



New York

Drug Threat Assessment



National Drug Intelligence Center
Drug Enforcement Administration
New York/New Jersey High Intensity
Drug Trafficking Area



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Preface

This report is a joint strategic assessment by the National Drug Intelligence Center, the Drug Enforcement Administration, and the New York/New Jersey High Intensity Drug Trafficking Area that addresses the status and outlook of the drug threat to New York. 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 New York.

New York Drug Threat Assessment

Executive Summary

New York, particularly New York City, is a national transportation hub and distribution center for illicit drugs. The state's well-developed transportation infrastructure makes it ideally suited for the movement of licit and illicit goods. Drugs transported by private vehicle, truck, aircraft, maritime vessel, railcar, and parcel delivery service have an excellent chance of reaching their destination because of the volume of traffic moving to and through the state daily.

Cocaine, particularly crack, is a serious drug threat to New York. Powdered cocaine and crack cocaine are readily available, commonly abused, and more frequently associated with violent crime than any other illicit drug in the state. New York, primarily New York City, serves as a transportation hub, distribution center, and transshipment point for significant quantities of cocaine. Colombian and Dominican drug trafficking organizations and criminal groups are the primary transporters of cocaine into New York. Mexican criminal groups also transport significant quantities to New York. Most of the cocaine transported to Upstate New York is transported from New York City in private vehicles and, to a lesser extent, on trains and buses. Colombian and Dominican drug trafficking organizations and criminal groups based in New York City are the primary wholesale cocaine distributors in the state. Mexican criminal groups increasingly are using their well-established drug distribution networks to distribute illicit drugs in the state. Dominican drug trafficking organizations and criminal groups are the primary midlevel and retail distributors of powdered cocaine; however, street gangs such as *Neta*, Latin Kings, *Mara Salvatrucha*, and *Bloods* also sell a significant amount of cocaine at the retail level. Dominican and Puerto Rican criminal groups are the primary midlevel and retail distributors of crack in New York. These midlevel distributors frequently distribute crack to African American criminal groups that in turn distribute the drug on the streets. African American, Jamaican, and Hispanic criminal groups, including Dominicans, Colombians, and Puerto Ricans, distribute powdered cocaine and crack cocaine at the wholesale and retail levels in Upstate New York. Many distributors in the state who had previously sold cocaine outdoors have begun distributing the drug from private residences and other indoor locations. Cocaine also is being sold in the state at nightclubs and, to a lesser extent, through call-and-deliver services.

Heroin is a significant threat to New York. South American heroin is most prevalent; however, Southeast and Southwest Asian heroin also are available. Mexican black tar and brown powdered heroin are sporadically available. New York, primarily New York City, is a primary transportation hub and distribution center for significant quantities of heroin. Heroin is transported into New York from source countries by air, land, and maritime conveyances. Colombian drug trafficking organizations and criminal groups control the transportation of South American heroin into New York; however, they increasingly rely on Dominican drug trafficking organizations and criminal groups and occasionally Mexican criminal groups to transport South American heroin into the state. Ethnic Chinese criminal groups, principally Fukinese, and West African criminal groups, principally Nigerian, are the primary transporters of Southeast Asian heroin into New York. The primary transporters of Southwest Asian heroin into New York are Pakistani criminal groups. Colombian drug trafficking organizations and criminal groups are the primary wholesale distributors. Dominican criminal groups are the dominant retail distributors of heroin in New York; however, a variety of other criminal groups and individuals also sell retail quantities. Retail quantities of heroin typically are sold indoors and less commonly at open-air drug markets and through call-and-deliver services.

Marijuana is the most widely available and frequently abused illicit drug in New York. Most of the marijuana available in New York is produced in other states or in Mexico, Jamaica, and Canada; however, marijuana produced in New York also is available. Mexican and Jamaican criminal groups transport marijuana from southwestern states into New York usually using trucks, private vehicles, and package delivery services. Colombian drug trafficking organizations and criminal groups and Jamaican criminal groups, among others, typically use the same methods to transport marijuana north from Florida into New York and often use couriers or cargo shipments on commercial airlines to transport marijuana from overseas. Jamaican criminal groups are the most prominent wholesale, midlevel, and retail distributors of marijuana in New York; however, no specific organization or group controls the distribution of marijuana. Marijuana typically is sold at open-air drug markets and from apartments. Some law enforcement reports indicate that Jamaican criminal groups sell marijuana from smoke shops (tobacco shops), bodegas (small grocery stores), and other small businesses, although distribution at these locations occurs at a significantly lower rate and is less overt than in the past.

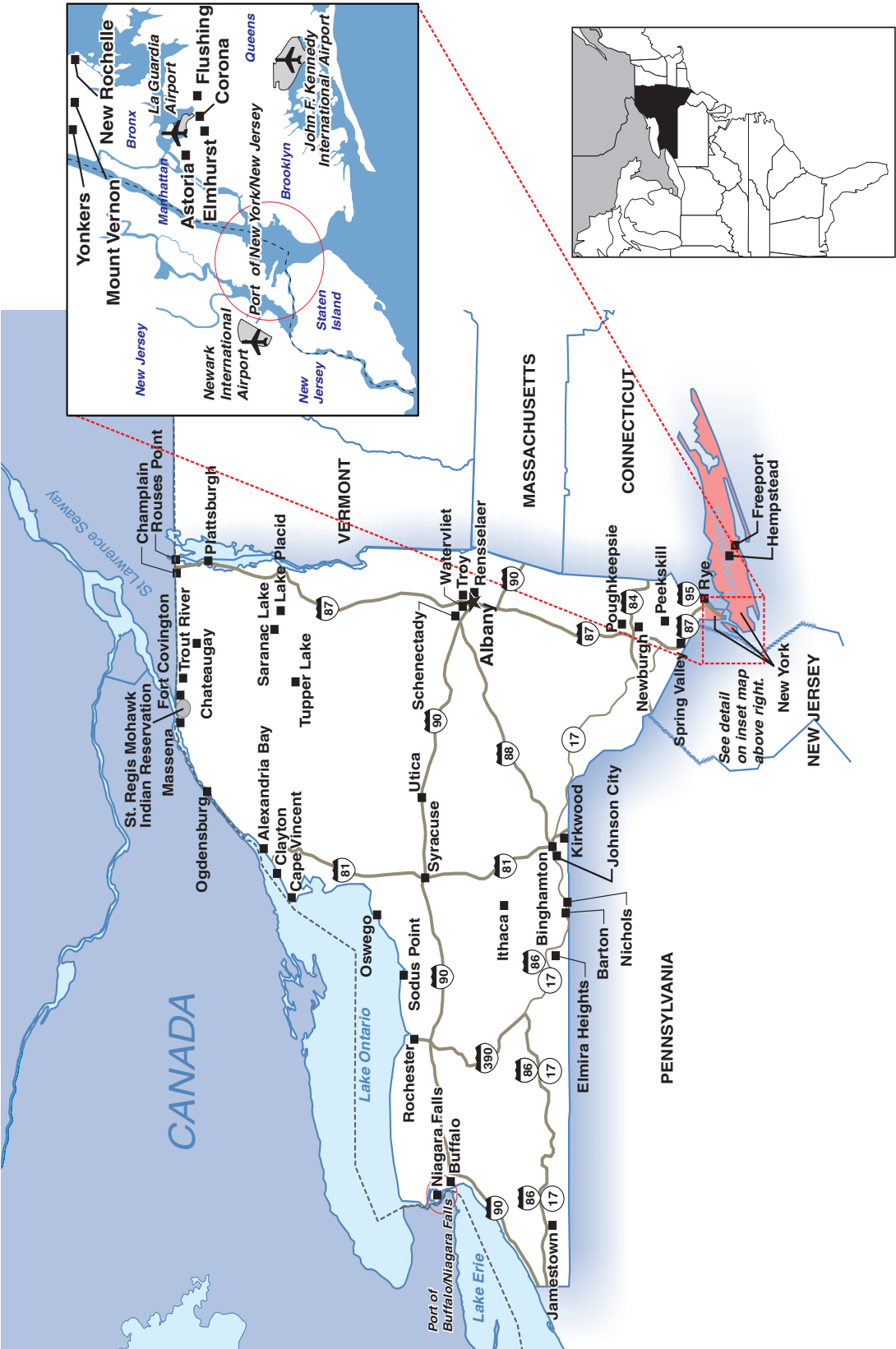
Other dangerous drugs present an increasing threat to New York. Other dangerous drugs include the stimulant MDMA; the depressant GHB and its analogs; the hallucinogens LSD, PCP, and ketamine; and the diverted pharmaceuticals Xanax, Vicodin, Dilaudid, methadone, codeine, HIV treatment drugs, steroids, and Ritalin. Many law enforcement authorities and healthcare professionals report an increase in the abuse of these drugs in New York. Several law enforcement agencies report an increased level of MDMA abuse, particularly among teenagers and young adults who attend raves or techno parties where many of these drugs are readily available and frequently abused. Diverted pharmaceuticals are readily available in New York.

Methamphetamine poses a low but increasing threat to New York. Methamphetamine abuse generally is confined to limited segments of the population such as members of outlaw motorcycle gangs, some members of the gay community, and some residents of economically depressed rural neighborhoods. However, college students and rave or techno party attendees are abusing methamphetamine at an increasing rate. Most of the methamphetamine available in New York is produced in California and southwestern states; however, a limited number of methamphetamine laboratories have been seized in Upstate New York and on Long Island. Methamphetamine is transported into New York primarily by couriers who travel on commercial flights to the West Coast to purchase one-half pound to 1 kilogram of methamphetamine and then return to the state. Local independent dealers distribute methamphetamine at raves, techno parties, and nightclubs. Members of outlaw motorcycle gangs also distribute methamphetamine in New York.

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New York.

Note: This map displays features mentioned in the report.



New York Drug Threat Assessment

Overview

New York is the third most populous state in the nation. Almost one-half of its population is concentrated in New York City, the largest, most ethnically diverse urban center in the nation. Individuals from over 100 countries live in the New York metropolitan area. This ethnic diversity, coupled with high population density, helps members of Asian, Colombian, Dominican, Jamaican, Puerto Rican, and other ethnically diverse drug trafficking organizations (DTOs) and criminal groups blend in easily. Other major population centers in New York include Albany, Buffalo, Rochester, Syracuse, and Yonkers. Much of the remainder of the state is rural and has a more ethnically homogeneous population. According to 2000 U.S. Census Bureau data, approximately 68 percent of New York's population is Caucasian, 16 percent is African American, 6 percent is Asian, and 10 percent is composed of individuals of other races or a combination of races. New York residents of Hispanic or Latino origin are included in the applicable race categories above and compose 15 percent of the population.

New York has a wide array of transportation options that may be exploited for illicit activities, making the state an ideal drug transportation hub and transshipment point. Drugs concealed in private vehicles or shipments of legitimate goods

Fast Facts	
New York	
Population (2000)	19 million
U.S. population ranking	3rd
Median household income (2000)	\$41,605
Unemployment rate (2001)	6.1%
Land area	47,224 square miles
Shoreline	1,850 miles
Capital	Albany
Other principal cities	Buffalo, New York, Rochester, Syracuse, Yonkers
Number of counties	62
Principal industries	Communications, finance, manufacturing, tourism, transportation

transported by truck have an excellent chance of reaching their destinations because of the large volume of traffic moving into and through the

state daily. Transporters use an extensive highway system that includes Interstates 81, 84, 87, 88, 90, 95, and 390 to transport drugs into and through New York. According to the National Drug Intelligence Center (NDIC) National Drug Threat Survey 2001, law enforcement officials in at least 24 states identified New York as a supply area for drugs including cocaine, marijuana, and heroin.

Drugs also are transported into and through New York by couriers on trains and buses. Amtrak provides passenger rail service into and through the state. Pennsylvania Station in New York City, which serves as Amtrak's East Coast hub, was the busiest station in Amtrak's system in 2001 with over 8.5 million passenger boardings. Passenger service on Amtrak as well as various commuter rail services, the subway system—the largest in the world—and bus services provide numerous transportation options for drug transporters in New York.

Heroin, cocaine, marijuana, and MDMA regularly are smuggled into New York from Canada. New York has nine land ports of entry (POEs) on a more than 400-mile border with Canada. The POEs along the border are Buffalo/Niagara Falls, Cape Vincent, Alexandria Bay, Ogdensburg, Massena, Fort Covington, Trout River, Chateaugay, and Champlain-Rouses Point. In 1999 over 7.4 million private vehicles and over 16.5 million passengers entered the United States through the Buffalo/Niagara Falls land POE alone.

The St. Regis Mohawk Indian Reservation is a primary entry point for drugs, principally marijuana and cocaine, and other illicit goods smuggled from Canada into New York. This reservation straddles the border between northern New York and the Canadian Provinces of Quebec and Ontario and includes portions of the St. Lawrence Seaway. There are no border checkpoints on the reservation. Most drugs are smuggled through an isolated area of the reservation known as Snye. Members of the Hells Angels outlaw motorcycle gang (OMG) frequently smuggle marijuana, and Asian heroin distributors occasionally smuggle heroin from Canada through the reservation into and through New York.

