequently smoked in blunts. PCP packaged in envelopes stamped with brand names is sometimes mistaken for heroin. According to MAGLOCLEN, PCP in a cigarette sold for $10 to $15, $300 to $500 for a liquid ounce, and $18,000 to $22,000 for a gallon in the District. The DEA Washington Division reports that PCP sold for $700 to $950 per ounce during the first quarter of FY2001. Two of the 37 OCDETF investigations in D.C. from October 1998 to June 2001 were PCP-related.

Stimulants

Khat is an emerging threat to the District. Khat, also known as qat, African salad, and Bushman's tea, is a natural stimulant found in the leaves of the *Catha edulis* plant, a flowering shrub native to Northeast Africa and the Arabian Peninsula. Fresh khat leaves are crimson-brown and glossy but become yellow-green and leathery as they age. The leaves contain cathinone; if left unrefrigerated for 48 hours after picking, the leaves contain only cathine, a milder, less potent form of cathinone.

The cathinone-cathine, ingested by chewing the leaves, can produce a caffeine-like jolt and a 24-hour high. Khat abuse can produce manic behavior, paranoid delusions, hallucinations, and damage to the nervous and respiratory systems. Khat abuse in the United States appears to be limited to an ethnic-cultural enclave consisting of immigrant communities from Arabian, East African, and Middle Eastern countries. Khat was made a Schedule I drug in 1993.

The Metropolitan Police Department and the Washington/Baltimore HIDTA have reported an emerging threat of khat abuse in the area. One of the 37 OCDETF investigations in D.C. from October 1998 to June 2001 was khat-related.

Khat is transported from Northeast Africa and the Arabian Peninsula by air to preserve freshness. Couriers flying on commercial aircraft, sometimes transiting other cities, transport khat. Khat is also shipped to the District via express mail services from Northeast Africa and the Arabian Peninsula. Khat must be transported promptly after it is harvested because as the leaves dry, they lose their stimulatory properties. Khat is typically wrapped in bouquet-size bundles in banana leaves and tied for transporting. The bundles, sprayed with water to keep them moist, are packed into suitcases. In October 1999 law enforcement officers arrested a courier who had flown from London to Washington Dulles International Airport and seized 58 pounds of khat that was destined for distribution in the District.

Diverted Pharmaceuticals

Diverted pharmaceutical depressants pose a growing concern to the District. DEA diversion investigators indicate that some medical practitioners are overprescribing drugs such as sedative hypnotics (benzodiazepines) and opioid (narcotic) analgesics. Most sedative hypnotics are used to relieve anxiety; however, some are used as anticonvulsant agents to treat muscle spasms. Narcotic analgesics are used to relieve moderate to severe pain. The most frequently abused sedative hypnotics in D.C. are Xanax and Valium; the most frequently abused opioid analgesics are methadone, Percodan, Percocet, and Dilaudid. The oxycodone product OxyContin is an emerging threat, according to the Metropolitan Police Department. The DEA Washington Division reports that methadone and Percocet are the most commonly diverted drugs in the District and that pharmaceutical diversion is a lucrative business. The U.S. Attorney for the District of Columbia reports that methadone, Percocet, and Xanax are diverted from professional medical practices into the illicit market.

OxyContin emerged as a problem in D.C. in 2000. Law enforcement reports indicate that D.C. is a distribution center for OxyContin and that abusers travel from other regions to purchase the drug. D.C. police officials report that OxyContin is sold outside heroin addiction treatment facilities because OxyContin produces effects similar to those produced by heroin. OxyContin is available in 10-, 20-, 40-, and 80-milligram tablets; each milligram generally sells for $1. The 40-milligram tablet, which sold for $40, was the most popular dosage unit sold in D.C., according to the Washington/Baltimore HIDTA. Some employees at pain clinics in Northern Virginia were reportedly dispensing OxyContin illegally. Additionally, some abusers steal OxyContin from local pharmacies. In the first quarter of 2001 OxyContin was stolen from a pharmacy known by DEA to distribute large quantities of opiate prescriptions. Many D.C. abusers crush the drug and take it orally; others dissolve the tablets and inject the solution to obtain the drug's effects in a shorter period of time. Law enforcement officials arrested a 39-year-old mother of two for distributing the drug and other painkillers from her Dale City home in Northern Virginia. The woman had taught her 15-year-old son how to inject the drug.

Pharmaceuticals are diverted in a variety of ways including pharmacy diversion, "doctor

shopping," prescription forgery, and improper prescribing practices by physicians. Pharmacy diversion also occurs when pharmacy employees steal products directly from the shelves. Along with prescription forgery, one of the most widely used diversion techniques is doctor shopping. In doctor shopping, individuals who may or may not have a legitimate ailment visit numerous physicians to obtain drugs in excess of what should be legitimately prescribed.

Law enforcement reports indicate that some individuals over 60 years of age distribute prescription drugs in D.C., often to supplement their income or sustain a drug habit. Law enforcement officials describe these individuals as "small-time players in a violent trade dominated by young men." These older distributors sometimes work with their relatives and distribute the prescription drugs out of their homes or on street corners.

Outlook

Powdered and crack cocaine will continue to represent the most significant drug threat to D.C. The situation is not likely to change in the near future because of the strong market. D.C. crews have a long history of violence associated with crack distribution that will continue to threaten the safety and security of those that live and work in the District. Mexican criminal groups in the Virginia suburbs of D.C. have recently started to distribute cocaine, a situation that could lead to even more turf wars. Most OCDETF investigations, treatment admissions, and deaths in the District have historically been related to the distribution or abuse of cocaine, and that situation is likely to continue.

Heroin purity will increase. As a result, the drug will continue to appeal to new, younger drug abusers. The number of older heroin abusers who inject the drug will likely remain stable. Many abusers have historically abused heroin and other drugs at the same time, and younger abusers have recently started to combine heroin with marijuana and sedative hypnotics, particularly benzodiazepines.

Numerous criminal groups and independent dealers throughout D.C. distribute marijuana, and that trend is likely to continue since demand for the drug is high. However, recently enacted marijuana legislation may encourage those who distribute marijuana to deal in smaller quantities than they had previously to reduce their chances of lengthy prison sentences if caught.

Methamphetamine is available in limited quantities in D.C., and abuse levels are not likely to escalate in the near future to the same levels of other major drugs. Methamphetamine is usually sold at raves—where violence is rare—and is distributed in conjunction with numerous other club drugs, many of which are more popular among younger abusers.

ODDs, such as MDMA and ketamine, will continue to gain in popularity in D.C., particularly among teenagers and young adults that attend raves where the drugs are increasingly accessible. Abusers frequently mix ODDs with other drugs, which will likely cause additional health consequences and overdoses.

Diverted pharmaceuticals, especially OxyContin, are an emerging drug threat in the District. D.C. is now considered a distribution center. Local pain clinics have reportedly abused their prescription-writing authority in the District. Law enforcement officials are not likely to focus on diverted pharmaceuticals in D.C. because of the large number of crack, heroin, and marijuana distributors that are frequently associated with violent crimes.

Law enforcement officials report that polydrug abuse is common in D.C., and will likely increase and pose long-term consequences. Healthcare and other treatment providers are likely to experience complications related to the care and treatment of abusers who may have symptoms from drugs that interact and render current medical treatments ineffective.

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