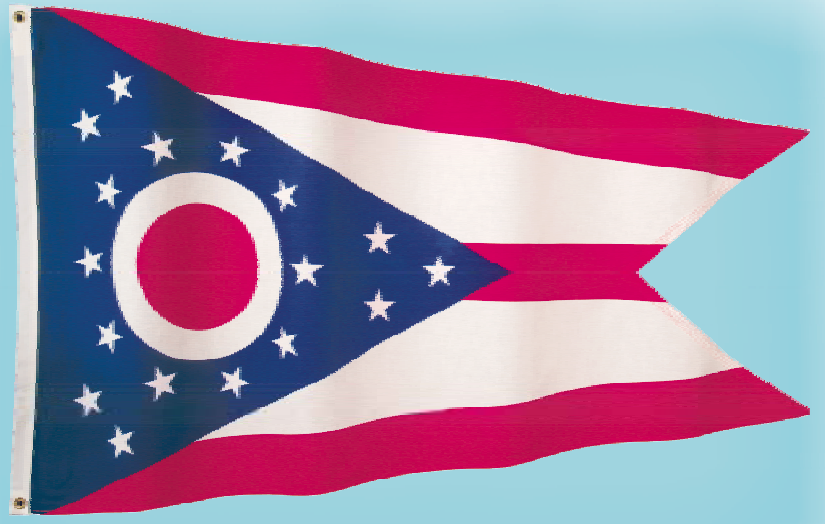
April 2001

Ohio

Drug Threat Assessment



National Drug Intelligence Center
U.S. Department of Justice

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Preface

This report is a strategic assessment that addresses the status and outlook of the drug threat in Ohio. Analytical judgment determined the threat posed by each drug type or category, taking into account the most current quantitative and qualitative information on availability, demand, production or cultivation, transportation, and distribution, as well as the effects of a particular drug on abusers and society as a whole. While NDIC sought to incorporate the latest available information, a time lag often exists between collection and publication of data, 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 in Ohio.

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Ohio Drug Threat Assessment

Executive Summary

The production, distribution, and abuse of illegal drugs continue to pose a serious threat to the safety and security of the citizens of Ohio. Most of the violent crime committed in the state is attributed to the distribution and abuse of powdered cocaine and crack, which constitutes the state's primary drug threat. The rising availability of higher purity, lower cost heroin is leading to an expanding user population and greater risks to users, who are younger than ever before. In-state methamphetamine production has become a significant issue for law enforcement agencies throughout Ohio and is not limited to rural areas of the state. Marijuana remains the most abused drug in the state, and abuse among residents under 18 years old ranks highest among all age groups. Club drugs such as MDMA and GHB are growing in popularity in most urban areas of the state where raves are also increasing. The perception of club drugs as harmless has led to increased abuse and in some cases, death. Pharmaceutical diversion is now recognized as a significant problem in Ohio. OxyContin, a commonly prescribed pain reliever, is particularly popular in southern Ohio, where authorities believe it has been responsible for at least 15 deaths since 1999.

Powdered cocaine and crack combined constitute the greatest drug threat in Ohio. Many of the violent crimes in Ohio—such as assaults, drive-by shootings, and domestic violence—are directly associated with the distribution and abuse of powdered cocaine and crack. In urban areas such as Cleveland, cocaine has been the most prevalent drug of abuse among male and female arrestees since 1990.

The distribution and abuse of **heroin** in Ohio are increasing. An upsurge in the availability of higher purity, less expensive heroin has led to a new user population, consisting primarily of young adults. Since high purity heroin can be smoked or snorted effectively, users' perceptions of the risks of heroin use, particularly by injection, are reduced. Criminal groups are supplementing cocaine shipments with heroin in an attempt to further increase the availability of heroin in Ohio.

Methamphetamine distribution and abuse are increasing threats in Ohio, but have not yet reached the levels of other states in the Midwest and West. An increase in methamphetamine laboratories in Ohio and surrounding states has led to greater methamphetamine availability throughout the state, and law enforcement agencies at all levels are now confronted with the expensive cleanup costs of these sites. The use of methamphetamine

by older teens and those in their early twenties is increasing. These new, younger users generally are from middle- to upper-class neighborhoods and do not view methamphetamine as dangerous or addictive.

Marijuana remains the most prevalent drug of abuse in Ohio and marijuana treatment records indicate that abuse is increasing. Law enforcement personnel report that it is encountered during most drug arrests and raids. Ohio's rural locations provide opportunities to grow cannabis outdoors; however, sophisticated indoor grow operations are producing high quality marijuana, and their number has increased.

The distribution and abuse of **other dangerous drugs**, particularly club drugs like MDMA, known on the street as "ecstasy," and GHB continue to increase in Ohio. Club drugs have become popular with teenagers and young adults who frequent nightclubs and raves. Law enforcement reports an increase in club drug availability, primarily in urban areas where rave activity is increasing. Often, drugs like cocaine, heroin, and methamphetamine are also available at rave parties and may be taken in combination with club drugs. Reports from the medical community indicate that club drugs, believed by many users to be harmless, can actually cause serious health conditions including dehydration, epileptic-like seizures, problematic breathing, and, in some cases, death.

Pharmaceutical diversion is a continuing problem throughout Ohio, although it may not receive as much attention as other illicit drug problems. Prescription drugs are readily obtained illegally in most areas of Ohio. Law enforcement reports confirm that the distribution of prescription drugs is a lucrative business. Some of the most commonly diverted prescription drugs are Dilaudid, OxyContin, Percocet, Tylenol with Codeine No. 3, Valium, and Vicodin.

Table of Contents

Executive Summary iii

Overview 1

Cocaine 4
- Abuse 4
- Availability 5
- Violence 6
- Production 6
- Transportation 7
- Distribution 8

Heroin 9
- Abuse 9
- Availability 9
- Violence 10
- Production 10
- Transportation 10
- Distribution 11

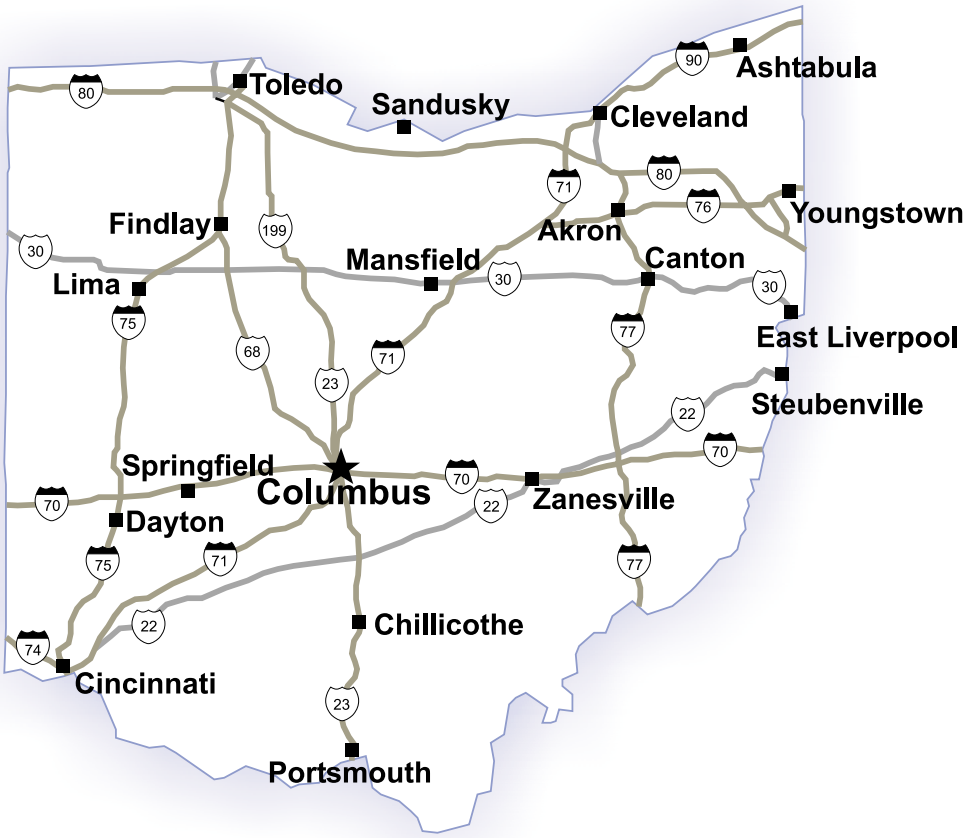
Methamphetamine 13
- Abuse 13
- Availability 13
- Violence 14
- Production 14
- Transportation 15
- Distribution 16

Marijuana 17
- Abuse 17
- Availability 18
- Violence 18
- Production 19
- Transportation 19
- Distribution 20

Other Dangerous Drugs 21
- Abuse 22
- Availability 23
- Production 24
- Transportation 25
- Distribution 25

Outlook 26

Sources 27



Ohio.
Note: This map displays features mentioned in the report.

Ohio
Drug Threat Assessment

Overview

Ohio, located in the Great Lakes Region of the United States, is the thirty-fifth largest state in terms of area. Ohio long has been known as the "Gateway to the West," primarily because of its well-defined land, air, and sea transportation network. Ohio's extensive highway system covers 113,823 miles. The state's railroad mileage is one of the nation's largest, spanning 6,140 miles, with more than 10 commercial liners sharing the tracks. Ohio has three international airports, offering daily arrivals and departures from numerous worldwide cities. Finally, its Lake Erie port provides worldwide shipping, and the Ohio River carries more tonnage than the Panama Canal.