Cocaine and MDMA also are smuggled through the reservation.

DTOs and criminal groups often smuggle illicit drugs to New York on maritime vessels. New York has two international seaports—New York/New Jersey and Buffalo/Niagara Falls. The Port of New York/New Jersey is the largest port complex on the East Coast and the eleventh busiest port in the world for total cargo volume. Over 60 general cargo lines offer regularly scheduled service to all the major markets in the world. In 2001 the port handled 73.5 million tons of cargo, including nearly 2 million containers. The threat of drug smuggling into the Port of New York/New Jersey is very high, as evidenced by the number of drug seizures. The Port of Buffalo/Niagara Falls, with four general cargo harbors, provides access to the Atlantic Ocean through the St. Lawrence Seaway.

A large volume of air passengers, air cargo, and parcels transit New York daily. John F. Kennedy (JFK) International and La Guardia Airports in New York and Newark International Airport in New Jersey as well as various other international and smaller regional airports provide DTOs and criminal groups, among others, ample opportunities to smuggle drugs including cocaine, heroin, marijuana, and MDMA into and out of the state. JFK International Airport is among the busiest airports in the world, offering passenger and cargo connections to most international cities. In 2001 over 29 million passengers and over 1.4 million tons of air cargo, including mail, passed through JFK International Airport. Additionally, one of the busiest postal facilities in the world is located in New York City; millions of packages are processed there each year.

Numerous DTOs, criminal groups, and gangs transport and distribute illicit drugs into and through New York. Colombian and Dominican DTOs and criminal groups dominate the wholesale distribution of cocaine and heroin, particularly in New York City. Mexican criminal groups increasingly are using their well-established drug distribution networks to distribute illicit drugs in the state.

Drug Distribution Gangs in New York

Bloods

Bloods is a violent street gang that was formed in Los Angeles in the 1960s. Gang membership is primarily African American and since the mid-1980s has expanded across much of the United States. The gang is composed of loosely organized factions or sets that typically are turf- or neighborhood-oriented. In New York gangs that identify themselves as Bloods were started independently and generally do not have any connection to the Los Angeles-based gangs. Bloods sets in the Northeast generally identify with United Blood Nation, which began in Rikers Island prison in New York City in the early 1990s. Various sets of United Blood Nation are found throughout the boroughs of New York City and in cities across the state. Bloods gang members have a propensity for violence and have engaged in illicit drug distribution, homicide, robbery, extortion, and automobile theft.

Latin Kings

Latin Kings (Almighty Latin Kings Nation or ALKN) is a predominantly Hispanic gang with two major factions, one in Chicago and the other in the Northeast. These gangs started as social groups in Hispanic communities but later evolved into criminal organizations that distribute illicit drugs and commit violent crimes. Latin Kings is a structured gang that relies on strict, detailed charters to maintain discipline. The Chicago-based Latin Kings is the foundation upon which all Latin Kings gangs are based. The gang controls illicit drug distribution on the North and Southeast Sides of Chicago and has expanded throughout Illinois and the nation. Latin Kings in the Northeast started in the Connecticut prison system in the late 1980s and distributes illicit drugs in New York and surrounding states. Latin Kings has attempted to consolidate the Chicago- and Northeast-based factions.

Mara Salvatrucha

Mara Salvatrucha (MS-13) is a violent street gang with a strong presence in New York, California, Maryland, Texas, and Virginia. Original members were refugees from the civil war in El Salvador in the 1980s; many were former soldiers and guerrillas well-trained in weapons and warfare tactics. Current members include second generation Salvadorans as well as other Hispanics. Mara Salvatrucha members distribute illicit drugs, primarily marijuana, and have committed aggravated assault, assault on law enforcement officers, homicide, home invasion, auto theft, and black market weapons violations. Gang members sometimes trade marijuana for weapons, particularly handguns. Some of the weapons are retained for personal use, and some are smuggled to El Salvador.

Ñeta

Ñeta originated as a Hispanic prison gang in the Puerto Rican prison system in the 1970s. Ñeta has many chapters in the U.S. prison system and in many communities, primarily in Connecticut, Florida, Massachusetts, New Jersey, New York, Pennsylvania, and Rhode Island. Ñeta is an organized gang that distributes illicit drugs as its major source of income and also commits extortion, intimidation, robbery, assault, money laundering, black market weapons distribution, and murder.

Jamaican, Puerto Rican, and Asian criminal groups and members of traditional organized crime also distribute significant quantities of illicit drugs in New York.

Dominican criminal groups often distribute midlevel and retail quantities of cocaine and heroin in the state, and they also supply African American and Hispanic street gangs such as Bloods, Latin Kings, and Ñeta. The number of polydrug seizures

in New York has increased. Criminal groups that formerly distributed only one drug increasingly are distributing two or more drugs. Heroin and cocaine frequently are seized at the same time, and MDMA is being seized with other drugs at an increasing rate. Polydrug distribution occurs at both the wholesale and retail levels in New York. By offering more than one drug, dealers are able to increase their client base and their profits.

Table 1. Drug Seizures in Kilograms, New York, 1998–2001

	Cocaine	Heroin	Marijuana	Methamphetamine
1998	6,320.3	460.7	2,851.9	0.8
1999	5,030.2	346.9	6,837.0	7.0
2000	4,328.6	401.8	4,274.7	23.5
2001	3,848.6	801.4	2,713.0	12.3
TOTAL	19,527.7	2,010.8	16,676.6	43.6

Source: Federal-wide Drug Seizure System.

Marijuana, cocaine, heroin and, to a much lesser extent, methamphetamine frequently are seized in New York. According to Federal-wide Drug Seizure System (FDSS) data from 1998 through 2001, federal law enforcement officials in New York seized 19,528 kilograms of cocaine, 16,677 kilograms of marijuana, 2,011 kilograms of heroin, and 44 kilograms of methamphetamine. (See Table 1.)

The percentage of drug-related federal sentences in New York is comparable to the national percentage. According to U.S. Sentencing Commission (USSC) data, 40.0 percent of all federal sentences in New York in FY2000 were drug-related, compared with 39.8 percent nationwide. (See Table 2.)

**Table 2. Percentage of Drug-Related Federal Sentences and Percentage by Drug Type
New York and United States, FY1996–FY2000**

	All Drugs*	Cocaine	Heroin	Marijuana	Methamphetamine
New York					
1996	40.4	56.8	33.5	7.8	0.6
1997	39.9	52.8	35.3	8.3	0.2
1998	39.5	54.3	34.4	9.0	0.2
1999	38.9	55.7	32.8	8.8	0.4
2000	40.0	56.4	29.5	8.7	1.2
United States					
1996	40.8	52.5	10.3	24.9	9.7
1997	38.7	49.6	9.7	27.5	10.2
1998	40.2	47.3	8.9	30.0	11.4
1999	41.0	45.0	8.0	31.5	12.8
2000	39.8	44.2	7.7	31.2	14.5

Source: USSC.

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

In 2000 illicit drugs frequently were detected among adult male arrestees in New York City and Albany, the two cities in New York that participate in the ADAM Program. According to Arrestee Drug Abuse Monitoring (ADAM) Program data, in New York City 79.9 percent of adult male arrestees tested positive for abusing at least one illicit substance in 2000. In Albany 64.9 percent tested positive for abusing at least one illicit drug.

New York has a significant number of drug-related treatment admissions. According to the

Treatment Episode Data Set (TEDS), substance abuse-related treatment admissions to publicly funded facilities in New York increased overall from 193,526 in 1997 to 206,212 in 2001. (See Table 3.) The number of drug- and alcohol-related treatment admissions per 100,000 population in New York (1,065) dramatically exceeded the number per 100,000 nationwide (607) in 1999, the most recent year for which these data are available.

Table 3. Substance Abuse-Related Treatment Admissions to Publicly Funded Facilities, New York, 1997–2001

	Cocaine	Heroin	Marijuana	Methamphetamine	PCP	Total*
1997	37,118	29,279	23,453	291	248	193,526
1998	36,713	30,014	25,312	300	219	197,788
1999	33,863	30,227	27,184	336	253	197,521
2000	32,057	31,692	31,183	309	321	201,638
2001	32,259	35,314	32,448	374	336	206,212

Source: TEDS.

*Includes treatment admissions for alcohol abuse.

In both New York City and Buffalo, the two cities participating in the Drug Abuse Warning Network (DAWN), the rate per 100,000 of drug-related emergency department (ED) mentions surpassed the nationwide rate. Although the total number of drug-related ED mentions in New York City was lower in 2001 (52,055) than in 1997 (60,250), the number per 100,000 popula-

tion in New York City exceeded the number per 100,000 population nationwide every year from 1997 through 2001, according to DAWN. In Buffalo drug-related ED mentions fluctuated from 5,285 in 1997 to 5,935 in 2001, even though the number per 100,000 population was higher than the nationwide figure each year during that period.

Table 4. Drug-Related Emergency Department Mentions and Mentions per 100,000, Buffalo and New York City, and Mentions per 100,000, United States, 1997–2001

	New York City		Buffalo		United States
	Mentions	Per 100,000	Mentions	Per 100,000	Per 100,000
1997	60,250	728	5,285	564	396
1998	58,360	697	4,934	520	408
1999	50,601	598	4,927	514	417
2000	52,636	612	5,374	551	445
2001	52,055	623	5,935	703	460

Source: DAWN.

Drug-related deaths frequently occur in New York. In the New York metropolitan area, drug-related deaths decreased from 1,082 in 1996 to 729 in 1999, then increased to 924 in 2000, according to DAWN mortality data. Of the drug-related deaths reported in 2000, 713 were drug-induced (drugs were the sole cause of death). On Long Island drug-related deaths fluctuated from 205 in 1996 to 209 in 2000, and 154 of the drug-related deaths reported in 2000 were drug-induced. In the Buffalo metropolitan area, there were fewer drug-related deaths in 2000 (89) than in 1996 (116). Of the drug-related deaths reported in 2000, 41 were drug-induced.

Mortality Data

DAWN mortality data for the New York metropolitan area was provided by Bronx, Kings, New York, Putnam, Queens, and Richmond Counties. Long Island comprises Nassau and Suffolk Counties. The Buffalo metropolitan area comprises Erie and Niagara Counties.

A significant percentage of high school students in New York report abusing illicit drugs. According to the Youth Risk Behavior Survey (YRBS), in 1999—the most recent year for which data representative of high school students in the entire state are available—41.3 percent of New York high school students reported having abused marijuana at least once in their lifetime. Also that year 6.8 percent reported having abused cocaine, 6.4 percent reported having abused methamphetamine, and 2.6 percent reported having abused heroin at least once in their lifetime. Additionally, 7.9 percent of high school students in New York reported that they had tried marijuana before age 13, and 25.7 percent had been offered, sold, or given illegal drugs on school property.

The financial impact on New York's government from substance abuse-related costs is significant. In 1998 New York officials spent nearly \$8.7 billion on substance abuse-related programs pertaining to justice, education, health, child-family

assistance, mental health/developmental disabilities, and public safety. This figure amounted to approximately 18 percent of the total expenditures for the state, the highest percentage in the nation. When factoring in the cost of lost productivity and nongovernmental expenses by private social services, estimates for total substance abuse-related costs are even higher.

The New York metropolitan area provides an ideal environment for money laundering. As one of the world's principal financial centers, the city's economic infrastructure includes many of the world's largest financial institutions as well as several clearinghouse banks, brokerage houses, and international centers for the jewelry and precious metals industries. DTOs and criminal groups frequently exploit this infrastructure to launder illicit drug proceeds.

Colombian and Dominican DTOs and criminal groups distribute significant quantities of illicit drugs in New York and are the primary drug money launderers in the state. These DTOs and criminal groups, among others, launder money using currency exchange houses, stock brokerage houses, casinos, automobile dealerships, insurance companies, trading companies, offshore banks, wire transfer services, shell corporations, and possibly other avenues. They also smuggle bulk shipments of U.S. currency out of New York in private vehicles or commercial trucks or via couriers or in cargo on commercial airlines. The U.S. Customs Service (USCS) reports that \$4 billion to \$8 billion generated from illicit drug sales is laundered in the New York metropolitan area each year.

Increased security since the terrorist attacks on September 11, 2001, have somewhat affected the transportation of illicit drugs to New York City and possibly the rest of the state. Anecdotal reporting indicates that some drug transporters avoid the bridges and tunnels leading into the city because of heightened security. However, none of the available drug intelligence data indicate significant changes in availability, price, or purity.

