May 2001

Louisiana

Drug Threat Assessment

National Drug Intelligence Center
U.S. Department of Justice

U.S. Department of Justice
National Drug Intelligence Center

Product No. 2001-S0380LA-001
May 2001

Louisiana Drug Threat Assessment

National Drug Intelligence Center
319 Washington Street, 5th Floor
Johnstown, PA 15901-1622
(814) 532-4601

Preface

This report is a strategic assessment that addresses the status and outlook of the drug threat in Louisiana. 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 Louisiana.

Cover Photo © Stockbyte

Louisiana Drug Threat Assessment

Executive Summary

Louisiana's geographical location makes it an important transshipment point for illegal drugs destined for the southeast, northeast, and to a lesser extent, the midwest. Mexican and Colombian drug trafficking organizations use Louisiana's extensive coastline, seaports, interstate highways and remote airstrips to transport drugs into Louisiana and the United States. Louisiana's increasing prison population and high rates of violent crime both have roots in drug distribution and abuse.

Wholesale and retail distributors take advantage of the proximity of Houston, a major drug distribution center, to make frequent trips to purchase cocaine and marijuana. Highly organized criminal groups, normally African American, Asian, and Caucasian, are involved in the wholesale distribution of cocaine and marijuana. They use close ties to Mexican criminal groups in South Texas to facilitate their operations. Street gangs dominate retail distribution of cocaine, heroin, and marijuana in larger cities and towns, and are increasingly moving into Louisiana's rural communities where local, independent dealers traditionally serviced drug markets. Most major cities in Louisiana are experiencing an increase in street gang activity.

The distribution and abuse of crack cocaine and the widespread availability of powdered **cocaine** are the primary illegal drug threats in Louisiana. The harmful effects of cocaine trafficking and abuse are seen in a growing number of treatment program admissions, increasing prison populations, and high rates of violent crime. Louisiana's highways are a key transshipment route for cocaine as it is transported from the Southwest Border area to lucrative markets in the southeast and northeast United States. Many local distributors, including street gangs, send couriers directly to Houston, a major cocaine distribution center. While most powdered cocaine is converted into crack in Louisiana, law enforcement authorities point to an increase in the amount of crack cocaine transported into Louisiana from south Texas.

The **heroin** threat in Louisiana, while confined primarily to the New Orleans metropolitan area, has reached high levels of abuse. Two distinct groups have emerged as primary heroin users: inner-city drug abusers who use heroin to soften the depressive effects of crack and individuals in their late teens to midtwenties from predominantly upper middle class suburban areas. Dominican trafficking organizations using New York

City as a distribution center for high purity South American heroin are the primary wholesale suppliers in New Orleans, although Mexican black tar and, to a lesser extent, Southeast and Southwest Asian heroin are also available. Street gangs operating out of inner-city housing projects located primarily in the southwestern portion of New Orleans dominate retail distribution. Law enforcement officials indicate that heroin distributors struggling to define territories are in large part responsible for a sudden increase in violent crime.

Methamphetamine production and abuse have risen in northern and central Louisiana, an increase partially influenced by neighboring Arkansas, where methamphetamine production and abuse have reached epidemic levels. Methamphetamine is growing in popularity because of its lower cost and longer euphoric effect than crack cocaine. Anhydrous ammonia, a necessary chemical used in the production of methamphetamine, is widely available in Louisiana. While local independent producers dominate methamphetamine production and distribution, Mexican criminal groups and outlaw motorcycle gangs such as the Bandidos also are involved.

Marijuana is the most commonly abused illegal drug in the state. Most marijuana distributed in the state is transported from Houston and Dallas after being smuggled across the Southwest Border. Cannabis is also grown using conventional as well as sophisticated hydroponic methods.

The abuse of **other dangerous drugs** such as MDMA, GHB, LSD, and ketamine has increased in Louisiana. Powerful painkillers such as OxyContin, Dilaudid, and Vicodin are the most commonly diverted prescription pharmaceuticals. Law enforcement in some parishes including St. Bernard reports the abuse of OxyContin has reached alarming levels, resulting in a number of overdose deaths.