Overland transportation is one of the predominant means by which drugs are shipped into Ohio. Ohio is located between Chicago and New York, two major distribution centers for drugs, and a well-developed network of highways, particularly Interstates 70, 71, 75, and 80, allows criminal groups to transport drugs into and through the state. Drugs concealed in shipments of legitimate goods transported by trucks, private vehicles, parcel services, and railcars have an excellent chance of reaching their destination because of the volume of traffic that traverses the state daily. In 1997, more than $90 billion worth of freight was destined for Ohio from states known to be source areas of drugs, such as California, Illinois, Michigan, New Jersey, New York, Pennsylvania, and Texas. Annually,

Fast Facts

Ohio	
Population (2000)	11.2 million
U.S. ranking	7th
Median income (1998)	$38,925
Unemployment rate (1999)	4.3%
Land area	41,222 square miles
Shoreline	262 miles
Capital	Columbus
Principal cities	Akron, Cincinnati, Cleveland, Columbus, Dayton, Toledo, Youngstown
Number of counties	88
Principal industries	Manufacturing, agriculture, tourism, mining

nearly $725 billion worth of goods shipped by truck either are destined for or pass through Ohio, ranking it second only to Illinois.

Drugs are concealed easily within the large quantities of freight shipped from Mexico and to a lesser extent, from Canada into Ohio. Ohio ranks sixth overall for imports from Mexico by truck (more than $2 billion) and thirteenth overall for imports from Mexico by rail (more than $30 million). It ranks third overall for imports from Canada by truck (more than $5 billion) and seventh for imports from Canada by rail (more than $1 billion). Quantities of MDMA (3,4-methylenedioxymethamphetamine) are shipped into northern Ohio from Canada, and most marijuana in Ohio is transported from Mexico through the Southwest Border.

The use of commercial airlines, as well as airfreight and airmail, to transport drugs into Ohio is increasing. The Cincinnati/Northern Kentucky International Airport offers 580 nonstop daily departures to 113 cities worldwide. The airport offers 18 daily international flights to cities such as Frankfurt, London, Montreal, Nassau, Paris, Toronto, and Zurich. More than 160,000 tons of freight and more than 29,000 tons of mail were processed through the airport in 1998. Cleveland's Hopkins International Airport offers more than 600 domestic and foreign departures and arrivals daily. More than 48,000 tons of freight and more than 15,000 tons of mail passed through Hopkins International in 1998. Columbus' Rickenbacker International Airport, an air cargo facility that comprises a 274,000-square-foot cargo hub, handles more than 500,000 pounds of freight per day. In 1999, a total of 183.5 million pounds of freight passed through the airport.

Ohio has 262 miles of shoreline that border Lake Erie, which is part of the St. Lawrence Seaway system. The Port of Cleveland processes in excess of 16 million tons of cargo annually, and the Port of Toledo processes more than 12 million tons. The Port of Cleveland receives between 120 and 165 foreign vessels annually, principally from Canada, and both ports have foreign trade offices in Asia and Europe.

Ohio also has nine major river tributaries that flow into Lake Erie, providing commercial and private vessels with access to the state's interior. More than 400,000 watercraft are registered in the state, more than 28,000 of which are located along Lake Erie's shore. The tourism industry in Ohio attracts more than 3 million people annually, and thousands enter the state via watercraft from Canada and Michigan. The possibility for drugs to be shipped by this means exists, although threat assessments by the U.S. Coast Guard and the Office of Naval Intelligence ranked Lake Erie as a low threat for illicit drug smuggling.

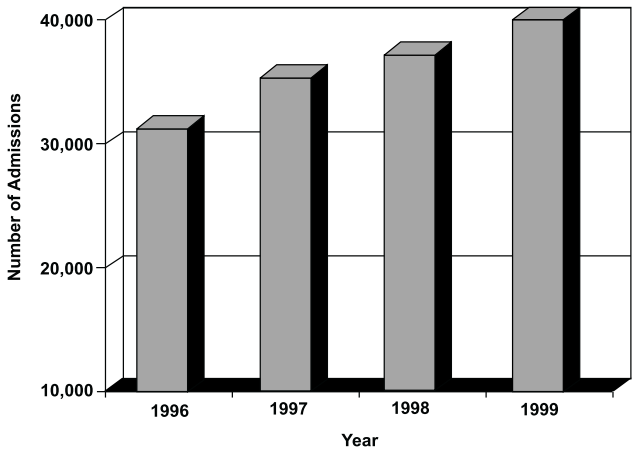
Criminal groups from Southwest Border states such as California and Texas, as well as those from East Coast states such as New York and Florida, are responsible for transporting drugs into Ohio. Mexican criminal groups transport cocaine, heroin, marijuana, and methamphetamine into many urban areas of Ohio, primarily from the Southwest Border. Dominican criminal groups, with ties to similar groups in New York City, transport cocaine into Ohio from New York. Dominican criminal groups also transport heroin and are responsible for the increase in the availability of high purity heroin in Ohio. Colombian criminal groups transport cocaine into Ohio from New York and Florida. Jamaican criminal groups, with ties to similar groups in California, transport wholesale amounts of marijuana and cocaine into Ohio. Local independent criminal groups transport cocaine, heroin, marijuana, and methamphetamine into Ohio, but these groups generally are not as organized as those mentioned previously.

Illicit drug distribution in Ohio is beginning to spread from urban to suburban and rural areas, and it is open to groups interested in reaping the profits of illicit drug sales; no one group is dominant. Many of the groups responsible for transporting drugs into the state control distribution as well. Dominican criminal groups distribute cocaine and heroin in Ohio. Jamaican criminal groups distribute marijuana as well as cocaine. Local independent criminal groups distribute cocaine, heroin, marijuana, and methamphetamine in the state. Other criminal

groups from areas to the west and east of Ohio have some influence on drug distribution in the state. For example, Chicago- and Detroit-based street gangs distribute cocaine, heroin, and marijuana.

The supply of, and demand for, illicit drugs in Ohio is linked directly to public safety and health, posing a significant threat to the state. Law enforcement agencies throughout Ohio indicate that a great deal of the crime committed in their jurisdictions is attributable to the distribution and abuse of illicit drugs. The number of admissions into publicly funded treatment facilities for illicit drug abuse, including cocaine, heroin, marijuana, and amphetamines, has been increasing in Ohio since 1996. (See Chart 1.)

Chart 1. Ohio Drug Abuse Admissions



Source: Ohio Department of Alcohol and Drug Addiction Services, *Alcohol and Drug Client Data System*, 23 November 1999.

The nature of the drug problem in Ohio varies in urban, suburban, and rural areas. Powdered cocaine and crack predominately are distributed and abused in urban and suburban areas. Heroin distribution and abuse also occurs primarily in urban areas, but availability and use are increasing in suburban areas, particularly among young adults. Marijuana is the principal illicit drug of abuse throughout Ohio.

Cocaine

Cocaine remains the greatest drug threat in Ohio. The 1999 Arrestee Drug Abuse Monitoring (ADAM) Program Annual Report indicates that cocaine has been the most prevalent drug of abuse among males and females arrested in Cleveland from 1990 to 1999. The Cincinnati, Cleveland, Columbus, Dayton, and Toledo Police Departments all report that powdered cocaine and crack are the biggest problems in their areas, citing the violence associated with cocaine distribution and abuse and the extent of residual crimes such as assaults, drive-by shootings, and domestic violence.

Cocaine is transported into Ohio from the Southwest Border, including California and Texas, as well as from Miami, Florida, and New York, New York. Chicago, Illinois, and Detroit, Michigan, serve as transshipment points and distribution centers for cocaine shipped from the Southwest Border and transported into and distributed throughout Ohio. Traffickers use metropolitan areas like Cincinnati, Cleveland, Columbus, and Dayton as state-level wholesale distribution centers for smaller cities in the state and probably for some areas outside the state.

Several drug distribution groups supply wholesale amounts of cocaine in Ohio, but no one group is identified as dominant. Law enforcement reports indicate that Mexican criminal groups are the major suppliers of powdered cocaine to Ohio from Southwest Border states; Colombian, Dominican, and Jamaican criminal groups transport powdered cocaine into Ohio from Miami and New York City.

Abuse

Cocaine abuse in Ohio is prevalent and comparative to rates of abuse in other states in the region. Estimates from the Substance Abuse and Mental Health Services Administration's 1999 National Household Survey on Drug Abuse (NHSDA) indicate that 889,056 Ohio residents aged 12 or older reported using powdered cocaine at least once in their lifetime, and an estimated 194,481 residents reported using crack cocaine at least once in their lifetime. The percentage of individuals aged 12 or older reporting powdered cocaine use at least once in their lifetime in Ohio (9.6) is slightly less than in other states in the Great Lakes Region such as Illinois (10.2) and Michigan (11.2). The percentage for crack cocaine in Ohio (2.1) is slightly higher than in Illinois (1.9) and slightly lower than in Michigan (2.3).

Cocaine abuse in Ohio may be trending upward. The number of treatment admissions for powdered cocaine and crack abuse increased more than 11 percent from 1998 to 1999. In 1998, 15,704 admissions to Ohio's publicly funded treatment programs listed powdered cocaine or crack as the primary substance of abuse, compared with 17,435 in 1999.

African Americans are the primary cocaine users in Ohio. In 1999, adult (over 18 years old) African Americans accounted for 64.2 percent of admissions for powdered and crack cocaine abuse. Adult Caucasians ranked second, accounting for 33.2 percent. For juvenile (under 18 years old) admissions, these numbers are reversed: in 1999, juvenile Caucasians accounted for 66.5 percent of admissions for powdered and crack cocaine abuse, while African Americans accounted for 31.4 percent. Data show this reversal of ethnicity between adult and juvenile admissions has occurred since 1996.

In 1999, more than 80 percent of adult public treatment admissions for cocaine abuse in Ohio were between the ages of 25 and 44, and more than 80 percent of juvenile admissions for cocaine abuse were between 15 and 18. The rate

of cocaine abuse by juveniles in Ohio, as measured by treatment admissions, has remained under 2 percent since 1996.

The rate of cocaine abuse appears to relate to the education level and employment status of users. Individuals with a high school education or less accounted for 71.3 percent of all admissions for cocaine abuse in 1999. Unemployed individuals and those not in the labor force accounted for 76.7 percent of admissions for cocaine abuse in Ohio.