Cocaine

Cocaine, particularly crack, is a serious drug threat to New York. Powdered cocaine and crack cocaine are readily available, commonly abused, and more frequently associated with violent crime than any other illicit drug in the state. New York City serves as a major transportation hub, distribution center, and transshipment point for significant quantities of cocaine. Colombian and Dominican DTOs and criminal groups are the primary transporters of cocaine into New York. Mexican criminal groups also transport significant quantities to New York. Most of the cocaine transported to Upstate New York is transported from New York City in private vehicles and, to a lesser extent, on trains and buses. Colombian and Dominican DTOs and criminal groups based in New York City are the primary wholesale cocaine distributors in the state. Mexican criminal groups increasingly are using their well-established drug distribution networks to distribute illicit drugs in

the state. Dominican DTOs and criminal groups are the primary midlevel and retail distributors of powdered cocaine; however, street gangs such as Neta, Latin Kings, Mara Salvatrucha, and Bloods also sell a significant amount of cocaine at the retail level. Dominican and Puerto Rican criminal groups are the primary midlevel and retail distributors of crack in New York. The midlevel distributors frequently distribute crack to African American criminal groups that in turn distribute the drug on the streets. African American, Jamaican, and Hispanic criminal groups, including Dominicans, Colombians, and Puerto Ricans, distribute powdered and crack cocaine at the wholesale and retail levels in Upstate New York. Many distributors in the state who had previously sold cocaine outdoors have begun distributing the drug from private residences and other indoor locations. Cocaine also is being sold in the state at nightclubs and, to a lesser extent, through call-and-deliver services.

Abuse

Cocaine is readily available and frequently abused in New York. According to the 1999 National Household Survey on Drug Abuse (NHSDA), 2.0 percent of New York residents reported having abused cocaine at least once in the year prior to the survey, compared with 1.7 percent nationwide. The number of cocaine-related treatment admissions to publicly funded facilities decreased from 37,118 in 1997 to 32,057 in 2000, then increased to 32,259 in 2001, according to TEDS. (See Table 3 on page 5.) In 2001 most admissions (22,359) were for smoked cocaine. Treatment admissions for cocaine abuse surpassed admissions for any other illicit drug from 1997 through 2000; however, in 2001 heroin- and marijuana-related admissions surpassed cocaine-related admissions. The number of cocaine-related treatment admissions per 100,000 population (223) dramatically exceeded the number per 100,000 population nationwide

(104) in 1999, the most recent year for which these data are available.

In both New York City and Buffalo, the rate of cocaine-related ED mentions—the number per 100,000 population—was dramatically higher than the rate nationwide. Although the total number of cocaine-related ED mentions in New York City decreased annually from 20,202 in 1997 to 13,898 in 2001, the rate per 100,000 population in New York City exceeded the rate per 100,000 population nationwide every year from 1997 through 2001, according to DAWN. (See Table 5 on page 8.) In Buffalo cocaine-related ED mentions fluctuated from 1,526 in 1997 to 1,220 in 2001, but the rate per 100,000 population remained higher than the nationwide rate each year during that period. (See Table 5 on page 8.)

Cocaine frequently is a factor in drug-related deaths in the New York metropolitan area, Long Island, and Buffalo, the three areas participating

Table 5. Cocaine-Related Emergency Department Mentions and Mentions per 100,000, New York City and Buffalo, and Mentions per 100,000, United States, 1997–2001

	New York City		Buffalo		United States
	Mentions	Per 100,000	Mentions	Per 100,000	Per 100,000
1997	20,202	244	1,526	163	68
1998	19,549	233	1,225	129	71
1999	14,799	175	1,119	117	69
2000	14,250	166	1,018	104	71
2001	13,898	166	1,220	145	76

Source: DAWN.

in DAWN mortality reporting. According to DAWN mortality data, in 2000 there were 492 cocaine-related deaths in the New York metropolitan area. Of these, 196 decedents had only cocaine in their system; the remaining 296 had at least one other drug or alcohol in their system in addition to cocaine. One-quarter (123) of the deaths were cocaine-induced (cocaine was the sole cause of death). On Long Island there were 69 cocaine-related deaths in 2000. Of these, four decedents had only cocaine in their system. (The number of cocaine-induced deaths was not reported.) In the Buffalo metropolitan area there were 29 cocaine-related deaths in 2000. Of these, five decedents had only cocaine in their system, and three of the deaths were cocaine-induced. (See Text Box on page 6.)

The percentage of youth reporting cocaine abuse in New York is lower than the national

percentage. According to YRBS, in 1999—the most recent year for which data representative of high school students in the entire state are available—6.8 percent of high school students in New York reported having abused cocaine at least once in their lifetime, compared with 9.5 percent nationwide. In addition, 3.0 percent of New York high school students reported that they had abused cocaine in the 30 days prior to the survey, compared with 4.0 percent nationwide.

Cocaine frequently was detected among adult male arrestees in New York in 2000. According to ADAM data, 48.8 percent of adult male arrestees tested positive for cocaine abuse in New York City. In Albany 24.6 percent of adult male arrestees tested positive for cocaine abuse that year.

Availability

Cocaine, both powdered and crack, is readily available in New York. The availability of crack, in particular, is increasing in some Upstate cities including Buffalo. According to FDSS data, federal law enforcement officials in New York seized 19,528 kilograms of cocaine from 1998 through 2001. The annual seizure amounts decreased each year during that period from 6,320 kilograms in

1998 to 3,849 kilograms in 2001; however, cocaine remains readily available. (See Table 1 on page 4.) On May 23, 2002, officers from a joint New York City Police Department (NYPD), New York State Police, and Drug Enforcement Administration (DEA) task force seized 1,942 kilograms of uncut cocaine from a warehouse in the Park Slope section of Brooklyn and arrested three

Mexican nationals and one Dominican national. According to the commissioner of the NYPD, this was the largest cocaine seizure in the city in the last 5 years.

The price of cocaine in New York varies, depending on a number of factors including the buyer's familiarity with the seller, the location of the sale, and the quantity sold. Powdered and crack cocaine prices, particularly for smaller quantities, are generally higher in Upstate New York than in New York City, which serves as the state's distribution center. According to DEA, in New York City powdered cocaine sold for \$20,000 to \$30,000 per kilogram, \$900 to \$950 per ounce, \$120 to \$150 per one-eighth ounce (eight ball), and \$20 to \$30 per gram in the first quarter of FY2002. In Upstate New York powdered cocaine sold for \$20,000 to \$32,000 per kilogram, \$800 to \$1,600 per ounce, \$160 to \$175 per eight ball, and \$50 to \$125 per gram. In New York City crack sold for \$28,000 to \$30,000 per kilogram, \$1,000 to \$1,500 per ounce, \$27 to \$45 per gram, and \$7 to \$10 per rock. In Upstate New

York crack sold for \$800 to \$1,600 per ounce, \$175 per eight ball, \$50 to \$125 per gram, and \$10 to \$40 per rock. Kilogram prices generally are not available in Upstate New York.

The purity of cocaine available in New York varies depending on where it is being distributed within the state. Purity levels for powdered cocaine average 75 percent, ranging from a low of 20 percent in the Buffalo area to a high of 90 percent in New York City. The average purity level for crack cocaine in the state is 58 percent; purity levels are generally higher in the areas near New York City.

The percentage of federal sentences related to cocaine in New York was higher than for any other drug each year from FY1996 through FY2000 and was higher than the national percentage every year during that period. (See Table 2 on page 4.) In FY2000, 56.4 percent of all drug-related federal sentences in New York were cocaine-related, compared with 44.2 percent nationwide.

Violence

Cocaine, particularly crack, is the illicit drug most commonly associated with violent crime in New York. Colombian and Dominican DTOs and criminal groups and Mexican criminal groups that are entrenched in cocaine distribution are known to rely on violence to protect their product and turf. Street gangs that distribute cocaine often commit violent crimes including assaults, drive-by shootings, drug-related homicides, and drug rip-offs (stealing drugs from other distributors). However, in New York City law enforcement initiatives have forced much of the cocaine distribution indoors, resulting in a decreased level of cocaine-related violence. In Albany law enforcement officials report that violent crimes such as drive-by shootings may be the result of attempts

by street gangs from New York City to take control of illicit drug distribution there. In Syracuse and Buffalo law enforcement officials report that the level of violent crime associated with cocaine distribution has increased among rival gangs. Other law enforcement reports indicate that crack is the primary illicit drug associated with violent crime in the smaller towns and larger cities throughout the state.

Individuals who abuse cocaine, particularly crack, often engage in criminal activities to support their drug habits. Local law enforcement authorities in St. Lawrence County attribute most of the forgeries and burglaries in the county to cocaine abusers.

Man Sentenced for Murder Committed During Crack Binge

A man was sentenced to 31 years to life in prison for killing his elderly great-aunt during a crack cocaine binge. The man admitted killing his great-aunt after breaking into her Syracuse home to steal items and money to purchase crack. He subsequently placed her in the trunk of her car and drove around the city to purchase crack. When he ran out of money and drugs, the man returned to the victim's home and stole more items in order to obtain money to purchase more drugs. Later the man left his great-aunt's car in a parking lot with her body still in the trunk.

Source: Onondaga County District Attorney's Office; *Associated Press*, 1 March 2002.

Production

Coca is not cultivated nor is cocaine produced in New York. Virtually all of the cocaine consumed in the world is produced in South America. Colombian DTOs produce most of the cocaine smuggled into New York.

Most of the crack sold in New York is converted from powdered cocaine in the state. 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.

Transportation

New York, primarily New York City, is a transportation hub and transshipment point for significant quantities of cocaine. Colombian and Dominican DTOs and criminal groups and Mexican criminal groups are the primary transporters of cocaine to New York; however, Puerto Rican and Jamaican criminal groups also transport cocaine to the state. Cocaine consumed in New York often is smuggled into the United States across the Southwest Border from Mexico and usually transported to New York overland in commercial and private vehicles from transshipment points such as Los Angeles, Phoenix, Houston, and El Paso. Large quantities of cocaine transported in tractor-trailers often are concealed in shipments of fruits, vegetables, or other perishable items. These shipments frequently are transported to New Jersey where they are unloaded and stashed. Smaller quantities are then transported from New Jersey to New York in other vehicles such as vans. Additional amounts of cocaine are transported via maritime vessels and commercial aircraft from South America through

the Caribbean to Miami and then by commercial and private vehicles to New York or directly from the Caribbean.

Three Men Charged With Intent to Sell Cocaine

In January 2002 three men were charged with intent to sell 440 pounds of cocaine in Queens. The cocaine, hidden among fresh lettuce, had been shipped from Tijuana, Mexico, through San Diego, California, and Nazareth, Pennsylvania, to New York City. According to the Queens County District Attorney, the cocaine had been ordered by a gang of drug dealers in the area who had to find a new supplier. Heightened security measures on the city's bridges and tunnels stemming from the September 11, 2001, terrorist attacks reportedly had hindered their business.

Source: Queens County District Attorney; *Associated Press*, 3 January 2002.

Colombian and Dominican DTOs and criminal groups continue to dominate the transportation of cocaine into New York and from New York to other parts of the Northeast. However, according to DEA, Colombian DTOs and criminal groups transport cocaine less frequently than in the past, and Mexican criminal groups are increasingly transporting cocaine into and through the state. The increased involvement of Mexican criminal groups occurs only with the

direct or indirect concurrence of Colombian DTOs and criminal groups. Colombian DTOs and criminal groups have relegated some transportation functions to Mexican criminal groups based along the Southwest Border by contracting them to transport cocaine to New York in vehicles equipped with hidden compartments. In lieu of cash payments, the Colombian DTOs and criminal groups often pay Mexican criminal groups with cocaine.

Table 6. Arrival Zone Seizures in New York* From Commercial Aircraft and Vessels, Kilogram Quantities, 1997–2001

	Cocaine	Heroin	Marijuana	Methamphetamine
Commercial Aircraft				
1997	359	369	2,459	3
1998	630	265	662	NA
1999	497	241	5,068	NA
2000	782	353	997	1
2001	760	663	903	NA
Subtotal	3,028	1,891	10,089	4
Commercial Vessels				
1997	485	NA	NA	NA
1998	195	NA	NA	NA
1999	351	NA	11	NA
2000	183	NA	NA	NA
2001	139	54	NA	NA
Subtotal	1,353	54	11	NA
TOTAL	4,381	1,945	10,100	4

Source: DEA, El Paso Intelligence Center, Arrival Zone Seizure Statistics, 1997–2001.

* Arrival Zone seizure events include only those events in which the drugs were seized within New York from shipments arriving from outside the United States and the drug quantities exceed FDIN (Federal Drug Identification Number) thresholds.

Due to the lack of any mandatory drug seizure reporting system, comprehensive nationwide statistics in this table do not necessarily provide an accurate overview of drug distribution or seizure trends.