Table of Contents

Executive Summary iii

Overview 1

Cocaine 5
- Abuse 5
- Availability 7
- Violence 7
- Production 8
- Transportation 8
- Distribution 11

Heroin 13
- Abuse 13
- Availability 15
- Violence 16
- Production 16
- Transportation 16
- Distribution 17

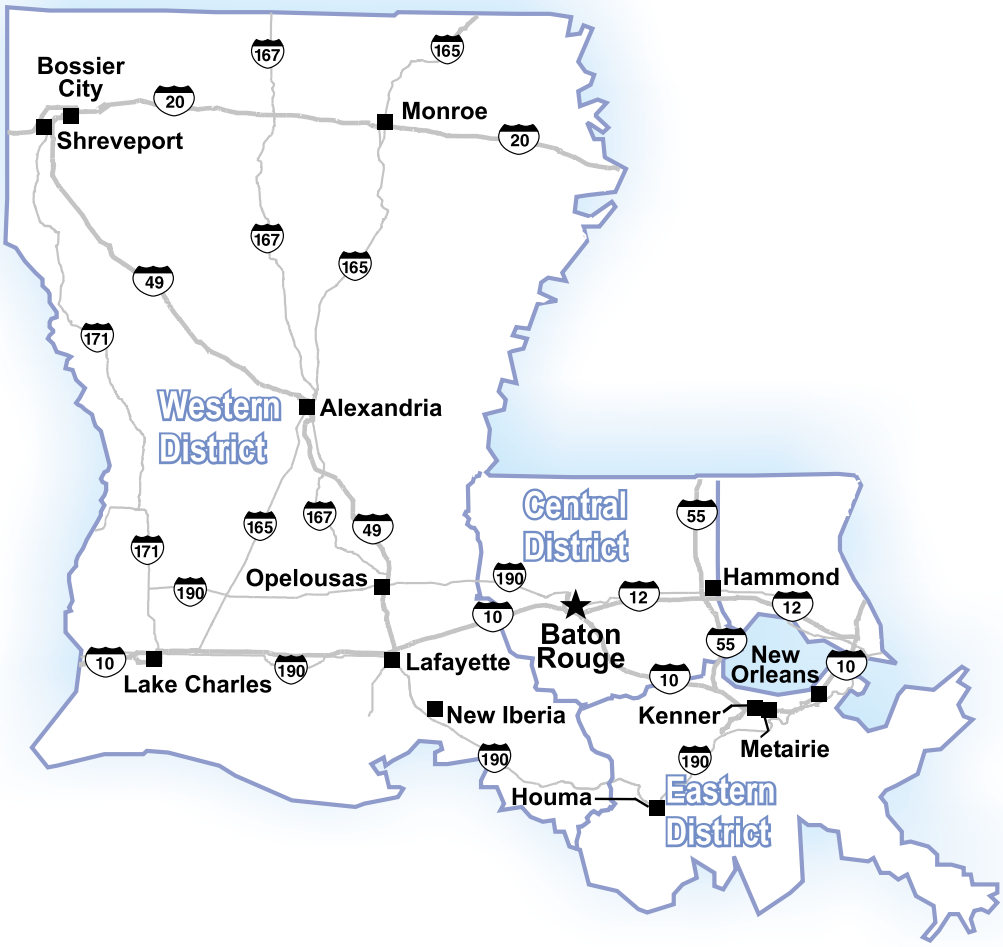
Methamphetamine 18
- Abuse 18
- Availability 19
- Violence 19
- Production 20
- Transportation 21
- Distribution 21

Marijuana 22
- Abuse 23
- Availability 23
- Violence 24
- Production 24
- Transportation 25
- Distribution 26

Other Dangerous Drugs 27
- MDMA 28
- GHB 29
- Rohypnol 30
- Ketamine 31
- LSD 31
- Prescription Drugs 32