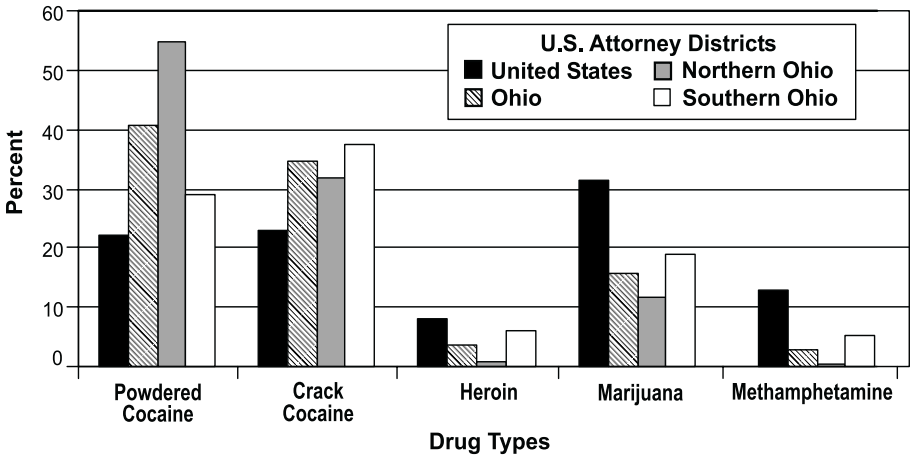
Availability

Powdered cocaine and crack remain readily available throughout Ohio. Multiounce quantities can be purchased throughout the Cincinnati, Cleveland, Toledo, and Youngstown areas. All Drug Enforcement Administration (DEA) Resident Offices in Ohio, with the exception of Dayton, indicate that powdered cocaine and crack are widely available in their areas. Most law enforcement agencies in Ohio responding to the National Drug Intelligence Center (NDIC) 2000 National Drug Threat Survey indicate that cocaine is readily available in their areas. Twelve of eighteen Organized Crime Drug Enforcement Task Force (OCDETF) investigations initiated in Ohio in 1999 involved large-scale cocaine distribution groups. Most federal drug sentences in Ohio in FY1999 were for powdered cocaine- and crack-related charges. (See Chart 2.)

The average purity of powdered cocaine in Ohio varies by quantity sold. Kilogram quantities of powdered cocaine in Ohio average 81 percent pure; ounce quantities, 74 percent; and gram quantities, 61 percent. Kilogram quantities often are broken down into ounce or gram quantities and sold to midlevel or street-level distributors. At this point, diluents such as lactose and talcum powder often are added, decreasing the purity but extending the amount of powdered cocaine that can be sold.

Relatively low, stable, and in some cases, declining prices for powdered cocaine and crack suggest that there is an abundant supply in Ohio. In 1995, an ounce of powdered cocaine sold for $1,150, compared with $1,165 in 1997, and $1,150 in 1999. The average price of an ounce of crack cocaine in Ohio was $1,280 in 1995, compared with $1,115 in 1997, and $1,150 in 1999.

Chart 2. Federal Drug Sentences FY1999



Source: U.S. Sentencing Commission, 1999 Datafile, OPAFY99.

Violence

Gang-related violent crime associated with drug distribution—including homicides, drive-by shootings, robberies, and assaults—has increased noticeably in the Ohio High Intensity Drug Trafficking Area (HIDTA), which includes the counties of Cuyahoga, Lucas, Mahoning, Stark, and Summit. Narcotics officers in the Cleveland area estimate that 60 percent of all homicides are drug-related. Street gangs commit most of the cocaine-related violence in Ohio, and the violence primarily revolves around crack cocaine distribution at the retail level.

When gang members in larger urban areas relocate to smaller Ohio cities to expand distribution operations and increase profits, they bring violence as well as drugs to new markets. One gang known as the "Dog Pound" relocated 10 to 12 of its members from Detroit, Michigan, to Canton, Ohio, around 1990 because street prices for crack cocaine were four times higher in Canton than in Detroit. Within a few years, gang members were operating at least six crack houses near downtown Canton and were sending profits of thousands of dollars a month back to their leaders in Detroit. The gang was responsible for numerous drive-by shootings and at least four homicides in Canton as it attempted to gain control of crack cocaine distribution.

A growing concern of many law enforcement agencies is the number of juveniles involved in gang activity. Juveniles belonging to gangs are more likely to be involved in violent criminal activity and major property crimes. Most report owning a gun, and most report that their first arrest occurred within a year of joining a gang. Juvenile gang members throughout Ohio claim affiliation with the Crips and Vice Lords as well as with independent gangs. An added concern is the declining age of gang members. In the early 1990s, the average age of a gang member was 17 to 18, compared with 14 to 15 in 1999.

Bloods and Crips

The Bloods and Crips are Los Angeles-based, African-American street gangs that were formed in the late 1960s. The Bloods and Crips are bitter rivals. There are hundreds of Bloods and Crips factions, each claiming and defending its own neighborhood or "turf." These factions are not highly organized and are involved in a wide range of criminal activities. Entrepreneurial members often organize small groups of gang members to carry out interstate drug trafficking and perpetrate other criminal activities across most of the United States. Many gangs outside Los Angeles have adopted the names of these Bloods and Crips sets, but have no actual connection to them.

Vice Lords

The Vice Lords are predominantly African American. This gang is composed of major factions such as the Conservative Vice Lords, Traveling Vice Lords, and Four Corner Hustlers. Each faction has distinct membership and leadership, but is not highly structured. The Vice Lords gang operates its drug trafficking networks in Chicago, neighboring counties, and in surrounding states, including Ohio.

Production

There are no known instances of powdered cocaine production in Ohio. However, in Cincinnati, street-level distributors convert powdered cocaine to crack in their homes or stash houses. Authorities in Columbus report that neighborhood distributors convert powdered cocaine into crack.

Transportation

Mexican and Dominican criminal groups and, to a lesser extent, other ethnic criminal groups transport multikilogram quantities of powdered cocaine into Ohio. Mexican criminal groups transport cocaine into Ohio from California and Chicago. Dominican criminal groups transport cocaine from the New York City area. Cuban criminal groups based in southern Florida and Jamaican criminal groups based in Los Angeles and New York City transport large quantities of cocaine into northern Ohio. Multikilogram quantities of powdered cocaine also are transported into Ohio from sources in Houston. El Paso Intelligence Center (EPIC) Operation Pipeline data show that of the 21 seizures of Ohio-bound cocaine in 1999, four shipments originated in Illinois, two in New York, one in Florida, and seven in Arizona, California, New Mexico, and Texas, all Southwest Border states. The seven remaining shipments originated in other states or in states not identified. On September 7, 2000, federal, state, and local drug agents conducted raids conjointly in Ohio and Michigan that led to 36 individuals being charged with transporting 500 kilograms of powdered cocaine and 10 kilograms of crack from Mexico through Texas and Chicago to northwestern Ohio and southeastern Michigan.

Operation Pipeline is a nationwide highway drug interdiction program that focuses on illegal drug and currency smuggling by private motor vehicles. The program was started by DEA in 1984, and is administered from the El Paso Intelligence Center (EPIC). The success of Operation Pipeline is based upon three elements: trained highway patrol officers, real-time communications to identify known violators, and analytical support to identify trends across law enforcement jurisdictional boundaries.

Criminal groups ship powdered cocaine into the state primarily overland via interstate highways, normally concealing the cocaine inside private or rental vehicles. Operation Pipeline seizure information indicates that all 21 cocaine seizures in Ohio in 1999 took place on interstate highways and that all involved a private or rental vehicle. Most of the seizures occurred on one of the major interstates in Ohio such as I–70, I–75, and I–80. All six districts of the Ohio Bureau of Criminal Identification and Investigation (BCI&I) also report that cocaine is transported into the state via private or rental vehicles using the interstate system.

On April 17, 2000, Texas Department of Public Safety officers seized 20 kilograms of cocaine discovered in a rented Ohio-licensed vehicle. The driver admitted the cocaine was destined for Dayton from Los Angeles.

Source: EPIC Daily Summary, 24 April 2000; U.S. Attorney's Office, Southern District of Ohio.

Commercial airlines are another means increasingly used to transport cocaine into Ohio. The Drug Interdiction Task Force at the Cincinnati/Northern Kentucky International Airport noted an increase in the amount of cocaine seized from 1998 (2.4 kg) to 1999 (18.6 kg). According to the Ohio BCI&I, distributors in Cleveland, mostly local gang members, typically send young females carrying currency to Los Angeles to buy powdered cocaine and body-carry it back to Ohio. The distributors provide airline tickets and hotel rooms in Los Angeles and pay the couriers $200 to $300 per trip. A June 2000 investigation by federal and local officials in Cleveland resulted in the indictment of 28 individuals, including 22 from Ohio, who operated a Los Angeles-to-Cleveland drug distribution operation using commercial airlines. Two airline employees who acted as cocaine couriers aided the distribution group by transporting 12-kilogram quantities on commercial airlines.

Distribution

Wholesalers use major cities in Ohio like Cincinnati, Cleveland, Columbus, and Toledo as distribution centers for smaller cities in and outside the state, and these distribution centers are part of a larger transportation and distribution network throughout the country. For example, wholesale distributors transport multihundred-kilogram quantities of cocaine from U.S. cities like Los Angeles and Miami to national-level drug distribution centers in cities such as Chicago and New York City. From Chicago and New York City the cocaine is shipped in multiounce to kilogram weights into Cleveland, one of the four major cities in Ohio. These cities, in turn, are centers for further distribution of cocaine to smaller cities like Akron, Canton, and Youngstown.

Several drug distribution groups supply wholesale amounts of cocaine to Ohio, but no one group is identified as dominant throughout the state. In Cleveland, Cuban, Dominican, Jamaican, and Mexican criminal groups and various national and local street gangs are responsible for multikilogram cocaine shipments into the area. These same groups, as well as Caucasian, Colombian, and local independent groups, are operating in Columbus. In Toledo, African-American, Caucasian, and Hispanic criminal groups are responsible for distributing multiounce quantities of cocaine.