Maritime vessels frequently are used to transport cocaine to ports in New York and New Jersey as well as other East Coast ports. Colombian DTOs and criminal groups, sometimes with the aid of Dominican DTOs and criminal groups or traditional organized crime members, often

transport multikilogram shipments of cocaine into the Port of New York/New Jersey as well as to ports along the East Coast including Miami, Port Everglades, Jacksonville, and Philadelphia. Cocaine shipped on maritime vessels is usually concealed in shipments of bananas, automobiles,

furniture, vegetable oil, tiles, truck batteries, and other commodities. Subsequently, it is transported from the ports to locations in New York usually via private and commercial vehicles. In April 2001 USCS inspectors at the Howland Hook Marine Terminal on Staten Island seized 54 kilograms of cocaine concealed in a container of frozen plantains that had arrived on a cargo vessel from Colombia. The cocaine, destined for Brooklyn, was hidden in 20 of 1,800 cartons concealed in four flat packages under false cardboard bottoms. In August 2001 USCS inspectors at the same terminal seized 78 kilograms of cocaine from a commercial shipping container. The cocaine was hidden in backpacks in a shipment of Brazil nuts. According to El Paso Intelligence Center (EPIC) Arrival Zone Seizure Statistics, law enforcement officials in New York seized approximately 1,891 kilograms of cocaine aboard commercial vessels from 1997 through 2001. (See Table 6 on page 11.)

Cocaine often is transported into New York via commercial aircraft. Large amounts of cocaine typically are transported in air cargo shipments, and couriers usually transport smaller quantities either internally, on their person, or in their luggage. Dominican, Puerto Rican, and Jamaican DTOs and criminal groups transport significant quantities of cocaine into New York on commercial airline flights and, to a lesser extent, via air package delivery services. They typically use couriers and air cargo on flights originating in the Caribbean, especially Jamaica. In June 2001 USCS Inspectors at JFK International Airport seized 89.5 kilograms of cocaine in cargo shipped from Haiti. In October 2001 they

seized 5.7 kilograms of cocaine concealed in a suitcase belonging to a courier on a flight originating in the Dominican Republic. According to EPIC Arrival Zone Seizure Statistics, law enforcement officials in New York seized approximately 3,028 kilograms of cocaine transported on commercial aircraft from 1997 through 2001. (See Table 6 on page 11.)

Most of the cocaine available in Upstate New York is transported from New York City in private vehicles and, to a lesser extent, on trains and buses; however, law enforcement reports indicate that cocaine sometimes is transported to Upstate New York directly from Texas and Canada. In August 2001 state law enforcement officials in Buffalo and Rochester seized 12 and 20 kilograms of cocaine, respectively, that were transported to the area directly from Texas. Seizure data reveal that cocaine smuggled from Canada into New York frequently is transported via private vehicles through an isolated area of the St. Regis Mohawk Indian Reservation, and seizures predominantly involve personal use quantities.

Cocaine Distribution Ring Based on St. Regis Mohawk Indian Reservation

In February 2002 a 27-year-old man was sentenced to nearly 16 years in prison for leading a cocaine distribution ring based on the St. Regis Mohawk Indian Reservation. The man, arrested in June 1999, smuggled cocaine from Canada onto the reservation and distributed it to dealers in and around the area.

Source: *Associated Press*, 13 February 2002.

Distribution

New York, primarily New York City, is one of the most significant cocaine distribution centers in the United States. Numerous DTOs and criminal groups based in New York City supply cocaine to distributors in various cities throughout the state and in states throughout the Northeast, Southeast,

and Midwest. Federal, state, and local law enforcement officials in 16 states and the District of Columbia that responded to the NDIC National Drug Threat Survey 2001 reported that New York was a supply area for cocaine available in their jurisdictions. Some officials reporting New York

City as a supply area for cocaine included those in Erie, Pennsylvania; Annapolis, Maryland; Charleston, South Carolina; Brattleboro, Vermont; and Terre Haute, Indiana.

Suspects From New York Arrested for Drug Possession in Rutland, Vermont

Three men from the Bronx, New York, and one Rutland resident were charged in connection with a series of drug raids in Rutland, Vermont. Police seized cocaine and heroin with an estimated street value of \$10,000 from motel rooms rented by the men from New York. The suspects told police that they made trips back to New York to pick up cocaine and heroin to sell in Rutland.

Source: *Associated Press*, 15 January 2002.

Colombian and Dominican DTOs and criminal groups based in New York City are the primary wholesale powdered cocaine distributors in the state. Colombian DTOs and criminal groups usually are based in the Jackson Heights area of Queens, and many Dominican DTOs and criminal groups are based in the Washington Heights section of Manhattan. Both supply powdered cocaine to criminal groups for distribution throughout the region and to cities as far away as Atlanta, Boston, and Chicago. Dominican DTOs and criminal groups, in particular, typically are the primary suppliers of powdered cocaine to distributors in states along the East Coast. They operate secondary distribution centers in Albany, Boston, Buffalo, Hempstead, Philadelphia, Poughkeepsie, Rochester, Schenectady, Syracuse, and Yonkers as well as the New York counties of Erie, Monroe, Onondaga, Putnam, and Westchester.

Mexican criminal groups distribute cocaine at an increasing rate in New York City. DEA reports that Mexican criminal groups are beginning to distribute cocaine in the city in which distribution traditionally has been controlled by Colombian and Dominican DTOs and criminal groups. Additionally, there are indications that Dominican distributors are selling cocaine to Mexican criminal groups, and Mexican criminal groups and

Dominican DTOs and criminal groups are selling cocaine together.

Jamaican criminal groups, known as posses, distribute wholesale quantities of powdered cocaine in New York and control a significant portion of the crack market in New York and other states. They distribute wholesale quantities of cocaine in cities including New York, Mount Vernon, and Rochester as well as Monroe and Onondaga Counties.

Dominican DTOs and criminal groups are the primary midlevel and retail distributors of powdered cocaine in the state; however, prominent street gangs such as Ñeta, Latin Kings, Mara Salvatrucha, and Bloods also sell a significant amount of cocaine at the retail level in the New York City area. These street gangs operate cells within a defined distribution area, and each cell consists of a manager in charge of several lookouts, dealers, and enforcers. In northern Manhattan, for example, street gangs operate under a “gentlemen’s agreement” that prohibits distribution in another gang’s defined turf and reduces the level of violence.

Dominican and Puerto Rican criminal groups are the primary midlevel and retail distributors of crack in New York City. These midlevel groups frequently distribute crack cocaine to African American criminal groups who then distribute the crack on the streets. Generally, Dominican criminal groups control the crack market in Washington Heights, and Puerto Rican criminal groups dominate retail distribution in the South Bronx. Jamaican criminal groups also distribute retail quantities of crack, primarily in Brooklyn, and control crack distribution in a number of predominantly Jamaican and African American neighborhoods.

In Upstate New York African American, Jamaican, and Hispanic criminal groups including Dominicans, Colombians, and Puerto Ricans distribute powdered cocaine and crack cocaine at the retail level. According to the Federal Bureau of Investigation (FBI) and DEA, Colombian, Dominican, and African American criminal groups usually distribute retail quantities of

cocaine indoors from apartments in Albany. In Syracuse and Buffalo African American, Colombian, Dominican, and Puerto Rican criminal groups are the primary retail distributors of cocaine. In Rochester African American, Jamaican, and Hispanic criminal groups are the primary retail cocaine distributors. Street gangs also sell retail quantities.

Retail quantities of cocaine are sold by a variety of methods in New York. Cocaine typically is sold at open-air drug markets; however, distributors are increasingly moving sales indoors. Cocaine also is sold at nightclubs and, to a lesser

extent, via call-and-deliver services. Powdered cocaine usually is packaged in aluminum foil, glassine bags, new dollar bills, and occasionally in plastic wrap knotted or tied at both ends (known Upstate as a tie-off, corner wraps, or wraps). Crack usually is packaged in small plastic vials and is increasingly available in small glassine bags or plastic wrap knotted or tied at both ends (known Upstate as bumpys). Federal, state, and local law enforcement agencies throughout the Upstate area report that crack is no longer packaged in vials.

Heroin

Heroin is a significant threat to New York. South American heroin is most prevalent; however, Southeast and Southwest Asian heroin also are available. Mexican black tar and brown powdered heroin are sporadically available. New York City is a primary transportation hub and distribution center for significant quantities of heroin. Heroin is transported into New York from source countries by air, land, and maritime conveyances. Colombian DTOs and criminal groups control the transportation of South American heroin into New York; however, they increasingly rely on Dominican DTOs and criminal groups and occasionally Mexican criminal groups to transport South American heroin into the state. Ethnic Chinese

criminal groups, principally Fukinese, and West African criminal groups, principally Nigerian, are the primary transporters of Southeast Asian heroin into New York. The primary transporters of Southwest Asian heroin into New York are Pakistani criminal groups. The primary wholesale distributors of heroin in New York are Colombian DTOs and criminal groups. Dominican criminal groups are the dominant retail distributors of heroin in New York; however, a variety of other criminal groups and individuals also sell retail quantities. Retail quantities of heroin typically are sold indoors and less commonly at open-air drug markets and through call-and-deliver services.

Abuse

Heroin is abused at high levels in New York. TEDS data indicate that the number of heroin-related treatment admissions to publicly funded facilities in New York increased steadily from 29,279 in 1997 to 35,314 in 2001. (See Table 3 on page 5.) Heroin-related treatment admissions surpassed cocaine-related admissions in 2001. The number of heroin-related treatment admissions per 100,000 population in New York (199) dramatically exceeded the number per 100,000 population nationwide (105) in 1999, the most recent year for which these data are available.

In both New York City and Buffalo, the rate of heroin-related ED mentions—the number per 100,000 population—was dramatically higher than the rate nationwide. In New York City the total number of heroin-related ED mentions decreased from 9,481 in 1997 to 9,218 in 1998, then increased to 11,009 in 2000, decreasing in 2001 to 10,664, according to DAWN. (See Table 7 on page 15.) During that time the rate per 100,000 population in New York City exceeded the rate per 100,000 population nationwide each year. In Buffalo the number of heroin-related ED

mentions was dramatically higher in 2001 (607) than in 1997 (468), and the rate per 100,000

population was higher than the nationwide rate each year during that period.

Table 7. Heroin-Related Emergency Department Mentions and Mentions per 100,000, New York City and Buffalo, and Mentions per 100,000, United States, 1997–2001

	New York City		Buffalo		United States
	Mentions	Per 100,000	Mentions	Per 100,000	Per 100,000
1997	9,481	115	468	50	30
1998	9,218	110	538	57	31
1999	9,302	110	522	54	34
2000	11,009	128	681	70	38
2001	10,644	127	607	72	37

Source: DAWN.

Heroin frequently is a factor in drug-related deaths in New York; however, it is rarely the sole cause of death. According to DAWN mortality data, in 2000 there were 194 heroin-related deaths in the New York metropolitan area. One of these deaths involved heroin only, and no deaths were heroin-induced (heroin was the sole cause of death). On Long Island there were 96 heroin-related deaths in 2000. Of these, 10 decedents had only heroin in their system. (The number of heroin-induced deaths was not reported.) In the Buffalo metropolitan area there were 30 heroin-related deaths in 2000. Of these, five had only heroin in their system, and four of the deaths were heroin-induced. (See Text Box on page 6.)

New York high school students' reported rate of heroin abuse is consistent with that of high school students nationwide. According to YRBS, in 1999—the most recent year for which data representative of high school students in the entire state are available—2.6 percent of the New York high school students reported having abused heroin at least once during their lifetime, compared with 2.4 percent nationwide.

In New York heroin is administered via a variety of methods depending upon users' preferences. According to DEA, novices, recreational abusers, and younger abusers prefer snorting, skin

popping (subcutaneous injection) or, to a much lesser extent, smoking heroin because they believe these methods present a reduced risk of contracting needle-borne diseases such as AIDS (acquired immunodeficiency syndrome) and hepatitis. Many of these abusers mistakenly believe that these methods will not lead to addiction. Injecting drug users often share needles and suffer the attendant problems associated with dirty needles.

Heroin abuse is a significant problem in some areas of Upstate New York. According to DEA, individuals seeking methadone treatment at clinics in Buffalo and Rochester are reportedly much younger than abusers who sought treatment in the past. The DEA Albany Resident Office reports that heroin abuse is increasing among young Caucasian individuals who snort the drug.

Heroin is frequently detected among adult male arrestees in New York City. According to ADAM data, 20.5 percent of adult male arrestees tested positive for heroin abuse in New York City in 2000. In Albany 6.5 percent of adult male arrestees tested positive for heroin abuse.

Availability

Heroin remains readily available in New York. South American heroin is most prevalent; however, Southeast Asian and Southwest Asian heroin are also available. Mexican black tar and brown powdered heroin are sporadically available. According to FDSS data, federal law enforcement officials in New York seized 2,011 kilograms of heroin from 1998 through 2001. The annual seizure amounts fluctuated during that period, and the amount seized in 2001 (801 kilograms) was significantly higher than in 1998 (461 kilograms). (See Table 1 on page 4.)