Outlook 34

Sources 37



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

Louisiana Drug Threat Assessment

Overview

Louisiana is the twenty-second largest state with a population of 4.5 million people. The state's population has remained stable over the last decade. More than two-thirds of the population is concentrated in eight metropolitan areas—New Orleans, Baton Rouge, Shreveport/Bossier City, Lafayette, Alexandria, Monroe, Lake Charles, and Houma/Thibodaux. Louisiana is one of the most culturally, economically, and ecologically diverse states in the nation. French is spoken in many parishes (Louisiana's name for counties), especially in the southwest portion of the state. Louisiana's diverse economy includes a strong agricultural sector, large petroleum and natural gas reserves, a thriving fishing industry, expanding tourism, and a strategic location at the mouth of the Mississippi River, gateway to America's vast inland waterway system. The state's landscape varies dramatically from its famous remote, marshy bayous in the south, to lush pine forests in the north.

New Orleans International Airport receives direct flights from San Salvador, El Salvador, and San Pedro Sula, Honduras. Both San Salvador and San Pedro Sula serve as regional hubs, connecting passengers from all over Central and South America, including known drug source countries such as Columbia and Venezuela, to New Orleans.

Fast Facts

Louisiana

Population (2000)	4,468,976
U.S. population ranking	22nd
Median household income (1997-1999 estimate)	$33,218
Unemployment rate (2000)	6%
Land area	47,752 square miles
Coastline	397 miles
Capital	Baton Rouge
Other principal cities	Alexandria, Lafayette, Lake Charles, Monroe, New Orleans, Shreveport/Bossier City
Number of parishes	64
Principal industries	Oil, gas, and petrochemical production; agriculture; commercial fishing; tourism

The Port of New Orleans is a transportation hub and distribution center for licit and illicit commodities. It is the second busiest container port on the Gulf Coast and the fourth busiest port in the United States. Smuggling occurs not only within containerized cargo, but also in shipments of bulk cargo such as iron ore and produce. Much of the trade is with drug source and transit nations in Latin America and the Caribbean. Drug traffickers use skilled welders in poor nations such as Haiti to modify cargo vessels so drugs can be stored within the structure of the ship. U.S. Customs Service (USCS) officials indicate that smuggling by crew members aboard cargo ships is also a significant problem. Louisiana, with 397 miles of Gulf Coastline, includes the Mississippi delta, gateway to the vast Mississippi River system.

The Port of New Orleans is a popular embarkation point and destination on the Caribbean cruise ship circuit providing an opportunity for American and foreign passengers to smuggle drugs. Some crew members on cruise ships that service ports in drug transit countries such as Jamaica and Mexico smuggle multikilogram shipments of cocaine. The USCS reports that drug distribution groups in the United States recruit couriers who work with drug traffickers and crew members to bring drugs into the United States.

The Gulf of Mexico is home to over 4,000 offshore natural gas drilling platforms that are sometimes used as rendezvous or dropoff points for smugglers. The natural gas industry is the impetus for between 5,000 and 9,000 helicopter flights a day shuttling employees and equipment between platforms and the mainland, providing a degree of anonymity to smugglers operating in the Gulf.

Traffickers exploit the many opportunities the Gulf of Mexico provides and continue to develop innovative ways to smuggle drugs via the Gulf Coast. Although seizure data does not confirm widespread air and maritime drug smuggling into Louisiana's Gulf Coast region, United States Coast Guard (USCG) and USCS intelligence officials, as well as many local law enforcement agencies in communities along the Gulf Coast, are confident it is occurring. The maritime and air drug smuggling threat in the Gulf of Mexico is underscored by the fact that the Louisiana Gulf Coast is closer to the port of Cartagena, Colombia, than it is to Boston, Massachusetts.