Growing Dominican populations in Ohio's cities provide both a base from which Dominican criminal groups can further their drug distribution operations and a cover by which they can minimize the chance of identification by law enforcement. Columbus is an ethnically diverse city that is experiencing an increase in its Dominican population. Local Dominican criminal groups maintain extensive connections to New York City, and are responsible for transporting multiounce to kilogram quantities of powdered cocaine into the Columbus area. Dayton is experiencing similar growth in its Dominican population, as is Cincinnati, although to a lesser extent.

Retail

Retail cocaine distribution is conducted by a variety of criminal groups. Most Ohio law enforcement agencies responding to the 2000 National Drug Threat Survey indicate that street gangs, ethnic criminal groups, and local independent groups are responsible for retail-level cocaine distribution in their areas. Also, of 77 Ohio law enforcement agencies responding to the NDIC's 2000 Gang Survey, 47 cite major street gangs as involved in local retail cocaine distribution. The principal street-level distributors of crack cocaine in Cincinnati are street gangs and Mexican and Puerto Rican criminal groups. In Akron, distributors have developed cooperative working relationships, relying on one another to obtain cocaine when supplies are depleted. Some crack cocaine distribution groups in northern Ohio are increasingly using juveniles for retail sales.

In some areas of Ohio, retail distributors may feel more comfortable selling outdoors because of successful law enforcement initiatives to combat sales from homes. For example, in the city of Alliance, the Alliance Special Investigations Unit believes that retail distributors of crack cocaine are moving away from in-home operations because of the large number of raids in 1999. Alliance police raided 84 homes in 1999 compared with only 28 in the first half of 2000. Another factor influencing the decline in in-home operations in all likelihood is due to an Ohio law that provides for the forfeiture of a residence and other assets, including vehicles, for a drug arrest.

Heroin

Heroin is an increasing threat in Ohio, as evidenced by escalating abuse, transportation, and distribution. Criminal groups are often supplementing cocaine shipments with heroin in an attempt to increase the supplies of heroin in Ohio. In Toledo, problems associated with heroin distribution and abuse are as extensive as those associated with cocaine.

Heroin is shipped into Ohio from major distribution centers in the United States such as Chicago, Detroit, New York City, and various cities along the Southwest Border. Dominican and Mexican criminal groups principally are responsible for shipping wholesale amounts of heroin into the state. Dominican criminal groups operating from New York City are responsible for increasing the availability of higher purity South American heroin, which has attracted a new, younger user population. Since this heroin can be snorted or smoked effectively, users' perceptions of the risks of heroin use, particularly by injection, are reduced.

Abuse

Heroin abuse in Ohio is prevalent and comparative to rates of abuse in other states in the region. NHSDA estimates indicate that in 1999, 64,827 Ohio residents aged 12 or older reported using heroin at least once in their lifetime. The percentage of individuals aged 12 or older reporting heroin use at least once in their lifetime in Ohio is slightly less (0.7) than in other states in the Great Lakes Region such as Illinois (1.8) and Michigan (1.5).

The number of publicly funded treatment admissions for heroin abuse increased more than 16 percent from 1998 to 1999. Admissions to Ohio's treatment programs listing heroin as the primary substance of abuse were 3,508 in 1998 compared with 4,092 in 1999.

Caucasians and African Americans are the primary heroin users in Ohio. In 1999, adult Caucasians accounted for 48.6 percent of admissions for heroin abuse, while adult African Americans accounted for 40.5 percent. Males accounted for more than 63 percent of all admissions for heroin abuse.

More than 62 percent of treatment admissions for heroin abuse in Ohio were between the ages of 25 and 44. One significant difference between heroin and cocaine admissions is evident among those aged 45 to 54. This age group accounted for more than 27 percent of heroin admissions, compared with only 9 percent of cocaine admissions.

The rate of heroin abuse appears to relate to the education level and employment status of users. Individuals with a high school education or less accounted for 68.5 percent of all admissions for heroin abuse in 1999. Unemployed individuals and those not in the labor force accounted for 79.5 percent of admissions for heroin abuse in Ohio.

Availability

All types of heroin are available in Ohio. Mexican black tar and brown powdered heroin are most prevalent in northern Ohio. Southeast Asian, Southwest Asian, and South American heroin are obtained in southern Ohio. Law enforcement personnel have encountered white heroin in the Cleveland metropolitan area. (See text box on page 10.)

Heroin availability is increasing in many areas of Ohio. An influx of illegal aliens from

White heroin refers to any heroin that is white in color. Many law enforcement agencies are unable to distinguish the actual origin of heroin unless a chemical test is conducted.

Colombia and the Dominican Republic to Ohio has allowed criminal groups to establish distribution networks within immigrant communities, increasing the availability of higher purity heroin. Heroin availability is increasing in the Cincinnati metropolitan area, where lower cost, higher purity South American heroin has contributed to increased abuse. In 1990, the Cincinnati Police Department reported only 19 arrests for possession of, or trafficking in, heroin, compared with 464 in 1999. Heroin is readily available in both retail and wholesale amounts throughout the Dayton area. Declining wholesale prices over the past 5 years also indicate a greater heroin availability than in the past. The average price of an ounce of heroin in Ohio was $7,100 in 1995, compared with $4,070 in 1997, and $3,950 in 1999.

The average purity of heroin in Ohio varies by quantity sold. Kilogram quantities of heroin average 80 percent pure; ounce quantities, 48 percent; and gram quantities, 47 percent. Kilogram quantities of heroin often are broken down to ounce or gram quantities and sold to midlevel or street-level distributors. At this point, diluents such as cornstarch and wheat starch often are added, decreasing the purity and extending the amount of heroin that can be sold.

Violence

Most urban areas are experiencing increased heroin-related criminal activity, although it is not a significant concern in rural Ohio. Drug distributors recognize the profitable heroin market in Ohio and are competing to control it. This competition usually results in increased violent crime.

Crime associated with heroin users is fueled in part by the large numbers who describe themselves as daily users. For example, in a National Institute of Justice survey of heroin users in six major cities, 70 percent of Chicago heroin addicts surveyed described themselves as daily users. Chicago drug abusers had the highest reported rate of participation (24%) in illegal activities to pay for drugs.

Production

Opium is not known to be cultivated nor is heroin known to be produced in Ohio.

Transportation

Dominican, Colombian, Jamaican, Mexican, and West African criminal groups predominantly are responsible for shipping heroin into the state. Dominican, Colombian and Mexican criminal groups are predominant in the north and north central area of the state. Dominican and Jamaican criminal groups transport heroin from New York City into northeastern Ohio. Mexican criminal groups dominate heroin distribution in northwestern Ohio. West African criminal groups ship heroin into southern Ohio, particularly the Dayton area.

The use of commercial aircraft to smuggle heroin into the state has increased. The U.S. Customs Service (USCS) recorded six heroin seizures in the greater Cincinnati area, totaling slightly more than 6 kilograms in fiscal year (FY) 1999, compared with only two heroin seizures totaling a little more than 1 kilogram during FY1998. Most of these seizures involved passengers bodycarrying heroin on airline flights into Ohio from European cities. For example, on April 12, 2000, USCS agents at the Cincinnati/Northern Kentucky International Airport discovered 3 kilograms of heroin in the bag of a Nigerian-born woman who arrived at the airport on a flight from Zurich, Switzerland.

Overland transportation is another method used to ship heroin into Ohio. Two Operation Pipeline heroin seizures involving overland transportation on an interstate occurred in 1999. One of the seizures involved a rented van; the other involved a privately owned automobile. In both cases, the heroin, transported by Hispanic males, originated in New York and was destined for Ohio. Heroin from Detroit is usually transported by bus or automobile; the heroin normally is bodycarried or placed in hidden compartments.

Heroin is shipped into Ohio from major distribution centers such as Chicago, Detroit, New York, and various cities along the Southwest Border. Six of the fifteen law enforcement agencies in Ohio responding to the 2000 National Drug Threat Survey indicated New York City was a source of supply for their areas, while the Dayton and Toledo Police Departments cited Chicago as a source of supply. Several of the Colombian and Dominican criminal groups operating in northern Ohio have ties to similar groups in New York City. Heroin is shipped overland from the Southwest Border in quantities of 3 ounces to half a kilogram. Mexican criminal groups transport black tar heroin overland from the Southwest Border into northwest Ohio.

Distribution

Heroin is transported from Chicago, New York, and various cities along the Southwest Border into larger cities in Ohio that serve as statewide distribution centers. Wholesalers use major Ohio cities like Cincinnati, Cleveland, Columbus, and Toledo as distribution centers for smaller cities in and outside the state. Law enforcement agencies in smaller cities in Ohio that responded to the 2000 National Drug Threat Survey indicated that heroin is transported into their districts from metropolitan areas such as Cleveland and Columbus.

Most law enforcement agencies in Ohio responding to the 2000 National Drug Threat Survey indicate that Mexican or Dominican criminal groups are responsible for shipping wholesale amounts of heroin into their areas. For example, two Mexican immigrants were charged with selling high-grade black tar heroin in central Ohio. The two were part of a well-organized ring that sold Mexican heroin in numerous states. Nationwide, the ring distributed 80 pounds of heroin per month worth more than $7 million. The investigation known as “Operation Tar Pit” targeted a heroin distribution ring based in Nayarit, Mexico. This group sold high purity heroin (60 to 84%) at low prices, expanding its market share throughout the United States and pushing other distributors out of the heroin distribution market. This Mexican distribution group used juvenile girls and elderly men to transport drugs to distribution points in 22 cities.

Local independent groups also are responsible for supplying wholesale amounts of heroin. Some of these groups are identified as Caucasian criminal groups or local street gangs. Six of fifteen law enforcement agencies in Ohio responding to the 2000 National Drug Threat Survey indicated that these local independent groups were responsible for wholesale heroin distribution.