The price of heroin available in New York varies depending on the buyer's familiarity with the seller, the location of the sale, and the quantity sold. According to DEA, in New York City South American heroin sold for \$65,000 to \$80,000 per kilogram, \$2,100 per ounce, \$70 to \$85 per gram, \$95 to \$107 per bundle (usually 10 bags), and \$10 to \$14 per bag (50 milligrams) in the first quarter of FY2002. In Upstate New York, where midlevel and retail heroin prices are generally higher, South American heroin sold for \$65,000 to \$80,000 per kilogram, \$5,000 to \$6,250 per ounce, \$142 to \$240 per gram, \$125 to \$170 per bundle, and \$12 to \$22 per bag. In the state,

Southwest Asian heroin sold for \$65,000 to \$140,000 per kilogram, and Southeast Asian heroin sold for \$40,000 to \$80,000 per unit (700 grams), \$22,500 per one-half unit, and \$90 per gram in the same quarter. The limited amounts of Mexican black tar heroin available in the state typically sold for \$200 to \$350 per gram.

Heroin purity levels in New York are among the highest in the nation. According to DEA, South American heroin ranges from 85 to 96 percent pure in New York City and 20 to 96 percent pure in Upstate New York depending on the level of distribution. Purity levels for Southeast Asian and Southwest Asian heroin in New York City have been as high as 90 percent. In Upstate New York the purity of Southeast Asian heroin averages 85 percent.

The percentage of federal sentences related to heroin in New York was significantly higher than the national percentage from FY1996 through FY2000. According to USSC data, 29.5 percent of all drug-related federal sentences in New York in FY2000 were heroin-related, compared with 7.7 percent nationwide. (See Table 2 on page 4.)

Violence

Heroin abuse normally is not associated with violent behavior, although the overwhelming need to support drug habits drives many heroin abusers to engage in prostitution, drug distribution, theft, burglary, and robbery. Abusers often steal from

family members to obtain the funds necessary to purchase heroin. Additionally, heroin distributors sometimes commit violent crimes such as assaults, drive-by shootings, and homicides.

Suspected Drug Distributors Arrested in the Bronx

In February 2002 authorities arrested 14 individuals for running a violent and lucrative four-state heroin ring that typically netted \$50,000 per weekend. Police seized five firearms, including a .357 magnum, two 9mm semiautomatic pistols, a .38 caliber revolver, and a loaded derringer. According to the Special Narcotics Prosecutor in New York, the gang, operating out of 14 apartments in 7 buildings in the Bronx, sold glassine bags of heroin for \$10 and 10-bag bundles of heroin for \$75 to \$100. The heroin was labeled with at least eight different brand names including Gangsta, Cloud Nine, Whoa, Royal Flush, and Bad Boy. This gang also sold drugs to dealers in Connecticut, Massachusetts, and Vermont.

Source: *Associated Press*, 15 and 25 February 2002.

Production

Opium is not cultivated nor is heroin produced in New York. Heroin is smuggled into New York from South America, Southeast Asia, Southwest Asia, and Mexico—the four major source regions. Most of the heroin available in New York is South American. Smaller quantities of Southeast and Southwest Asian heroin are also available. Mexican black tar and brown powdered heroin are only sporadically available in New York.

Heroin sold on the street typically is cut and packaged in a glassine envelope or bag known as a “dime bag”—a term derived from the fact that

most bags cost \$10. Cutting mills are the locations at which the heroin is cut and packaged for retail sale. Many law enforcement authorities report that cutting mills appear to be less common in New York City than in the past, although some investigators dispute this assertion. Most law enforcement authorities report that the cutting mills of previous years are now largely bagging operations at which distributors simply repackage bulk heroin into user quantities without cutting it with other substances. This is a probable reason for the higher purity heroin available on the streets.

Transportation

New York City is a primary transportation hub for South American, Southeast Asian, and Southwest Asian heroin smuggled into the United States. Colombian DTOs and criminal groups control the transportation of South American heroin into New York, ethnic Chinese and West African criminal groups are the primary transporters of Southeast Asian heroin, and Pakistani criminal groups are the primary transporters of Southwest Asian heroin. These groups transport heroin into New York by air, maritime, and land conveyances. According to EPIC Arrival Zone Seizure Statistics, law enforcement officials in New York seized approximately 1,891 kilograms of heroin trans-

ported on commercial aircraft from 1997 through 2001. (See Table 6 on page 11.) The same data indicate that no heroin was seized from maritime vessels from 1997 through 2000; however, federal law enforcement officials seized 54 kilograms of heroin from maritime vessels in 2001.

South American Heroin. Colombian DTOs and criminal groups control the transportation of South American heroin into New York; however, they increasingly rely on Dominican DTOs and criminal groups and occasionally Mexican criminal groups to transport South American heroin into the state. South American heroin is transported to the New York metropolitan area

primarily by couriers who conceal heroin internally, strapped to their bodies, or concealed in their luggage. According to DEA, couriers transporting South American heroin are now smuggling 3 to 7 kilograms per trip, significantly more than the previous average of 1 to 3 kilograms per trip.

These couriers frequently arrive on direct flights from Colombia or take indirect flights to New York, typically transiting countries such as Brazil, the Dominican Republic, Ecuador, Haiti, Jamaica, Panama, Puerto Rico, and Venezuela. They also transport South American heroin through Miami International Airport and other locations. Some couriers take additional flights from Miami to New York, while others transport heroin from Miami to New York in private and commercial vehicles. On March 4, 2002, the Narcotic Borough Queens Major Case Unit arrested two Colombians and seized 5 kilograms of South American heroin hidden in 10 club soda cans. The heroin had been transported in a private vehicle from Florida to the New York metropolitan area. The tops of the 10 club soda cans were carefully removed, replaced by crimping, and sealed with clear silicone making visual detection extremely difficult. Couriers are sometimes given a phone number, a first name, or a pager, and are told to go to a certain location in New York and await contact. In other instances, an individual waits for the courier at the airport. Sometimes a courier is instructed to check into a hotel and then contact an individual waiting for his or her call. Heroin also is transported into New York through package delivery services.

Colombian DTOs and criminal groups increasingly rely on Dominican DTOs and criminal groups and, to a lesser extent, Mexican criminal groups to transport heroin into New York. Federal law enforcement sources report that Dominican DTOs and criminal groups smuggle heroin from South America or intermediate transit areas such as the Dominican Republic or Puerto Rico. Mexican criminal groups are transporting South American heroin into New York

with greater frequency using traditional smuggling routes across the Southwest Border.

South American heroin occasionally is transported into New York aboard maritime vessels. According to EPIC Arrival Zone Seizure Statistics, law enforcement officials in New York seized no heroin from commercial vessels from 1995 through 1999. (See Table 6 on page 11.) However, in May 2001 DEA and USCS seized 54 kilograms of South American heroin from a ship at the Howland Hook Marine Terminal on Staten Island. This shipment was the largest amount of South American heroin ever seized from a commercial vessel in the United States.

Southeast Asian Heroin. Ethnic Chinese criminal groups, principally Fukinese, and West African criminal groups, primarily Nigerian, are the primary transporters of Southeast Asian heroin into New York. Southeast Asian heroin typically is smuggled into New York in containerized cargo and by couriers aboard commercial aircraft. However, some Southeast Asian heroin destined for New York is first smuggled to Vancouver, Canada, from where couriers transport the heroin in luggage to Seattle, Toronto, or Montreal before traveling by train, bus, or private vehicle to New York. DEA officials in Albany report that Asian heroin distributors based in Canada occasionally smuggle heroin into New York through the St. Regis Mohawk Indian Reservation.

Ethnic Chinese criminal groups transport Southeast Asian heroin into the United States aboard maritime vessels. In January 2001 a joint DEA/USCS investigation resulted in the seizure of over 57 kilograms of Southeast Asian heroin at the Port of New York/New Jersey. The heroin was hidden in a shipment of cotton towels originating in Bangkok, Thailand. Almost one-half of the containerized cargo arriving at the Port of New York/New Jersey is transported from Asia to the West Coast of the United States and then transported overland to New York. This large volume of cargo provides an ideal means of concealing Asian heroin shipments.

Nigerian criminal groups based in Thailand typically use couriers on commercial airlines to transport Southeast Asian heroin to New York. They normally use multiple couriers who make numerous hand-offs while traveling circuitous routes to avoid detection. Nigerian criminals groups also transport Southeast Asian heroin to New York and other states via package delivery services.

Southwest Asian Heroin. Pakistani criminal groups are the primary transporters of Southwest Asian heroin into New York. Afghan, Indian, Eastern European, Russian, Turkish, and West African criminal groups also transport Southwest

Asian heroin into New York. Most of these groups use air and maritime cargo shipments, package delivery services, and couriers to transport Southwest Asian heroin into New York.

Mexican Heroin. Mexican heroin is seized infrequently in New York and rarely is mentioned in law enforcement reporting. DEA seized small quantities of Mexican heroin in Upstate New York in 2001. The heroin was sent in private vehicles and via package delivery services in small amounts from California to New York and was likely intended for personal use.

Distribution

New York City is the primary distribution center for South American heroin destined for distribution in New York and other states. DTOs and criminal groups also use New York as a distribution center for smaller quantities of Southeast and Southwest Asian heroin, brokering deals in the city and distributing Asian heroin throughout the state and New Jersey as well as the New England, Great Lakes, and Southeast regions. Federal, state, and local law enforcement officials in at least 19 states and the District of Columbia that responded to the NDIC National Drug Threat Survey 2001 reported that New York was a supply area for heroin available in their jurisdictions. Some officials reporting New York City as a supply area for heroin included those in Albany, Binghamton, Buffalo, Rochester, and Syracuse, New York; Boston, Massachusetts; Charlottesville, Virginia; Milwaukee, Wisconsin; and New Orleans, Louisiana.

Colombian DTOs and criminal groups are the primary wholesale distributors of heroin in New York. These DTOs and criminal groups are based primarily in the Jackson Heights section of Queens and supply substantial amounts of heroin from stash sites in Jackson Heights, Westchester County, Long Island, and New Jersey to Dominican and other criminal groups and gangs. According to the

New York/New Jersey High Intensity Drug Trafficking Area (HIDTA), Colombian DTOs and criminal groups have expanded wholesale operations from Queens to other parts of the New York metropolitan area including Astoria, Corona, Elmhurst, Flushing, Freeport, and Yonkers.

Dominican DTOs and criminal groups based in Washington Heights distribute wholesale quantities of heroin in New York City as well. These DTOs and criminal groups primarily distribute South American heroin; however, they also distribute Southeast Asian and, to a lesser extent, Southwest Asian heroin at the wholesale level in the New York metropolitan area. Dominican wholesale distributors supply high purity heroin to African American, Jamaican, Puerto Rican, Caucasian, and other independent criminal groups. They also have established heroin distribution in cities and towns with large Dominican populations along interstate highways radiating from New York City including Philadelphia and Boston.

Members of traditional organized crime and their associates also sell wholesale quantities of heroin in New York. They usually purchase heroin directly from ethnic Chinese criminal groups and also have purchased heroin directly from suppliers in Southwest Asia and from other criminal groups of various ethnicities.

Dominican criminal groups are the dominant retail distributors of heroin in New York; however, a variety of other criminal groups and individuals also sell retail quantities of heroin. Dominican criminal groups distribute primarily South American heroin, although they also distribute retail quantities of Southeast Asian and, to a lesser extent, Southwest Asian heroin. They occasionally distribute heroin to street gangs such as Ñeta, Latin Kings, and Bloods who then distribute retail quantities.

In Upstate New York Hispanic—primarily Dominican and Puerto Rican—and African American criminal groups are the primary heroin distributors. They supply gangs and independent retail distributors in cities such as Binghamton, Buffalo, Rochester, Schenectady, and Syracuse. Dealers in Upstate New York often purchase heroin in Bronx, Manhattan, or Westchester and then return to their homes via automobile, bus, or train. Abusers in Upstate New York often pool their money for a large purchase and then travel to New York City to purchase heroin. Most of the heroin sold Upstate has been first cut and packaged in New York City. It may be cut again and repackaged before distribution Upstate.

Heroin Seized in Rochester

In January 2002 law enforcement officials in Rochester seized almost 3 pounds of heroin with an estimated street value of \$300,000. The heroin was concealed in a hidden compartment of a bedroom dresser in an apartment. Police officials alleged that one suspect, a major heroin supplier in Rochester, used a woman to obtain the apartment to stash heroin. According to police officials, it is not uncommon for dealers to use women to rent apartments for the sole purpose of stashing heroin.

Source: *Associated Press*, 26 January 2001.

Bulk quantities of heroin are frequently cut with diluents such as lactose, milk sugar, sucrose, cellulose, and mannitol or adulterants such as acetaminophen, caffeine, lidocaine, procaine, and quinine. However, law enforcement officials in the state report that some retail distributors are repackaging uncut heroin before selling it, thus contributing to higher purity levels. Retail quantities of heroin typically are sold indoors and less commonly at open-air drug markets and through call-and-deliver services. Retail dealers generally limit the amount of heroin in their possession as a precaution against seizure or theft.