Drug trafficking organizations (DTOs) use modern communication and navigation devices for countersurveillance and counterintelligence capabilities. Cellular telephones and global positioning systems (GPS) have revolutionized the way in which air and maritime smugglers conduct their activities, enabling them to make precision rendezvous. In the past, smugglers had to use high frequency (HF) and very high frequency (VHF) radios to communicate with their offloading or receiving teams and to use other means such as automobile headlights and fires to help pilots or captains pinpoint ground parties, which made them vulnerable to detection. DTO members study law enforcement operational patterns and routines such as USCG and USCS patrol schedules.

Louisiana's portions of interstate highways 10, 20, and 55 are important cogs in an elaborate interstate system being exploited by drug distributors moving drugs north from the Southwest Border area while at the same time sending the cash profits south. Houston and Dallas, both major drug distribution hubs, lie just to the west of Louisiana on highways 10 and 20, respectively. Law enforcement personnel in Louisiana point overwhelmingly to Houston and Dallas as the main source of cocaine in their areas. Louisiana's proximity to Texas and the Southwest Border provides distributors ready access via Louisiana's highways to lucrative markets in the southern and northeastern United States. To a lesser degree, Interstate 55, which originates in New Orleans and passes through St. Louis before ending in Chicago, allows distributors to move drugs to midwestern markets. Interstate highways 10 and 20 also connect Louisiana to major drug distribution hubs in Los Angeles, San Diego, Phoenix, Miami, and Atlanta. Table 1 shows the distance between several Louisiana cities and some significant drug distribution cities.

Louisiana's popularity as a tourist, convention, and party destination contributes to drug

Table 1. Estimated Mileage Between Major Louisiana Cities and Selected Drug Distribution Cities

	Distance in Miles					
	Monroe	Shreveport	Alexandria	Lake Charles	Baton Rouge	New Orleans
Houston	334	235	239	143	269	352
Dallas	284	187	303	380	443	499
Brownsville	689	616	593	498	624	702
Los Angeles	1,721	1,634	1,740	1,689	1,815	1,914
Miami	1,025	1,123	1,057	1,047	921	862

Source: Mapquest <www.Mapquest.com>.

abuse and distribution. Large numbers of recreation seekers travel to and from New Orleans providing relative anonymity to drug distributors as well as providing a lucrative market for drugs. According to Louisiana's Department of Culture, Recreation, and Tourism, in 2000 visitation to the state was at an all-time high and is continuing to increase. In 2000 more than six million people attended Mardi Gras festivities, pumping a record $1.06 billion into the local economy. Louisiana's burgeoning casino gaming industry contributes to drug abuse, distribution, and money laundering activities in the state. The 1999 Gambling Impact and Behavior Study reported that gambling behavior was significantly associated with multiple drug and alcohol use. The study indicated pathological gamblers were nine times more likely than nongamblers to have been alcohol or drug dependent in their lifetime. The casinos have provided a significant number of full-time, entry-level jobs for people living in poor, rural areas. Law enforcement officials in these areas indicate that people have more discretionary income and that some are spending it on illegal drugs. Currently 19 casinos are located throughout the state and Shreveport is the third most visited gaming destination, behind Las Vegas and Atlantic City. According to law enforcement authorities, drug distributors are using buses that shuttle customers from Dallas and Houston to casinos in Lake Charles, Shreveport, and other cities as a means of transporting drugs. Drug distributors frequently use casinos to launder money by purchasing large quantities of chips in small batches, later exchanging them for cash and a receipt so they appear to be winnings.

Street gangs play a prominent role in drug distribution in Louisiana: 4,800 documented individuals were affiliated with 155 gangs identified in 24 parishes throughout the state as of 1999. Of the 155 active gangs, 125 have members known to sell drugs and the remaining 30 have members suspected of involvement in drug sales. Street gangs primarily distribute marijuana and crack, although heroin distribution by street gangs has increased dramatically in New Orleans.