Dominican, Colombian, and Mexican criminal groups, as well as African-American and Hispanic street gangs, are responsible for retail heroin distribution. Dominican and Colombian criminal groups are involved in street-level heroin sales in the Cleveland area. Dominican criminal groups, supplied by associates in New York City, distribute heroin in the Youngstown area. Mexican distributors dominate the heroin market in northwestern Ohio. Responses to the NDIC Gang Survey 2000 identify eight street gangs that sell heroin in the neighborhoods in which they live. The Dayton Folk, Gangster Disciples Folk, and the Residence Park Bloods reportedly sell heroin in Dayton. The Insane Spanish Cobras, Moore Street Bloods, and the Smith Park Mafia reportedly sell heroin in Toledo. In Cincinnati, a two-block section of 15th Street, from Elm to Pleasant, which is predominantly an African-American community in the Over-the-Rhine neighborhood, has become notorious for open-air heroin sales. The heroin is sold in $20 bindles in powder form inside a folded piece of paper. This high purity heroin can be snorted or smoked.

Heroin is sold in various packaging. In Youngstown, Dominican distribution groups sell South American heroin by the bag or in bundles. In Toledo, Mexican brown powdered heroin is sold in half-gram quantities packaged in aluminum foil. Mexican brown powdered heroin is sold in clear gelatin capsules in the Miami Valley and Dayton areas.

Methamphetamine

Methamphetamine distribution and abuse are increasing threats in Ohio, but not to the extent they are in other states in the Midwest and West. Transportation of methamphetamine from Mexico, as well as a surge in methamphetamine laboratories in Ohio and surrounding states, has led to increased methamphetamine availability in Ohio.

Many law enforcement agencies in Ohio are noting a change in the typical methamphetamine user. In the past, users normally were blue-collar workers in their late twenties or early thirties; now, older teens and those in their early twenties account for many of the users. These new, younger users generally are from middle- to upper-class neighborhoods and do not consider methamphetamine dangerous or addictive.

Abuse

Amphetamine/methamphetamine abuse in Ohio is prevalent and comparative to rates of abuse in other states in the region. NHSDA estimates indicate that in 1999, 314,874 Ohio residents aged 12 or older reported using amphetamine/methamphetamine at least once in their lifetime. The percentage of individuals aged 12 or older reporting amphetamine/methamphetamine use at least once in their lifetime in Ohio (3.4) is slightly less than in some Great Lakes states, such as Illinois (3.5), and slightly more than in others, such as Michigan (2.8).

The number of publicly funded treatment admissions for amphetamine/methamphetamine abuse increased 2 percent from 1998 to 1999. In 1998, 339 admissions to Ohio's treatment programs listed amphetamine/methamphetamine as the primary substance of abuse, compared with 348 in 1999.

Caucasians are the primary amphetamine/methamphetamine users in Ohio, accounting for 77 percent of all admissions for amphetamine/methamphetamine abuse. Abuse of amphetamine/methamphetamine increased among African Americans from 1998 to 1999. In 1998, African Americans accounted for 18.4 percent of all admissions for amphetamine/methamphetamine abuse, compared with 20.4 percent in 1999.

The rate of amphetamine/methamphetamine abuse appears to relate to the education level and employment status of users. Individuals with a high school education or less accounted for 74.3 of all admissions for amphetamine/methamphetamine abuse in 1999. Unemployed individuals and those not in the labor force accounted for 66.3 percent of admissions for amphetamine/methamphetamine abuse in Ohio.

Availability

Methamphetamine increasingly is available in most areas of Ohio. The Ohio BCI&I indicates that methamphetamine is available in nearly all districts throughout the state, usually in ounce quantities. The Cincinnati, Cleveland, Dayton, and Youngstown DEA Resident Offices note the availability of methamphetamine in at least retail quantities. In October 1999, more than half of the 140 agencies in Ohio that responded to a Middle Atlantic–Great Lakes Organized Crime Law Enforcement Network (MAGLOCLEN) methamphetamine survey indicated increases in methamphetamine availability and methamphetamine-related arrests in their areas. All 15 Ohio law enforcement agencies responding to the 2000 National Drug Threat Survey reported that methamphetamine is available in their areas.

The average purity of methamphetamine in Ohio varies by unit sold. Kilogram quantities of methamphetamine in Ohio average 73 percent pure; ounce and gram quantities average 59 percent. Kilogram quantities often are broken down into ounce or gram quantities and sold to midlevel or street-level distributors. At this point, diluents such as MSM/$DMSO_2$ often are added, decreasing the purity and extending the amount of the methamphetamine that can be sold. Usually as ounce and gram quantities are resold to other distributors, more diluents are added.

Relatively stable prices for any illicit drug often suggest that there is a steady supply. Methamphetamine prices in Ohio and surrounding areas have remained relatively stable since 1995. The average price of an ounce of methamphetamine in Ohio in 1995 was $1,420, compared with $1,375 in 1997 and $1,370 in 1999.

Violence

As the methamphetamine euphoric effect begins to diminish, the user enters a stage called "tweaking." It is during this stage that the user is most prone to violence, delusions, and paranoid behavior. These unpredictable and violent behaviors have prompted law enforcement agencies to establish guidelines for encountering a methamphetamine user. Officers are advised to stay 7 to 10 feet away from the user because coming closer could be perceived as threatening. Officers also are advised not to shine bright lights at the user, who could become violent if blinded.

Tweaking

During the tweaking stage, the user often has not slept in days and, consequently, is extremely irritable. The "tweaker" also craves more methamphetamine, which results in frustration and contributes to anxiety and restlessness. In this stage, the methamphetamine user does not need a confrontation or provocation to become violent. Case histories indicate that tweakers have reacted negatively at the mere sight of a police uniform.

Source: NDIC, National Drug Intelligence Digest.

Production

The increasing number of methamphetamine laboratories in Ohio is becoming a significant problem. In FY1997, the DEA Detroit Field Division seized 19 methamphetamine laboratories, 8 of which were in Ohio. The number of small methamphetamine laboratories discovered in north central, northeastern, and southeastern Ohio has increased, according to the Ohio BCI&I. These small operations frequently are referred to as "Beavis and Butthead" or "White Boy" laboratories. In north central Ohio, mobile methamphetamine laboratories have been discovered in single-story hotel rooms.

The Ohio HIDTA reports an increase in the production and distribution of methamphetamine in its jurisdiction. In Cincinnati, locally operated laboratories are increasing the availability of methamphetamine in the metropolitan area. For example, on June 29, 2000, DEA and BCI&I agents raided a farmhouse in southern Warren County, near Cincinnati, that was used to produce and sell methamphetamine. The DEA Cleveland Resident Office reported six methamphetamine laboratories seized in FY1998 and nine in FY1999. These laboratories were capable of producing multiounce to multikilogram quantities of methamphetamine. Methamphetamine consumed

in northeastern Ohio predominately is associated with the laboratories that continue to emerge in the Akron area. On June 15, 2000, a University of Akron secretary was charged with stealing chemicals from the university and supplying them to a local man who used the chemicals to produce methamphetamine in the basement of his home.

The methamphetamine production methods most commonly used in Ohio are the ephedrine reduction and Nazi methods. Methamphetamine cookers in the Dayton area have been using the Nazi method, which usually yields an ounce or less of methamphetamine per batch. Methamphetamine producers in Cuyahoga Falls were using the ephedrine reduction method. Most MAGLOCLEN members in Ohio note that the ephedrine reduction method is prevalent in their jurisdictions.

Methamphetamine Production Methods

Ephedrine Reduction: Primary chemicals are ephedrine or pseudoephedrine, hydriodic acid, and red phosphorus. Normally used by Mexican criminal groups or by cookers trained by those groups, this method produces large amounts of d-methamphetamine. It also is known as the "Mexican" or "red phosphorus" method.

Nazi: Primary chemicals are sodium or lithium metal and ephedrine. This method produces up to ounce quantities of high quality methamphetamine. Independent Caucasian cookers frequently use this method.

Transportation

Local independent criminal groups, outlaw motorcycle gangs (OMGs) and, to a lesser extent, Mexican criminal groups primarily are responsible for shipping methamphetamine into and distributing it throughout Ohio. Of law enforcement agencies in Ohio that responded to a 1999 MAGLOCLEN survey, 68 percent indicated that local independent criminal groups mostly were responsible for the production, transportation, and distribution of methamphetamine in their areas; 11 percent identified OMGs as responsible for methamphetamine distribution in their areas. Although Mexican criminal groups are responsible for much of the methamphetamine available nationally, only 5 percent of survey respondents indicated that Mexican DTOs were transporting methamphetamine in their areas. The Cincinnati DEA Resident Office reports that Mexican nationals are responsible for most of the methamphetamine encountered in its jurisdiction. All DEA Resident Offices in Ohio cite local independent criminal groups as responsible for some of the methamphetamine production, transportation, and distribution operations in the state.

Methamphetamine is shipped into Ohio predominantly through mail and package delivery services. These two methods specifically are used to transport methamphetamine from California to northwestern Ohio. The Scioto County Sheriff's Office indicates that methamphetamine is shipped into its area from California through package delivery services. Three of six Ohio law enforcement agencies responding to methamphetamine transportation issues in the 2000 National Drug Threat Survey stated that methamphetamine is shipped into their areas through package delivery services or the mail.

Methamphetamine transported into Ohio by passenger vehicle originates predominantly in Southwest Border states such as Arizona, California, and Texas. In Cincinnati, methamphetamine is shipped concealed inside private and rental vehicles. All six Ohio law enforcement agencies responding to methamphetamine transportation issues in the 2000 National Drug Threat Survey stated that the drug is shipped concealed in vehicles. Five law enforcement agencies responding to methamphetamine source area issues in the 2000

National Drug Threat Survey reported that the drug is shipped from areas in California such as Los Angeles and San Diego. Respondents to a MAGLOCLEN methamphetamine survey in October 1999 most often identified California as a point of origin. State law enforcement authorities report that methamphetamine is shipped from California into southwestern Ohio. Methamphetamine also is shipped into Cincinnati from Mexico through the Southwest Border.