Marijuana

Marijuana is the most widely available and frequently abused illicit drug in New York. Most of the marijuana available in New York is produced in other states or in Mexico, Jamaica, and Canada; however, marijuana produced in New York also is available. Mexican and Jamaican criminal groups transport marijuana from southwestern states into New York usually using trucks, private vehicles, and package delivery services. Colombian DTOs and criminal groups and Jamaican criminal groups, among others, typically use the same methods to transport marijuana north from Florida into New York and often use couriers or cargo shipments on commercial

airlines to transport marijuana from overseas. Jamaican criminal groups are the most prominent wholesale, midlevel, and retail distributors of marijuana in New York; however, no specific organization or group controls the distribution of marijuana. Marijuana is typically sold at open-air markets and from apartments. Some law enforcement reporting indicates that Jamaican criminal groups sell marijuana from smoke shops (tobacco shops), bodegas (small grocery stores), and other small businesses, although distribution at these locations occurs at a significantly lower rate and is less overt than in the past.

Abuse

Marijuana is the most commonly abused drug in New York, and the rate of abuse is comparable to the national average. According to the 1999 NHSDA, 4.9 percent of New York residents reported having abused marijuana at least once in the month prior to the survey, compared with 4.7 percent nationwide. NHSDA data also indicate that New York residents abused marijuana more than any other illicit drug.

New York has a significant number of marijuana-related treatment admissions. Marijuana-related treatment admissions to publicly funded facilities increased steadily from 23,453 in 1997 to 32,448 in 2001, according to TEDS. (See Table 3 on page 5.) The number of marijuana-related

treatment admissions per 100,000 population in New York (179) significantly exceeded the number per 100,000 nationwide (103) in 1999, the most recent year for which these data are available.

The rate of marijuana-related ED mentions—the number per 100,000 population—was higher than the rate nationwide every year in Buffalo and every year except 2001 in New York City. In New York City the total number of marijuana-related ED mentions fluctuated from 3,839 in 1997 to 3,501 in 2001, according to DAWN. In Buffalo marijuana-related ED mentions fluctuated from 472 in 1997 to 561 in 2001. The rate per 100,000 population was higher than the nationwide figure each year during that period.

Table 8. Marijuana-Related Emergency Department Mentions and Mentions per 100,000, New York City and Buffalo, and Mentions per 100,000, United States 1997–2001

	New York City		Buffalo		United States
	Mentions	Per 100,000	Mentions	Per 100,000	Per 100,000
1997	3,839	46	472	50	27
1998	3,682	44	451	48	32
1999	3,491	41	493	51	36
2000	3,544	41	553	57	39
2001	3,501	42	561	66	44

Source: DAWN.

New York high school students are less likely than high school students nationwide to abuse marijuana. According to YRBS, in 1999—the most recent year for which data representative of high school students in the entire state are available—41.3 percent of New York high school students reported having abused marijuana at least once during their lifetime, compared with 47.2 percent nationwide. In 1999, 23.4 percent of the

New York high school students reported that they abused marijuana in the 30 days prior to the survey, compared with 26.7 percent nationwide. Additionally, 7.9 percent of New York high school students reported that they had tried marijuana before age 13, compared with 11.3 percent nationwide.

Availability

Marijuana is the most widely available illicit drug in New York. Most of the marijuana available in the state is produced in other U.S. states or in Mexico, Jamaica, or Canada. Marijuana produced in New York also is available. According to FDSS data, federal law enforcement officials in New York seized more marijuana (approximately 16,677 kilograms) than any other drug except cocaine from 1998 through 2001. The annual amount seized fluctuated but was relatively stable from 1998 (2,852 kilograms) through 2001 (2,713 kilograms). (See Table 1 on page 4.)

The price of marijuana available in New York varies and is dependent on the type of marijuana sold, the buyer's familiarity with the seller, the location of the sale, and the quantity involved. According to DEA, in New York City commercial-grade marijuana sold for \$200 to \$2,000 per pound and \$100 to \$200 per ounce during the first quarter of FY2002. Hydroponically grown marijuana sold for \$1,000 to \$5,000 per pound and \$300 to \$1,200 per ounce. In Upstate New York commercial-grade marijuana sold for \$350 to

\$2,000 per pound, \$100 to \$150 per ounce, and \$25 per one-quarter ounce. Hydroponically grown marijuana sold Upstate for \$1,500 to \$4,200 per pound and \$250 to \$300 per ounce. "Purple Haze," a new form of marijuana, reportedly more potent than hydroponically grown marijuana, sold for \$300 per ounce in Upstate New York.

Arrestees in New York often test positive for marijuana. According to ADAM data, 40.6 percent of adult male arrestees in New York City tested positive for marijuana abuse in 2000. In Albany 44.7 percent of adult male arrestees tested positive for marijuana abuse in 2000.

The percentage of federal sentences related to marijuana in New York was significantly lower than the national percentage from FY1996 through FY2000. According to USSC, 8.7 percent of all drug-related federal sentences in New York in FY2000 were marijuana-related, compared with 31.2 percent nationwide. (See Table 2 on page 4.)

Violence

Violent crime is not frequently associated with the abuse of marijuana in New York. Marijuana abusers generally are characterized as non-violent, and the drug's effects typically depend upon the user's personality and expectations. Low doses of marijuana tend to induce relaxation, and high doses may cause image distortion, loss of personal identity, fantasies, and hallucinations. Marijuana occasionally is laced with other drugs, including PCP (phencyclidine). Adulterants such as PCP substantially alter the effects and toxicity of the product, making it more likely that abusers will become violent.

Marijuana distributors, particularly Jamaican posses, engage in violent crimes to protect their

turf. Law enforcement agencies in Rochester, Buffalo, and Syracuse have reported an increase in drug-related violence resulting from an influx of Jamaican criminals who are challenging drug distribution areas long controlled by local marijuana distributors.

Cannabis cultivation occasionally is associated with violent crime in New York. Typically, growers cultivate cannabis outdoors with booby traps situated among and around the plants. Reports indicate that traps closer to the cultivation site are more dangerous and sophisticated and target those who might steal the cannabis. Law enforcement officials have seized two types of booby traps—one intended to scare away and the

other to injure or kill intruders. The first type of trap is placed on trails and paths leading to the cultivation site, but usually some distance away, and includes trip wires strung across trails, shallow holes concealed on the trails, animal traps, and electric fences. These devices discourage hikers and sportsmen from using the trails, thus preventing discovery of the cannabis. The second type of trap generally is placed closer to the cannabis, and the intent is to injure or kill potential thieves or competitors. These traps include boards with exposed nails, punji pits (camouflaged pits that contain sharp instruments meant to impale individuals who fall into the pit), fish hooks attached to tree limbs or strung on fishing line, devices designed to fire small arms ammunition,

firearms attached to trees and positioned to fire, and explosive devices ranging from blasting caps to dynamite.

Five Shot During Marijuana-Related Robbery

Three individuals were fatally shot and two others injured in an apartment above the Carnegie Deli in Manhattan on May 10, 2001. The shooting stemmed from a robbery allegedly planned by the suspects to steal marijuana from a dealer who lived in the apartment. After the shooting, the suspects fled with \$800 and 1 pound of marijuana.

Source: New York County District Attorney's Office; *Associated Press*.

Production

Most of the marijuana consumed in New York is produced in other U.S. states or in Mexico, Canada, or Jamaica. However, a limited amount of cannabis is cultivated locally, especially in Upstate New York. Cannabis plants are cultivated both indoors and outdoors in the state; the trend has shifted from large outdoor grows to indoor grows and smaller, more widely dispersed outdoor grows. The number of outdoor cultivated cannabis plants eradicated in New York decreased from 9,386 plants in 1999 to 8,576 plants in 2000, according to the DEA Domestic Cannabis Eradication/Suppression Program. However, the number of indoor cultivated plants eradicated

increased substantially from 3,128 plants in 1999 to 8,511 plants in 2000. According to federal and local law enforcement officials in Albany, Buffalo, Rochester, and Syracuse, large parcels of land are no longer being used for outdoor cannabis cultivation. Smaller parcels are still being used, but indoor grows are increasing at an accelerated rate with a definite shift towards hydroponic cultivation in an attempt to enhance quality and avoid detection. In the Finger Lakes region, indoor hydroponic cannabis cultivation has become more widespread and reportedly yields marijuana with a higher THC (tetrahydrocannabinol) content.

Transportation

Marijuana from foreign and domestic sources is transported into New York by a variety of groups and methods. Law enforcement authorities report that most marijuana available in New York City and in some Upstate areas is transported from southwestern states and Florida in private vehicles, trucks, via package delivery services, and by couriers or in cargo on commercial

airlines. According to the New York/New Jersey HIDTA, Mexican DTOs and criminal groups and Jamaican criminal groups transport marijuana from southwestern states into New York primarily using trucks, private vehicles, and package delivery services. Colombian DTOs and criminal groups and Jamaican criminal groups use the same methods to transport marijuana north from

Florida into New York and use couriers or cargo on commercial airlines to transport marijuana from overseas. According to EPIC Arrival Zone Seizure Statistics, law enforcement officials in New York seized approximately 10,089 kilograms of marijuana transported on commercial aircraft from 1997 through 2001. (See Table 6 on page 11.)

DTOs and criminal groups occasionally transport marijuana directly into the Port of New York/New Jersey aboard commercial maritime vessels. Jamaican and Mexican criminal groups and Colombian DTOs and criminal groups, with assistance from traditional organized crime members, sometimes smuggle marijuana into the port hidden in shipments of bananas, plantains, automobiles, furniture, vegetable oil, tile, truck batteries, and

other commodities. In July 2001 federal law enforcement officials seized 14 kilograms of Jamaica-produced marijuana aboard a commercial vessel in Newark, New Jersey. According to EPIC Arrival Zone Seizure Statistics, law enforcement officials in New York seized 11 kilograms of marijuana aboard commercial vessels from 1997 through 2001—all of which was seized in 1999. (See Table 6 on page 11.)

Canada-produced marijuana is transported into New York in tractor-trailers, private vehicles, and buses usually through the St. Regis Mohawk Indian Reservation. Members of Canadian chapters of OMGs such as Hells Angels and associated groups control most of the marijuana smuggling from Canada into the United States.

Distribution

New York City is a distribution center for wholesale quantities of marijuana within the state and other states as well. New York City-based criminal groups supply distributors in Upstate cities such as Albany, Buffalo, Binghamton, Rochester, and Syracuse. Street gangs and local independent dealers frequently travel to New York City to purchase marijuana from suppliers, usually Jamaican criminal groups, and then transport the marijuana, sometimes with other drugs, in private vehicles. According to responses to the NDIC National Drug Threat Survey 2001, law enforcement officials in 11 states identified New York as a supply area for marijuana available in their jurisdictions.

Jamaican criminal groups are the most prominent wholesale distributors of marijuana in New York; however, no specific organization or group controls the distribution of marijuana. Mexican criminal groups, members of traditional organized crime, and members of OMGs such as Hells Angels also distribute wholesale quantities of marijuana in New York. Traditional organized crime members distribute significant wholesale and midlevel quantities of marijuana in the New York City area. According to DEA, traditional

organized crime members perceive the distribution of marijuana as a steady, high-profit undertaking with less risk than heroin, powdered cocaine, or crack cocaine distribution.

Jamaican criminal groups are also the primary midlevel and retail marijuana distributors in New York. Law enforcement reports indicate that retail quantities of marijuana usually are sold as joints or in small paper bags. Some marijuana is sold from smoke shops, bodegas and other small businesses, although distribution from these locations occurs at a significantly lower rate and is less overt than in the past. Due to law enforcement pressure, most retail marijuana distribution now occurs indoors in apartments and other dwellings. Street gang members also distribute retail quantities of marijuana in New York. These gangs protect their turf but to a lesser extent than in the past, and they often purchase marijuana from multiple sources rather than a single source. Bloods, Latin Kings, and Mara Salvatrucha are the more prominent street gangs that distribute marijuana in New York, although several smaller gangs also distribute marijuana in the state.

Upstate distributors usually purchase marijuana in New York City, although an increasing

number of distributors in cities such as Albany, Rochester, and Syracuse purchase marijuana directly from distributors in southwestern states. Federal law enforcement officials in Syracuse report that Arizona is a source for marijuana;

federal and local law enforcement officials in Albany and Rochester report that Texas and Arizona remain sources for marijuana to augment the domestically grown crop.

Other Dangerous Drugs

Other dangerous drugs (ODDs) present an increasing threat to New York. ODDs include MDMA; GHB and its analogs; the hallucinogens LSD, PCP, and ketamine; and the diverted pharmaceuticals OxyContin, Xanax, Vicodin, Dilaudid, methadone, codeine, HIV (human immunodeficiency virus) treatment drugs, steroids, and Ritalin. Many law enforcement and

health authorities report an increase in the abuse of ODDs in New York. Several law enforcement agencies report an increased level of MDMA abuse, particularly among teenagers and young adults who attend raves and techno parties where many of these drugs are readily available and frequently abused. Diverted pharmaceuticals are readily available in New York.