Nationally affiliated street gangs are involved in drug transportation and distribution throughout Louisiana. Both the Crips and Bloods are active in Shreveport and have strong family ties to gang members in Los Angeles through whom they purchase drugs, primarily powdered cocaine and marijuana. These ties are so strong that in some Los Angeles neighborhoods, Shreveport is referred to as "little Compton." Louisiana is experiencing the influx of two midwestern gangs, the Gangster Disciples and the Latin Kings. The Gangster Disciples is locating in the northern and central parts of the state including Monroe, Shreveport/Bossier City, Alexandria, Lafayette, and Baton Rouge. The Latin Kings, also with strong connections to gang members on the East Coast, is locating primarily in the central and

southern half of the state, in Baton Rouge, Lake Charles, and New Orleans.

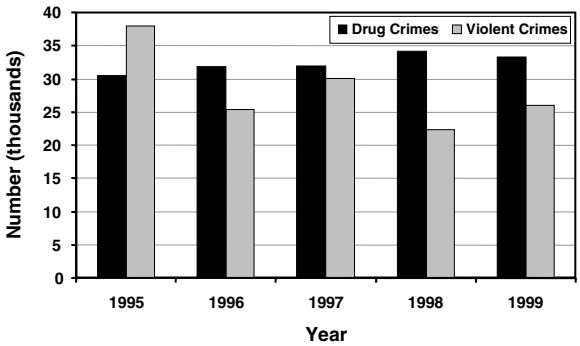
Outlaw motorcycle gangs (OMGs) distribute methamphetamine and, to a lesser extent, cocaine and marijuana in Louisiana. They rely on Mexican DTOs as their primary source of supply, although OMGs continue to operate methamphetamine laboratories. They also facilitate their illegal drug activity by forming criminal alliances with independent methamphetamine cookers, street gangs, and organized crime groups. The Bandidos, the nation's second largest OMG, is headquartered in Texas and is very active in Louisiana. It has been engaged in a push to recruit new members during 2000, so its numbers have undoubtedly increased. Also active in Louisiana are the Galloping Goose, Road Barons, and the Sons of Silence.

Law enforcement reports an increase in Asian gang activity in Louisiana, especially in the southern part of the state. Asian gangs have used the growing Asian population to cover their illegal activities, the most profitable of which is drug distribution. Asian gangs are also proficient money launderers and are known to operate cell phone and computer sales scams. Leading gangs include the Viet-Pride and the Asian-Pride. Law enforcement authorities believe that Vietnamese and Laotian drug gangs are now transacting directly with Colombian and Mexican drug suppliers, indicating the potential for an increase in wholesale drug distribution activity. Asian gangs tend to be very transient, so it is difficult for law enforcement to determine exactly how many are active at any given time. The southern part of the state is home to a large Asian population, primarily Vietnamese, many of whom work in the fishing industry.

Most New Orleans street gangs are not affiliated with national gangs and have fought any attempts by national gangs to organize in the city. Law enforcement agencies identify them by housing projects or neighborhoods rather than any adopted name or affiliation to a national organization. They refer to themselves as " posses" or "crews" and are well organized, but do not have a distinct hierarchy. These gangs are responsible for most drug-related and violent crimes in the city.

Louisiana has some of the highest violent crime rates in the nation despite recent reductions in almost every category in every major city. Between 1994 and 1999 the murder rate declined 63 percent in New Orleans. Despite the decrease, in 1999 Louisiana still had the highest murder rate in the nation with a rate of 10.7 murders per 100,000 residents while New Orleans had a rate of 34 per 100,000 residents. During the first 6 months of 2000, 120 murders were committed in New Orleans, compared with 80 in the same period the year before. The New Orleans Police Department (NOPD) estimates that as many as 75 percent of homicides are drug-related and can be attributed to street gangs involved in drug distribution. Many law enforcement personnel attribute the increase in homicides to turf wars among heroin distributors. Chart 1 illustrates both the total number of drug crimes and the total number of violent crimes committed in Louisiana between 1995 and 1999.

Chart 1. Drug Crimes and Violent Crimes in Louisiana, 1995-1999



Source: Louisiana Commission on Law Enforcement, Drug and Violent Crime Arrests, 1995-1999.