Distribution

Local independent groups are responsible for most wholesale methamphetamine distribution in the state. Eight Ohio law enforcement agencies responding to wholesale distribution issues in the 2000 National Drug Threat Survey cited local independents as the primary wholesalers of methamphetamine. Three of the eight respondents indicated that the local independent groups in their areas were Caucasian. The DEA Cincinnati Resident Office reports that independent groups are responsible for most methamphetamine distribution in the Cincinnati area. Sixty-eight percent of all law enforcement agencies in Ohio responding to the MAGLOCLEN survey named local independent groups as responsible for most methamphetamine in their areas. Despite the apparent dominance of local independent groups, there are indications that Mexican criminal groups are gaining a foothold in wholesale methamphetamine distribution.

Local production is another source of wholesale quantities of methamphetamine. As noted, there has been an increase in the number of small methamphetamine laboratories being discovered in north central, northeastern, and southeastern Ohio. An increase in the production and distribution of methamphetamine in the Ohio HIDTA area also is evident. Methamphetamine laboratories emerging in the Akron area are capable of producing multiounce to multikilogram quantities of methamphetamine. Fifty percent of Ohio law enforcement agencies responding to a MAGLOCLEN survey reported that methamphetamine produced in the state is distributed in the state.

Retail

Local independent dealers, mainly Caucasian males, are the principal retail distributors of methamphetamine. Local Caucasians are conducting street-level sales in Columbus, and local independents distribute methamphetamine in other areas of Franklin County. In Chillicothe, a Caucasian dealer was arrested after receiving methamphetamine by mail from a Mexican criminal group.

OMGs such as the Hells Angels also distribute methamphetamine in the state. The Hells Angels is active in methamphetamine distribution in Akron and Cleveland. A 1998 OMG assessment conducted by MAGLOCLEN indicated that these gangs largely distribute methamphetamine from the bars that members frequent. OMGs also participate in swap meets and attend concerts to distribute methamphetamine.

Methamphetamine distribution has been increasing at raves (all-night dance parties) and on college campuses in Ohio. Older teens and those in their midtwenties are abusing and distributing methamphetamine at raves. According to a MAGLOCLEN methamphetamine report published in April 2000, methamphetamine distribution has increased on college campuses throughout the state.

Marijuana

Marijuana continues to be the most prevalent illicit drug throughout Ohio. Law enforcement agencies report that it is encountered during most drug arrests and raids. Marijuana has been the most abused illicit drug in Ohio, and treatment records indicate that its abuse is still increasing.

Most marijuana in Ohio is shipped from Mexico across the Southwest Border. Large quantities of marijuana are shipped into Ohio primarily overland, and smaller quantities through mail and package delivery services. Mexican DTOs are the predominant wholesale suppliers of marijuana in Ohio.

The rural areas of Ohio provide an adequate environment for the outdoor cultivation of cannabis, most of which occurs in the southern part of the state. While there has been some indication that outdoor cannabis cultivation is declining, the number of indoor grow operations seized in Ohio is increasing. Some of these sophisticated indoor operations produce high quality marijuana.

Abuse

Marijuana abuse in Ohio is prevalent and comparative to rates of abuse in other states in the region. Estimates from the NHSDA indicate that in 1999, 3,556,224 Ohio residents aged 12 or older reported using marijuana or hashish at least once in their lifetime. The percentage of individuals aged 12 or older reporting marijuana or hashish use at least once in their lifetime in Ohio (38.4) is slightly less than in other states in the Great Lakes Region such as Illinois (41.8) and Michigan (43.8).

The number of publicly funded treatment admissions for marijuana abuse increased more than 31 percent from 1996 to 1999. Admissions to Ohio's treatment programs listing marijuana as the primary substance of abuse were 12,949 in 1996, compared with 18,788 in 1999.

Caucasians are the primary marijuana users in Ohio. Adult Caucasians accounted for 58.7 percent of admissions for marijuana abuse. Adult African Americans ranked second, accounting for 37.2 percent. The numbers are similar for juvenile admissions: in 1999, juvenile Caucasians accounted for 63.7 percent of admissions for marijuana abuse, and juvenile African Americans accounted for 31.3 percent.

In 1999, most treatment admissions for marijuana abuse in Ohio were under age 18 (37.5 %). More than 80 percent of these juvenile admissions were between 15 and 18.

The rate of marijuana abuse appears to relate to the education level and employment status of users. Individuals with a high school education or less accounted for 87.7 percent of all admissions for marijuana abuse in 1999. Unemployed individuals and those not in the labor force accounted for 71.6 percent of admissions for marijuana abuse in Ohio.

Marijuana use among young adults arrested in the Cleveland area increased significantly from 1990 to 1998. In 1990, only 14 percent of male and female arrestees between the ages of 15 and 20 tested positive for marijuana, compared with more than 68 percent in 1998.

Availability

Marijuana remains the most readily available drug in the state. Federal-wide Drug Seizure System (FDSS) statistics show that more than 2 metric tons of marijuana were seized in Ohio during each fiscal year from 1997 through 1999. All DEA Resident Offices in Ohio, as well as local law enforcement agencies responding to the 2000 National Drug Threat Survey, report that marijuana is widely available in their areas. The available supply of marijuana in northern Ohio ranges from kilogram to multihundred-kilogram quantities. Multihundred-kilogram quantities of commercial-grade, Mexican-produced marijuana are readily available in the Cincinnati area from sources along the Southwest Border. Four OCDETF investigations initiated in 1999 targeted groups distributing large quantities of marijuana in Ohio. More than half of the 1999 Operation Pipeline seizures recorded in Ohio involved marijuana. One 1999 Operation Pipeline seizure in Ohio involved slightly more than 1,250 kilograms of marijuana that was destined for Ohio from Texas. All of the district offices of the Ohio BCI&I report widespread marijuana availability.

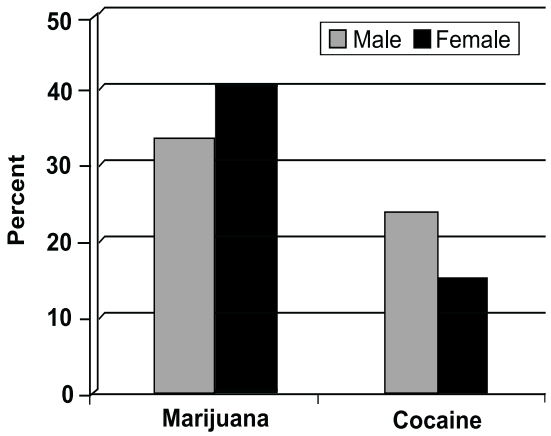
Relatively stable, and in some cases declining, prices suggest that there is a steady supply of marijuana in Ohio. According to MAGLOCLEN, prices for commercial-grade marijuana have remained relatively stable since 1995; in some cases, prices have declined slightly. The average price for an ounce of commercial-grade marijuana in 1995 was $180, compared with $160 in 1997 and $150 in 1999.

Violence

Marijuana abuse normally is not tied to violent behavior. However, ADAM statistics for 1997 through 1999 in Cleveland reveal that of males and females arrested for a violent offense a higher percentage tested positive for marijuana than for cocaine. (See Chart 3 for 1999 data.)

Cannabis growers in the United States often are heavily armed and commonly use booby traps and warning devices to protect their cultivation sites from law enforcement authorities and the public. The U.S. Forest Service reports that visitors to public lands may be endangered by the presence of cannabis cultivation sites, which routinely are booby-trapped with explosives, tripwire firing devices, hanging fishhooks, and punji stakes buried around the cannabis plots. The number of weapons seized during cannabis eradication program operations nationwide has more than doubled over the past decade.

Chart 3. Cleveland Arrestees for Violent Offenses Testing Positive for Marijuana and Cocaine, 1999



Source: Arrestee Drug Abuse Monitoring Program (ADAM), 1999.

Production

Despite a limited growing season, the fertile soil and sparsely populated areas of rural Ohio attract cannabis growers. There are at least 74,000 farms in Ohio, encompassing more than 1,400,000 acres, and cannabis often is intermixed with legitimate crops like corn and soybean. Ohio's 73 state parks offer many more thousands of acres that can be exploited by cannabis cultivators. The Cuyahoga Valley National Recreation Area alone encompasses 33,000 acres. In 1999, the U.S. Forest Service seized 1,306 pounds of cannabis plants and processed marijuana on national forest lands in Ohio.

The expansive rural areas of Ohio, predominantly in the south, provide many opportunities to grow cannabis outdoors. The DEA Cleveland Resident Office states that most cultivation in the state takes place in southern Ohio and that limited indoor and outdoor operations occur in the northeastern areas. Law enforcement authorities report sporadic outdoor cultivation in the rural areas surrounding Dayton. Statistics from the DEA's Domestic Cannabis Eradication/Suppression Program indicate that while the number of cannabis plants seized outdoors in Ohio decreased from 1997 to 1999, the number of indoor grow operations seized has increased since 1997. The number of indoor grows seized in 1997 was 27, compared with 43 in 1998 and 57 in 1999. In northern Ohio, the use of hydroponics and other sophisticated indoor growing techniques that produce sinsemilla with a high THC content continues to increase. Small-scale indoor grow operations that produced commercial-grade marijuana with a lower THC content have been discovered in the Dayton area.

Hydroponics

In a hydroponics operation, cannabis is not grown in soil; instead, growers use an inert growing medium to support the plant and its root system. Some popular media include rock wool, vermiculite, perlite, and clay pellets.

Source: NDIC, *Indoor Cannabis Cultivation Operations,* January 2000.

Transportation

All districts of the Ohio BCI&I report that most of the marijuana available in their areas originates in Mexico and is shipped to Ohio from various Southwest Border states. DEA Resident Offices in Ohio also cite the Southwest Border as the predominant source area for marijuana. The Cincinnati, Cleveland, Columbus, Dayton, and Toledo Police Departments all report that marijuana is transported into their areas from the Southwest Border. A review of 1999 Operation Pipeline seizure information reveals that 34 out of 57 stops in Ohio for marijuana positively identified the source area as the Southwest Border. Half of the 1999 Operation Pipeline seizures in Ohio involved marijuana, and most of these shipments originated in a Southwest Border state, usually Arizona, California, or Texas.