Raves

Throughout the 1990s high energy, all-night dances known as raves, which feature hard-pounding techno music and flashing laser lights, increased in popularity among teenagers and young adults. Raves occur in most metropolitan areas of the country. They can be held at either permanent dance clubs or temporary “weekend” event sites set up in abandoned warehouses, open fields, empty buildings, or civic centers. Club drugs are a group of synthetic drugs often sold at raves, techno parties, and dance clubs. MDMA is one of the most popular club drugs. Rave managers often sell water, pacifiers, and glow sticks at rave parties. “Ravers” require water to offset dehydration caused by MDMA, use pacifiers to prevent the grinding of teeth—a common side effect of abusing MDMA—and wave glow sticks in front of their eyes because MDMA stimulates light perception.

MDMA

Also known as Adam, ecstasy, XTC, E, and X, MDMA (3,4-methylenedioxymethamphetamine) is a stimulant and low-level hallucinogen. MDMA is readily available in New York and continues to be more commonly available and abused than any other ODD in the state. MDMA was patented in 1914 in Germany where it was sometimes given to psychiatric patients to assist in psychotherapy. This practice was 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 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. MDMA often is taken in combination with other drugs such as ketamine, methamphetamine, GHB and its analogs, marijuana, and steroids.

MDMA is widely available and abused at nightclubs, raves, techno parties, and on university campuses throughout New York. In general, abuse is highest in New York City but is spreading to cities such as Albany, Buffalo, Rochester, and Syracuse. Federal law enforcement officials in Albany report that the level of MDMA abuse is increasing and will likely continue to increase due to the large number of colleges in the area and its popularity among college students. According to DEA, abusers of MDMA are typically middle- to upper-class students and young professionals between 16 and 25 years of age.

MDMA is available in tablet, capsule and, to a lesser extent, powdered forms. In New York in the first quarter of FY2002, the drug sold for \$5 to \$13 per dosage unit at the wholesale level (depending on the quantity purchased), according to DEA. At the retail level, MDMA sold for \$25 to \$38 per dosage unit. MDMA tablets are usually white or off-white but are also available in various colors including pink, blue, yellow and, more recently, purple. Most MDMA tablets are stamped with a logo for marketing purposes. Some common logos available in New York include Mitsubishi, the Statue of Liberty, a crown, and Motorola.

Most MDMA available in New York is produced outside the United States, typically in laboratories in the Netherlands and Belgium. Israeli and Russian DTOs dominate MDMA smuggling into New York. MDMA usually is smuggled into New York, primarily through JFK International Airport, by couriers who conceal MDMA in false-bottom luggage or on their person, via package delivery services, and in air cargo shipments. MDMA occasionally is transshipped through California, Mexico, Canada, or the Caribbean.

GHB and Analogs

Although not as popular as other club drugs such as MDMA, GHB (gamma-hydroxybutyrate) and its analogs—GBL, BD, GHV, and GVL—are available in New York. (See Text Box on page 27.)

Large MDMA Seizure

On July 17, 2001, detectives from the New York Police Department arrested two Israeli nationals and seized approximately 1 million MDMA tablets from an apartment complex in the Battery Park section of New York City. The two arrestees had distributed wholesale quantities of MDMA and sold 50,000 to 100,000 tablets for \$6.50 per tablet to numerous local suppliers in the New York metropolitan area. Each tablet was stamped with a Mercedes Benz symbol, a superman symbol, or a Pegasus figure.

Source: New York Police Department Major Narcotics Unit, 20 July 2001.

According to EPIC Arrival Zone Seizures Statistics, law enforcement officials in New York seized approximately 828,464 dosage units of MDMA in 2000 and 1,536,010 dosage units in 2001—all were seized from commercial aircraft.

New York is a significant destination area and distribution center for MDMA in the United States. Israeli criminal groups are the dominant wholesale distributors of MDMA in New York. However, Colombian and Dominican DTOs and criminal groups, Eastern European and Asian criminal groups, members of traditional organized crime, and OMGs also distribute wholesale quantities of MDMA in New York. A variety of criminal groups and individuals distribute retail quantities of MDMA in the state. However, independent male Caucasian dealers are the primary distributors of MDMA in nightclubs. Dominican criminal groups usually distribute MDMA in the Washington Heights section of New York City, and African American criminal groups typically distribute MDMA in Harlem.

GHB is a depressant that is produced naturally by the body and is necessary for full functioning of the brain and central nervous system. Synthetic GHB and its analogs also are known as liquid

MDMA, scoop, grievous bodily harm, and Georgia homeboy. GHB analogs are drugs that possess chemical structures that closely resemble GHB. At lower doses GHB and its analogs cause dizziness, nausea, and visual disturbances. At higher doses unconsciousness, seizure, severe respiratory depression, and coma can occur. GHB and its analogs have been increasingly involved in poisonings, overdoses, sexual assaults, and fatalities. GHB is eliminated from the body quickly, making detection difficult. GHB can be produced easily from readily obtainable ingredients, one of which is GBL (gamma-butyrolactone), a solvent commonly used as a paint thinner. Once ingested, GBL is converted into GHB in the body. GHB can be produced as a clear liquid, white powder, pill, or capsule and normally has a salty taste. Dissolving GHB analogs in flavored liquids often masks the drug's normally salty taste. Liquid GHB also can be purchased in colors such as pink, blue, or yellow. In New York GHB is available in powdered and liquid forms, and the liquid form is more popular.

GHB often is used to facilitate sexual assaults. Because it is colorless, odorless, and tasteless, it can be added to beverages of unsuspecting potential victims. After ingesting the drug, victims often are rendered unconscious or otherwise incapacitated and, in some cases, may not remember a sexual assault.

Hallucinogens

PCP. The distribution and abuse of PCP in New York pose a low threat. PCP was originally developed as an intravenous anesthetic. Use of PCP in humans was discontinued in 1965 because patients who were given the drug became agitated, delusional, and irrational. PCP, also known as angel dust, ozone, wack, and rocket fuel, is now produced illegally 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 tablets, capsules, or colored powders. PCP may be snorted, smoked, injected, or swallowed. For

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

GHB is available in New York at nightclubs, raves, and techno parties. GHB and its analogs are also available over the Internet and usually are advertised as bodybuilding or health supplements. According to DEA, a dosage unit of GHB—a bottle cap or cap of a 35 millimeter film canister—typically sold for \$10 in FY2001. In Orange County, New York, a dosage unit (film canister capful) sold for \$60.

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 also may occur. Psychological effects include distinct changes in body awareness similar to the effects of alcohol intoxication. At high doses, blood pressure, pulse rate, and respiration drop. High doses also can cause seizures, coma, and sometimes death. Abusers who consume significant quantities of PCP over a long period 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. PCP abuse by adolescents may interfere with hormones related to normal growth and development and the learning process.

The number of PCP-related treatment admissions in New York fluctuated at relatively low levels from 1997 through 2001. According to TEDS, there were 248 admissions for PCP abuse in New York in 1997 and 336 in 2001. (See Table 3 on page 5.)

PCP is available in New York and is readily available in certain areas of east Harlem. Most of the PCP available in the United States is produced in California. Couriers usually transport PCP from California to New York in private and commercial vehicles or via commercial airlines. Customers typically travel to New York City from suburban areas of New York, New Jersey, Connecticut, and other states to purchase PCP. PCP is occasionally available in Upstate New York, and small laboratories reportedly produce PCP in the Buffalo and Rochester areas. According to DEA, in Upstate New York in 2001 PCP sold for \$700 to \$1,500 per powdered ounce, and a cigarette dipped in liquid containing PCP sold for \$5 to \$20 each. In western New York an ounce of liquid PCP sold for \$1,000 to \$1,200. In New York City liquid PCP sold for \$12,000 to \$20,000 per gallon and \$200 to \$450 per ounce.

LSD. Also known as acid, boomers, and yellow sunshine, LSD (lysergic acid diethylamide) is readily available at concerts, raves, and techno parties in New York. LSD is a hallucinogen that

induces abnormalities in sensory perception. The effects of LSD are unpredictable depending on the amount taken, the environment in which it is used, and the abuser's personality, mood, and expectations. 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. Abusers may feel the effects for up to 12 hours. Two long-term disorders associated with LSD are persistent psychosis and hallucinogen persisting perception disorder (flashbacks).

LSD typically is administered orally. It is sold in capsule, microdot, pill, and liquid forms and on pieces of blotter paper that have absorbed the drug. According to DEA, LSD potency currently ranges from 30 to 50 micrograms, considerably lower than in the 1960s and 1970s when potency levels reached more than 300 micrograms.

Most of the LSD available in New York is produced in laboratories on the West Coast and transported by package delivery services to the East Coast. LSD is available in the metropolitan New York area and often is sold at raves, techno parties, and concerts.

The price of LSD varies depending on the quantities involved. DEA reports that wholesale quantities (multiple 1,000 dosage units) of LSD sold for \$0.50 per dosage unit in New York City in 2001. In Rochester 1,000 dosage units, commonly referred to as a 10-pack, sold for \$1,000 that year. At the retail level a single dosage unit of LSD sold for \$3 to \$5 in New York City and \$1 to \$5 in Upstate New York in the first quarter of FY2002.

Ketamine. Also known as K, special K, vitamin K, and cat valium, ketamine presents a low threat to New York but is increasingly available at raves or techno parties and clubs. Ketamine is an injectable anesthetic that is approved for human and animal use. Ketamine is sold commercially and is produced in liquid, powdered, and tablet 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 often is snorted or smoked with marijuana or tobacco products. Snorting ketamine is a practice known to ravers as bumping. According to DEA, a new form of ketamine known as keta chloride has recently been identified in New York. Keta chloride is crystallized shards of ketamine that may originate in China. No additional information is currently available.

Low-dose intoxication from ketamine may result in impaired attention, learning ability, and memory; dissociation, which includes out-of-body and near-death experiences; and hallucinations. 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. Ketamine abusers in the United States and the United Kingdom have reported incidents similar to bad LSD trips. Some abusers have tried to jump from moving vehicles or fly.

Ketamine usually is diverted from legitimate sources, primarily veterinary clinics, and typically is sold in New York at locations such as nightclubs, raves, and techno parties where MDMA is also available. It also is sold over the Internet. According to DEA, ketamine usually sold for \$20 to \$50 per dosage unit in 2001.

Diverted Pharmaceuticals

Prescription drugs including benzodiazepines (Xanax), hydrocodones (Vicodin), hydro-morphones (Dilaudid), oxycodones (OxyContin), methadone, codeine, HIV treatment drugs, steroids, and methylphenidate (Ritalin) are commonly diverted and abused in New York. Dilaudid, methadone, steroids, and medications used to treat HIV are among the most commonly

diverted and abused pharmaceuticals in New York City. In western New York hydrocodones, benzodiazepines, and codeine combinations are the most popular diverted substances. According to the Syracuse Police Department, the level of OxyContin diversion and abuse has increased at a significant rate in its area.

Common Pharmaceutical Diversion Methods

Pharmaceuticals usually are illegally obtained through theft, pharmacy diversion, "doctor shopping," prescription forgery and improper prescribing practices by physicians. Local independent dealers and abusers rob pharmacies and the homes of legitimate prescription holders to obtain the drugs. Pharmaceutical diversion occurs when pharmacy employees steal products directly from the shelves. Doctor shopping occurs when individuals, who may or may not have a legitimate ailment, visit numerous physicians to obtain drugs in excess of what should be legitimately prescribed. Prescription forgery occurs when dealers or abusers steal prescriptions from physicians or alter the writing on prescriptions doctors have issued. Some unscrupulous physicians prescribe medications for individuals without a legitimate need for the drug at the patient's request either for a fee or for sexual favors. Legitimate prescription holders also divert portions of their prescriptions for abuse or financial gain.

Local law enforcement officials in Upstate New York report that the level of Ritalin abuse is increasing. Young individuals typically grind the tablets into a powder and snort it to achieve a euphoric

effect. Sometimes referred to as high school heroin, Ritalin usually is sold from student to student but also is stolen from school dispensaries and from individuals with legitimate prescriptions. In Rye, an

affluent city in Westchester County, students who take Ritalin in combination with other substances

such as marijuana or alcohol refer to the practice as ratling.

Methamphetamine

Methamphetamine poses a low but increasing threat to New York. Methamphetamine abuse generally is limited to certain segments of the population. Most of the methamphetamine available in New York is produced in California and southwestern states; however, a limited number of methamphetamine laboratories have been seized in Upstate New York and on Long Island.

Methamphetamine is transported into New York primarily by couriers who travel on commercial flights to the West Coast to purchase one-half pound to 1 kilogram of methamphetamine and then return to the state. Local independent dealers distribute methamphetamine at raves, techno parties, and nightclubs. Members of OMGs also distribute methamphetamine in New York.

Abuse

Methamphetamine abuse generally is confined to limited segments of the population such as members of outlaw motorcycle gangs, some members of the gay community, and some residents of economically depressed rural neighborhoods. However, recent reports indicate that college students and rave and techno party attendees are abusing methamphetamine at an increasing rate.

The number of methamphetamine-related treatment admissions to publicly funded facilities in New York is dramatically lower than the numbers for cocaine, heroin, and marijuana. According to TEDS data, there were significantly more methamphetamine-related treatment admissions in 2001 (374) than in 1997 (291). (See Table 3 on page 5.)