On September 7, 2000, federal, state, and local drug agents conducted raids in Ohio and Michigan that led to 36 people being charged with transporting more than 900 kilograms of marijuana from Mexico to northwestern Ohio and southeastern Michigan through Texas and Chicago. A 3-year investigation by the DEA, the Internal Revenue Service, and the Mad River Drug Task Force culminated in the indictment of seven people accused of transporting multiton quantities of marijuana directly from Mexico through Texas into counties surrounding Dayton.

Large quantities of marijuana are shipped into Ohio mainly overland, and smaller quantities through package delivery services and the mail. Marijuana is transported into northwestern Ohio inside hidden compartments in automobiles and sport utility vehicles, with legitimate cargo inside tractor-trailers, and in parcels shipped through package delivery services. Marijuana is compressed into bales or bricks and shipped to southwestern Ohio inside older cars, pickup trucks, and tractor-trailers. Package delivery services, private vehicles, and the mail are used to ship marijuana into northeastern Ohio. According to DEA, there has been an increase in the amount of marijuana shipped into the Cincinnati area through package delivery services. The Cincinnati, Cleveland, Columbus, Dayton, and Toledo Police Departments indicate that marijuana is shipped into and transported within their areas via vehicles and package delivery services.

Marijuana also is transported into Ohio on commercial airlines, primarily from Mexico and California. Jamaican traffickers from San Diego use commercial airlines to send couriers with Mexican marijuana concealed inside luggage into north central Ohio. In the 2000 National Drug Threat Survey, the Cleveland and Columbus Police Departments reported the use of commercial airlines to transport marijuana into their areas.

Distribution

According to the Ohio HIDTA, Mexican criminal groups are the dominant wholesale suppliers of marijuana in its area. The Ohio BCI&I reports that Mexican criminal groups supply multihundred-kilogram quantities of marijuana to most districts throughout the state. Mexican criminal groups ship multihundred-kilogram quantities of marijuana from the Southwest Border to Cleveland. Mexican criminal groups operating in northern Kentucky supply wholesale amounts of marijuana to the Cincinnati area. In the Toledo area, Mexican criminal groups supply kilogram to multihundred-kilogram quantities of marijuana to local distributors. The Columbus, Dayton, and Toledo Police Departments also indicate that Mexican criminal groups are responsible for shipping wholesale quantities of marijuana into their areas.

Local independent and Jamaican criminal groups also are responsible for shipping wholesale amounts of marijuana into Ohio in quantities ranging from 1 kilogram to several hundred kilograms. Eight of fifteen law enforcement agencies responding to the 2000 National Drug Threat Survey indicated that local independent groups are the dominant wholesalers of marijuana in their areas. Jamaican criminal groups operating from Los Angeles and San Diego use couriers traveling on commercial airlines to transport wholesale quantities of marijuana to the Cleveland area.

Retail

No single group controls marijuana distribution at the retail level. Street gangs such as the Gangster Disciples, Latin Kings, and Vice Lords, as well as local independent gangs, are responsible for retail marijuana distribution in metropolitan areas such as Cincinnati, Cleveland, and Youngstown. More than half of the agencies in Ohio responding to the NDIC Gang Survey 2000 report that street gangs are involved directly in retail distribution. Ohio law enforcement agencies responding to the 2000 National Drug Threat Survey indicate that Caucasian, Mexican, Jamaican, and other Caribbean criminal groups, as well as local independents, are responsible for most retail distribution of marijuana in their areas.

Gangster Disciples

The Gangster Disciples is the largest Chicago-based street gang. The makeup of the Gangster Disciples is primarily African American. The gang has been in existence since the early 1960s and is structured similar to a corporation. Members conduct illegal drug operations throughout the Chicago area, primarily in low-income areas on the south and west sides of the city. The Gangster Disciples operates its drug distribution networks throughout Illinois and has been identified in more than 40 states across the nation. The Gangster Disciples has been in a state of flux because law enforcement authorities have targeted members in recent years. Investigations have resulted in indictments and convictions of almost 40 leaders, including Larry Hoover, who had served as "Chairman of the Board" since the early 1970s. At their peak, the retail drug operations of the Gangster Disciples were reportedly worth more than $100 million annually.

Latin Kings

The Latin Kings, also known as the Almighty Latin King Nation, is a predominantly Hispanic street gang affiliated with the People Nation. The gang is made up of more than 70 factions that operate under the overall structure of the gang. The Latin Kings operates its drug trafficking enterprises on the northern and southwestern sides of Chicago. The gang also has expanded its drug trafficking to other parts of Illinois, as well as to other states, including Ohio.

Other Dangerous Drugs

"Club drug" is a general term for illicit synthetic drugs such as MDMA and GHB (gamma-hydroxybutyrate) that have become popular with teenagers and young adults that frequent nightclubs and raves. These drugs have become extremely common in Ohio and are posing a significant threat. Law enforcement in Ohio reports an increase in club drug availability, primarily in urban areas where rave activity is increasing. Given the popularity of raves in Ohio, the increases in the availability of club drugs may pose a greater immediate threat to adolescents and young adults than any other illegal drug.

Raves

Raves are dance events that feature hard-pounding techno music and flashing laser lights. They often are promoted through flyers and advertisements distributed at clubs, in record shops and clothing stores, on college campuses, and over the Internet. Club owners and rave promoters often sell items that are associated with MDMA use, such as pacifiers (to prevent involuntary teeth clenching) and bottled water (to prevent dehydration). In addition, menthol nasal inhalers, chemical lights, and neon glow sticks, necklaces, and bracelets are sold to enhance the effects of MDMA.

There is a perception that many of these drugs are not harmful, like cocaine and heroin. However, there are documented cases in Ohio where young adults have either become seriously ill or died as a result of ingesting a club drug.

Pharmaceutical diversion is also a continuing problem throughout Ohio, although it may not receive as much attention as other illicit drug problems. Illegally obtained prescription drugs are readily available in most areas of Ohio, and most urban areas of southeastern Ohio report rampant prescription abuse. Law enforcement reports indicate that the illicit distribution of prescription drugs in Ohio is a lucrative business. The most commonly diverted pharmaceuticals in Ohio are Dilaudid, OxyContin, Percocet, Valium, and Vicodin.

Abuse

The popularity of club drugs such as MDMA, GHB and GBL (gamma-butyrolactone), Rohypnol, ketamine, and LSD (lysergic acid diethylamide) has increased in Ohio. For some of these drugs, particularly MDMA, the surge in popularity is largely because their hallucinogenic and stimulant effects enhance the rave experience. Others, such as GHB and Rohypnol, are well-known "date rape" drugs. Although little information on the level of abuse is available, many users are experimenting with a variety of club drugs, other illicit drugs, and alcohol–an extremely dangerous combination.

MDMA is both a stimulant and a hallucinogen. The effects of MDMA usually last from 4 to 6 hours, although they vary by individual. If taken in tablet or capsule form, the onset of effects takes approximately 30–45 minutes; if snorted, smoked, or injected, effects are immediate. Physical reactions include increased heart rate, body temperature, and blood pressure, as well as nausea and cramping. Full effects usually are attained within an hour of ingestion and include feelings of well-being and euphoria—which contributes to MDMA's "hug drug" or "love drug" reputation—as well as anxiety and paranoia.

GHB and Rohypnol have gained a reputation as "date rape" drugs. When either of these drugs is mixed with alcohol, even in small amounts, the drinker loses consciousness for several hours. The manufacturer of Rohypnol now adds a blue dye, enabling detection in drinks and possibly contributing to a decrease in the popularity of Rohypnol and an increase in the use of GHB. Teenagers and young adults attending raves also take these drugs to lessen the "crash" associated with coming down from other drugs.

GHB, a powerful sedative and central nervous system depressant, has been approved in some countries for use as an anesthetic. It is unlawful to manufacture or market GHB in the United States, but recipes and "do-it-yourself" kits for its production are available on several Internet sites. GHB has become a significant problem, particularly on college campuses. There have been more than 5,700 overdoses and 58 deaths associated with GHB in the United States and Canada since 1990. In August 1998, an 18-year-old resident of Akron barely survived an incident where she drank a glass of water laced with GHB. The medical director of Ohio State University's emergency department said that about one patient a week is treated for GHB-related complications at the hospital. In April 2000, an Ohio State University honors student collapsed inside a fraternity house and later died after he had mixed GHB with alcohol.

Ketamine is growing in popularity in Ohio as a club drug on the rave scene and in all-night dance clubs. Ketamine, also known as Special K, Vitamin K, or Kit-Kat, is a chemical derivative of PCP chiefly developed as a veterinary anesthetic. Ketamine can be used in its pharmaceutical liquid

form or dried by evaporation or in a microwave oven to produce a white powder. In liquid form, ketamine has little to no smell and looks like water, but it has an unpleasant taste in both forms. Ketamine can be injected, smoked, swallowed, snorted, or mixed in either alcoholic or nonalcoholic drinks. Users normally prefer intramuscular injection because snorting powdered ketamine leads to an unpleasant burning sensation in the nasal passages. Although ketamine often is listed as one of the date rape drugs, DEA cites only one documented case in which it was used to commit a rape. Ketamine produces a hallucinogenic effect similar to LSD, but with less intensity and of shorter duration, lasting an hour or less. It often is used in conjunction with alcohol, cocaine, or marijuana. Dosage amounts vary widely according to the individual's total body weight and the desired result. Small doses of ketamine act as a mild sedative, while larger doses lead to unconsciousness. Through experimentation with increasing dosage amounts, users seek an intense psychedelic experience just short of unconsciousness. A typical dose for a 150-pound individual is about 100 milligrams when injected into a muscle, or 200 milligrams when snorted. Overdose deaths from ketamine use are extremely rare because lethal amounts are at least 20 to 30 times greater than standard dosages.

LSD was discovered in 1938 and is one of the most potent mood-altering drugs. Commonly known as "acid," it is sold on the street in tablet, capsule, and liquid form. It is odorless, colorless, and has a slightly bitter taste; it usually is taken orally. The effects of LSD often depend on the amount taken and the user's personality and surroundings. The user usually feels the first effects of the drug within 30 to 90 minutes of ingestion. Large doses produce delusions and visual hallucinations. Some fatal accidents have occurred during states of LSD intoxication.