Methamphetamine is rarely abused in New York City and Buffalo. According to DAWN data, the number of methamphetamine-related ED mentions in New York City fluctuated from 32 in 1997 to 31 in 2000. ED mentions for 2001 in New York City are not available. The number of methamphetamine-related ED mentions in Buffalo fluctuated from 8 in 1997 to 4 in 2001. DAWN mortality data indicate that there were two methamphetamine-related deaths in the New York metropolitan area in 1999 and three in 2000. In the Buffalo metropolitan area, there was one methamphetamine-related death in 1999 and none in 2000. However, on Long Island there were 42 methamphetamine-related deaths in 1999 and 38 in 2000. (See Text Box on page 6.)

Table 9. Methamphetamine-Related Emergency Department Mentions and Mentions per 100,000 New York City and Buffalo, and Mentions per 100,000, United States, 1997–2001

	New York City		Buffalo		United States
	Mentions	Per 100,000	Mentions	Per 100,000	Per 100,000
1997	32	0	8	1	7
1998	36	0	9	1	5
1999	17	0	7	1	4
2000	31	0	5	1	5
2001	NA	NA	4	0	6

Source: DAWN.

The percentage of high school students abusing methamphetamine in New York is lower than the national percentage. According to the 1999 Youth Risk Behavior Survey, 6.4 percent of high

school students in New York reported having abused methamphetamine at least once in their lifetime, compared with 9.1 percent nationwide.

Availability

The availability of methamphetamine is low but increasing in New York. According to FDSS data, federal law enforcement officials in New York seized approximately 44 kilograms of methamphetamine from 1998 through 2001. Most of that total was seized in 2000 and 2001. (See Table 1 on page 4.)

Methamphetamine is rarely available in New York and, therefore, pricing information is limited. According to DEA, in New York City methamphetamine sold for \$1,700 to \$2,100 per ounce and \$150 per gram in the first quarter of FY2002.

In Upstate New York methamphetamine sold for \$1,400 to \$2,000 per ounce, \$100 per gram, and \$80 per one-half gram.

The percentage of federal sentences related to methamphetamine in New York was significantly lower than the national percentage from FY1996 through FY2000. According to USSC data, 1.2 percent of all drug-related federal sentences in New York in FY2000 were methamphetamine-related, compared with 14.5 percent nationwide. (See Table 2 on page 4.)

Violence

Methamphetamine-related violence is rare in New York. However, the potential for violence associated with methamphetamine abuse is significant. Methamphetamine abusers experience

feelings of paranoia, fright, and confusion and, as a result, abusers are known to become violent. Methamphetamine-related violence could increase if the number of abusers in New York increases.

Production

Most of the methamphetamine available in New York is produced in California and southwestern states. According to DEA, Arabian pseudoephedrine distributors in New York transport pseudoephedrine from Canada for use in methamphetamine production on the West Coast. A very limited amount of methamphetamine production occurs in New York. According to EPIC, law enforcement officials seized two methamphetamine laboratories in New York in 2000 and eight in 2001. On May 2, 2002, law enforcement officials from a multiagency task force seized an operational methamphetamine laboratory in

Methamphetamine Produced at Hospital

Two men were charged with using a state-funded teaching hospital in Syracuse to make and sell methamphetamine. The two suspects submitted a fraudulent research proposal to the purchasing department to get the chemicals they needed to produce methamphetamine. One of the suspects told investigators that he and the other suspect smoked the illegal stimulant four times a day at work.

Source: *Associated Press*, 1 March 2002.

Brentwood, Long Island, a residential community located approximately 40 miles east of New York City. Task force officers believe, based on the amount of chemicals and sophisticated apparatus found at the site, that the laboratory was used to

produce significant quantities of methamphetamine. The last major methamphetamine laboratory seizure on Long Island occurred 12 years ago and involved members of the Pagan's OMG.

Transportation

Most of the methamphetamine available in New York is transported by couriers who travel on commercial flights to the West Coast to purchase one-half pound to 1 kilogram of methamphetamine and then return to the New York area. According to EPIC Arrival Zone Seizure

Statistics, law enforcement officials in New York seized 4 kilograms of methamphetamine from commercial aircraft from 1997 through 2001—3 kilograms of which was seized in 1997. (See Table 6 on page 11.)

Anhydrous Ammonia Thefts

According to various law enforcement officials, local independent criminals—mostly Caucasians from Bradford County, Pennsylvania—travel through Tioga County, New York, to farms in Cayuga and directly to other southern New York counties to steal anhydrous ammonia. Since April 2002 at least five such incidents involved the theft or suspected theft of anhydrous ammonia from farms in the area. Most of the criminals return to Pennsylvania and use the anhydrous ammonia to produce methamphetamine using the Birch reduction method. However, some of them operate methamphetamine laboratories in wooded areas in the southern counties of Upstate New York, often close to the areas where the anhydrous ammonia was stolen.

Source: Auburn Police Department; Finger Lakes Task Force; New York State Police; Syracuse Police Department; Tioga County Sheriff's Department.

Distribution

Wholesale distribution of methamphetamine in New York is rare. Local independent dealers distribute methamphetamine at raves, techno

parties, and nightclubs. Members of OMGs also distribute methamphetamine in New York.

Outlook

The size and diversity of New York's population and the wide array of transportation options make New York an ideal location for the transportation, distribution, and abuse of illicit drugs. Illicit drug distributors will continue to launder illicit drug proceeds in New York due to the state's complex economic infrastructure and the unlimited opportunities such an infrastructure presents. Colombian and Dominican DTOs and criminal groups will remain the dominant distributors of

illicit drugs in New York. However, Mexican criminal groups will likely distribute drugs, particularly cocaine and heroin, at an increasing rate.

The distribution and abuse of powdered and crack cocaine will continue to represent a significant illicit drug threat to New York. Violence will continue to be associated with crack cocaine distribution in the New York metropolitan area and may increase in outlying communities and Upstate

New York as New York City-based gangs attempt to take over cocaine distribution in these areas. Colombian DTOs and criminal groups with well-established transportation and distribution networks will maintain control of the supply of cocaine to and within New York; however, Dominican DTOs and criminal groups and Mexican criminal groups will likely distribute increasing quantities in the state.

The distribution and abuse of heroin will continue to pose significant threats, and New York City will continue to be a primary transportation hub and distribution center for South American and Asian heroin. Most of the heroin available in New York will continue to originate in South America; however, the availability of Southwest Asian heroin and possibly Mexican heroin may increase as distributors try to increase their market share. Purity levels of South American heroin will likely remain high as distributors of Asian heroin, particularly Southwest Asian, offer higher purity heroin to compete with that from South America. Colombian DTOs and criminal groups will likely remain the primary wholesale distributors of heroin in New York. Dominican criminal groups, with their established connections to Colombian wholesale distributors, will remain the primary retail distributors in the state.

Marijuana will continue to be the most widely available and frequently abused illicit drug in New York. Due to the high demand for the drug, a variety of criminal groups will continue to transport

marijuana to New York. Cannabis cultivators in Upstate New York will supply some of the demand. However, most of the marijuana available in the state will continue to originate in other states and countries. As cultivators attempt to avoid detection by law enforcement and produce a higher quality product, the number of indoor grows will increase as the number of outdoor grows decreases. Jamaican criminal groups will remain the dominant distributors of marijuana; however, members of traditional organized crime and OMGs will continue to distribute marijuana in the state.

The availability and abuse of ODDs, particularly MDMA, will likely increase in New York. Various DTOs and criminal groups will continue to distribute MDMA in the state, contributing to the widespread availability of the drug. Concerts, nightclubs, raves, techno parties, and college campuses will remain the primary outlets for the drug. The diversion and abuse of pharmaceuticals will likely remain a serious threat to New York.

The distribution and abuse of methamphetamine will continue to pose a low threat to New York. However, abuse levels may gradually increase as methamphetamine abuse expands primarily beyond limited segments of the gay community, economically depressed rural neighborhoods, members of OMGs, college students, and the rave and techno party community.

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New York City Department of Corrections

New York City Department of Probation

New York Police Departments

Auburn

Buffalo

Cambridge Village

City of Binghamton

City of Mount Vernon

City of Newburgh

City of Oneonta

City of Port Jervis

City of Rye

City of Syracuse

City of Troy

Clarkstown

Colonie Town

Ellenville

Floral Park

Freeport

Garden City Village

Glen Cove City

Hempstead

Ithaca

Kent Town

Larchmont

Long Beach City

Long Island Airport (MacArthur)

Mahopac

Malone

Malverne Village

Mamaroneck Town

Maybrook Police

Nassau County

Narcotics Division

New Rochelle City

New York City

Gang Unit

Intelligence Division

- Laboratory
- Major Case Units
- Major Narcotics Unit
- Organized Crime Control Bureau (OCCB)
 - Narcotics Division
 - Narcotic Borough Queens Major Case Unit
 - Drug Enforcement Task Forces
 - Narcotics Investigation and Trafficking of Recidivist Offenders (NITRO) Unit
 - Organized Crime Investigation Division (OCID)
- Niagara Falls
- Norwich
- Old Westbury
- Ossining
- Oxford
- Peekskill
- Pelham
- Pelham Manor
- Plattsburgh
- Plattsburgh University
- Port Washington
- Rensselaer City
- Rochester
- Rockville Center Village
- Rouses Point Village
- Saratoga Springs
- Shelter Island Town
- South Hold
- Spring Valley
- Suffolk County
 - Narcotics Division
 - Precinct Narcotics Enforcement Team (NET)
 - Task Force
- Syracuse
- Town of Carmel
- Town of Cornwall
- Town of Goshen
- Town of Montgomery
- Town of Niskayuna
- Town of Southhold
- Town of Warwick
- Village of Amityville
- Village of Cooperstown
- Village of Cornwall-on-Hudson
- Village of Goshen
- Village of Gouverneur
- Village of Greenwood Lake
- Village of Hoosick Falls
- Village of Johnson City
- Village of Liberty
- Village of Port Chester

Village of Seneca Falls
Village of Spring Valley
White Plains
Yonkers

New York/Regional Task Forces

Adirondack
Capital
Finger Lakes
Mid-Hudson
Orange County
Organized Crime Drug Enforcement Task Force (OCDETF)
 New York/New Jersey
Rockland County
Suffolk County

New York Sheriff's Departments

Cayuga County
Clinton County
Erie County
Essex County
Jefferson County
Monroe County
Orange County
Oswego County
Putnam County
Rockland County
Seneca County
Tioga County
Warren County

North Star Drug Treatment Center

State of New York

Army National Guard
 Counterdrug Task Force
Attorney General's Office
Commission of Investigations
District Attorney's Offices
 Bronx County
 Brooklyn
 Hudson County
 Manhattan
 Nassau County
 New York City
 Office of Special Narcotics
 New York County
 Onondaga County
 Orange County
 Queens County

Rensselaer County

St. Lawrence County

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Division of Criminal Justice Services

Office of Alcoholism and Substance Abuse Services (OASAS)

State Police

Albany

Bureau of Criminal Investigation (BCI)

Community Narcotics Enforcement Team (CNET) Central

Community Narcotics Enforcement Team Southern

Community Narcotics Enforcement Team Western

Laboratory

Special Investigations Unit (SIU)

Troop B

Malone

Troop C

Norwich

Sidney

Troop E

Auburn/Waterloo

Troop F

Highland

Liberty

Middletown

Monroe

Newburgh

Wurtsboro

Troop K

Wappinger

Troop L

Farmingdale

Stony Brook University

The City University of New York

The Port Authority of New York and New Jersey

The Recovery Center

Waterfront Commission of New York Harbor

National

Executive Office of the President

Office of National Drug Control Policy (ONDCP)
High Intensity Drug Trafficking Areas (HIDTAs)
New York/New Jersey
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U.S. Department of Commerce

U.S. Census Bureau

U.S. Department of Defense

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Centers for Disease Control and Prevention
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National Institutes of Health
National Institute on Drug Abuse
Community Epidemiology Work Group
Substance Abuse and Mental Health Services Administration
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Treatment Episode Data Set

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U.S. Department of Justice

Drug Enforcement Administration
Diversion Unit
El Paso Intelligence Center
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New York Division
Albany Resident Office
Buffalo Resident Office
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Federal Bureau of Investigation
Albany Field Office
Syracuse Resident Agency
Buffalo Field Office
New York Field Office
Immigration and Naturalization Service

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- U.S. Attorney's Office
 - Eastern District
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- U.S. Border Patrol
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 - U.S. Coast Guard
 - Eastern Long Island
 - New York City
- U.S. Department of the Treasury
 - Financial Crimes Enforcement Network (FinCEN)
 - High Intensity Money Laundering and Related Financial Crime Area (HIFCA)
 - New York/Northern New Jersey
 - Internal Revenue Service
 - U.S. Customs Service
 - Eldorado Task Force
 - Field Intelligence Unit/Northeast
 - Intelligence Collection and Analysis Team (ICAT)
 - John F. Kennedy International Airport
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