Prescription medication is sometimes being substituted for illicit drugs when these substances are not available. In Richland County, crack cocaine users are using Vicodin when crack is not available. Federal investigators have noted areas of heavy OxyContin abuse in the United States, one of which is in Cincinnati. The other areas are southwestern Virginia; eastern Kentucky, rural Maine; Baltimore, Maryland; and Charleston, West Virginia. According to the Ohio BCI&I, OxyContin abuse first was noted in early 1999 in southeastern Ohio and, since then, is believed to be responsible for more than 15 deaths.

Availability

Eleven of fifteen Ohio law enforcement agencies that responded to the 2000 National Drug Threat Survey indicated an increase in club drug activity in their areas. The increase in the availability and abuse of these drugs in northern Ohio is becoming a serious concern for law enforcement. Most law enforcement agencies in urban areas report an increase in MDMA and GHB availability. The Cincinnati, Cleveland, and Youngstown DEA Resident Offices report the availability of LSD in their areas. In Akron and Canton, distributors are able to obtain thousands of LSD dosage units at a time. An increase in rave activity in northeastern Ohio is providing adolescents and young adults with easy access to dangerous drugs. In 1999, the average price of a capful of liquid GHB in Ohio was $15; a gram of powdered GHB sold for $100.

The theft of ketamine from local veterinary offices in northern Ohio has increased. Ketamine has become popular with young adults in suburban areas and is readily available at local rave parties. In February 1998, the Ohio State Board of Pharmacy reported that complaints about the abuse of ketamine had increased. Thieves broke into the Delaware County Humane Society and stole ketamine hydrochloride from a locked box. What they might not have realized was that the drug was mixed with Xylazine, a tranquilizer used to sedate dogs and cats before they are euthanized.

Diverted pharmaceuticals are readily available throughout most areas of Ohio. In most urban areas, Dilaudid, OxyContin, Percocet, Tylenol with Codeine No. 3, Valium, and Vicodin are easily obtained. In Cuyahoga County, the Ohio BCI&I indicates that Adderall is being sold in local high schools. All 15 law enforcement agencies in Ohio that responded to the 2000 National Drug Threat Survey indicate that the availability of pharmaceuticals and the rate of pharmaceutical diversion remain high in their areas.

Forged prescriptions are commonly used to obtain pharmaceuticals. Pharmacists report that counterfeit prescriptions are being produced for Dilaudid, Percocet, Tylenol with Codeine No. 3, Valium, and Vicodin in north central Ohio. In 1997, the Cincinnati Police Department Pharmaceutical Diversion Squad investigated more than 500 prescription drug complaints and arrested 250 violators on felony prescription drug charges. Almost 30 percent of those arrested were healthcare professionals involved in distributing or abusing prescription drugs, and most were using diverted prescription drugs while working in a healthcare facility.

Production

Most of the MDMA available in the United States is produced in the Benelux region (a tripartite customs union formed in 1947 by Belgium, the Netherlands, and Luxembourg), although MDMA laboratories have been seized in other European countries, including Poland and the Czech Republic. Although domestic production of MDMA is seemingly small, the availability of production instructions on the Internet is cause for concern. A number of web sites contain formulas for home production, making it impossible to know the number of people who may be producing “homemade” MDMA from on-line recipes.

Lawful production of GHB occurs only in Europe. However, the widespread publication of recipes on the Internet and the ease with which precursor chemicals can be obtained make the production of GHB a potential problem. Only two chemicals, both of which are legal to possess, combined with other common items are needed to produce GHB. Combining GBL, a chemical found in industrial cleaners and sold as a dietary supplement, with either sodium hydroxide or potassium hydroxide produces GHB. Most illegally produced GHB is in liquid form; the powdered form is much more difficult to synthesize and usually results only from commercial production.

LSD is produced clandestinely in California by a few criminal organizations and is shipped to Ohio and throughout the country in liquid and blotter form. Production of LSD requires a significant background in chemistry as well as precursor chemicals that are difficult to obtain.

First produced in the 1960s, ketamine was used extensively during the Vietnam War as an anesthetic for battlefield surgery. Medically prescribed use for humans is now very limited because of the hallucinogenic side effects. The product is diverted from legitimate sources, with no reports of clandestine production. In 1999, the average price of one dosage unit of ketamine in Ohio was $25 and a gram of powdered ketamine was $130.

Transportation

The most common methods used to transport MDMA are couriers and express mail. Most MDMA reportedly is shipped into the United States from the Netherlands by way of Belgium and Germany. MDMA is transported into Cleveland from Canada via New York. It is transported in commercial and private vehicles and on public transportation using interstate highways. From October 1998 to September 1999, USCS agents intercepted 573 contraband shipments destined for Ohio homes and businesses. Of those, 401 contained more than 70,000 codeine, steroid, and MDMA tablets.

Distribution

Russian criminal groups are noted to be involved in the wholesale distribution of club drugs, particularly MDMA. In November 1999, four Eastern European immigrants tried to smuggle 24,527 MDMA pills into Columbus by hiding them in the gas tank of a private vehicle shipped from Germany. After the vehicle was picked up at the USCS depot at Rickenbacker Airport, USCS and DEA agents followed it to a home in Bexley, Ohio, and the four were arrested.

GHB usually is distributed locally by the young Caucasian males who produce it. The ease with which GHB can be produced enhances wholesale distribution of the drug. Most GHB is distributed in liquid form at raves or on college campuses.

Veterinarians pay $7 for a vial of liquid ketamine that converts into a gram of powder. Drug wholesalers pay $30–$45, and users pay $100–$200 for an equivalent amount. Single ketamine doses, or “bumps,” of about 0.2 gram sell for $20–$40. Ketamine usually is sold through a network of friends and associates; street sales rarely occur.

Individuals with easy access to large quantities of pharmaceuticals contribute to illicit wholesale distribution. Healthcare providers distributing and using prescription drugs are suspected of committing a variety of healthcare fraud offenses. In 1999, the Columbus Police Department Pharmaceutical Investigations Unit charged 1 doctor, 2 dentists, 13 registered nurses, and 4 pharmacy technicians with violating various narcotics laws relating to pharmaceutical diversion. In February 2000, an Ohio pharmaceutical worker was arrested outside a hotel in Louisville, Kentucky, for selling a sizable amount of pharmaceuticals to an undercover narcotics agent. After purchasing more than 8,100 pills from the man at the hotel, agents seized almost 18,000 more pills from his home and car. The estimated street value of the pills was $770,000.

Retail

Nightclubs and rave parties are the primary locations for the distribution of MDMA and other club drugs, although distribution increasingly is occurring outside these venues. Retail dealers typically are suburban teenagers, mostly Caucasians, who are involved in the rave scene. Sales usually occur between friends and acquaintances. Most law enforcement agencies in Ohio responding to the 2000 National Drug Threat Survey indicated that juveniles, mostly Caucasians from well-to-do families, are responsible for much of the distribution of club drugs in their areas, particularly at rave parties.

Those law enforcement agencies in Ohio that responded to the 2000 National Drug Threat Survey

and listed pharmaceutical abuse and diversion as a concern indicated that local independent dealers are responsible for most distribution. In April 2000, a mother, son, and his stepbrother were arrested for what authorities called the largest known case of pharmaceutical diversion in Franklin County. The three were charged with distributing prescription drugs from two locations on the south side of Columbus. Authorities seized more than 21,000 pills and about $27,000. The group distributed an array of prescription drugs including Darvocet, Percocet, Percodan, phentermine, Ritalin, Tylenol with Codeine No. 3, Valium, and Vicodin.

Outlook

Statewide drug abuse statistics and law enforcement reporting reflect a continuing upward trend in illicit drug demand and supply. Relatively low prices and high purity levels indicate that drugs are readily available throughout the state. Several issues present notable areas of concern.

Powdered cocaine and crack will continue to pose the greatest threat in Ohio. Criminal groups distributing cocaine are realizing huge profits from sales in suburban and rural areas and will continue to spread to areas offering higher profits. An increase in crimes associated with cocaine distribution, such as assault, robbery, and domestic violence, likely will follow in these areas.

Heroin availability and abuse are increasing in Ohio, and the drug is becoming more popular, primarily among young adults. The increasing availability of higher purity South American heroin is contributing to this new user population. These users, principally young Caucasian suburbanites, perceive heroin use as less risky since higher purity heroin can be effectively smoked or snorted rather than injected. Mexican heroin producers are increasing purity levels to meet the demand for higher quality heroin. Heroin abuse is expected to increase in Ohio, since competition between criminal groups distributing higher purity Mexican and South American heroin will result in an increased supply at lower costs.

Methamphetamine production, distribution, and abuse are becoming greater threats in Ohio and are likely to intensify. Although Ohio invokes harsh penalties for possession of methamphetamine, penalties for possession of precursor chemicals are less severe. This situation has contributed to a surge in methamphetamine laboratories.

Marijuana will continue to be the most prevalent illicit drug throughout Ohio. The number of cannabis plants cultivated outdoors probably will decrease further as growers continue to move their operations indoors, mainly to avoid detection and to produce more potent marijuana. The number of indoor grows seized in Ohio has been increasing since 1997.

Club drugs such as MDMA and GHB are becoming a major threat in Ohio, especially among adolescents and young adults. The popularity of these drugs will continue to expand, especially in college towns. Increases in the number of raves will provide adolescents and young adults with easy access to these and a variety of illicit drugs. Varying levels of purity and the combination of club drugs and alcohol and other drugs pose a danger to the user. The number of emergency room and treatment admissions probably will increase as the popularity of these drugs continues to grow.

Pharmaceutical diversion is a lucrative business in Ohio, and the number of individuals illegally distributing pharmaceuticals probably will increase as independent profiteers realize the potential for large earnings. Since these drugs often are used in place of, or in conjunction with, other illicit drugs, the number of individuals abusing pharmaceuticals is likely to increase.

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