Louisiana has the highest incarceration rate in the nation, and many of the inmates are incarcerated for drug-related offenses. According to data from the Louisiana Department of Public Safety and Corrections, the total prison population as of October 2000 was 35,998; a rate of 736 per 100,000. Over 30 percent of prisoners are incarcerated for drug-related crimes, second only to those imprisoned for violent crimes (38 percent); which often have a root cause in drug abuse or distribution.

Health care statistics and the number of deaths attributed to drug abuse provide mixed signals as to the state of the drug problem in Louisiana. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), the number of Drug Abuse Warning Network (DAWN) emergency department (ED) mentions in New Orleans decreased by 24 percent from 1995 to 1999. (See Table 2.) Medical examiners report the number of deaths attributed to drugs increased 10 percent from 1997 to 1998. Information provided by the 11 parishes participating in the Louisiana State Epidemiology Work Group (SEWG) shows that statewide, cocaine and marijuana are the two illicit drugs most frequently related to substance abuse treatment center admissions. SEWG also reports that heroin abuse is rising in New Orleans and Jefferson Parish and that methamphetamine abuse increased in northern parishes during the last 2 years.

Table 2. Emergency Department and Medical Examiner Drug Mentions in New Orleans, 1995–1999

	1995	1996	1997	1998	1999
Emergency Department Mentions (Estimated)	**5,868**	**5,844**	**5,209**	**5,091**	**4,459**
Drug-Related Death Mentions	**137**	**158**	**174**	**191**	**N/A**

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Drug Abuse Warning Network, *Year End Emergency Department Data 1999; Annual Medical Examiner Data 1998.*

Cocaine

The availability, distribution, and abuse of powdered and crack cocaine represent the greatest drug threat to the state. Crack cocaine is the drug most often associated with violent crime throughout the state. Cocaine distribution groups, both midlevel wholesalers and street gangs, take advantage of Louisiana's proximity to Houston, a major cocaine distribution center, to obtain supplies. Louisiana's portions of highways 10 and 20 are important cogs in an interstate system that drug distributors use to transport cocaine from the Southwest Border area to lucrative markets in the south, northeast and, to a lesser extent, midwest.

Definitions of Lifetime vs. Current Drug Use

Lifetime Use: Ever tried the drug in life.
Current Use: Used the drug one or more times in the last 30 days before survey.

Abuse

Although there is evidence that powdered and crack cocaine use has leveled off or even decreased slightly, it is still a major health concern. According to year-end 1999 DAWN ED data, cocaine mentions in New Orleans decreased 11 percent (from 2,396 to 2,140) after remaining relatively stable from 1996 to 1998. DAWN Medical Examiner (ME) data show a decrease from more than 44 percent in 1995 to slightly less than 41 percent in 1998. More than 40 percent of the 191 drug-related deaths in New Orleans during 1998 (most recent data available) were cocaine-related. Nationwide, cocaine accounted for more than 45 percent of drug-related deaths.

The number of primary cocaine treatment admissions, normally a lagging indicator of a substance abuse problem, increased modestly in

1998 but remained well below the numbers reported 4 to 5 years ago. According to Treatment Episode Data Set (TEDS) figures, 5,754 people were admitted to Louisiana treatment centers with cocaine as the primary drug of abuse in 1998. This was significantly lower than the 8,363 reported in 1993, but higher than the 5,024 in 1996. Eight out of 11 parishes participating in the 1999 Louisiana SEWG study indicated cocaine is the illicit drug most often associated with substance abuse treatment center admissions and it ranked second in the remaining 3 parishes. SEWG data indicate that while cocaine/crack admissions to Louisiana treatment centers was higher in 1998 than 1988 in all but one participating parish, the number of admissions peaked several years ago in most parishes. Between 1988 and 1998, the percentage of primary cocaine/crack abusers increased in all except Orleans Parish, where New Orleans is located. (See Table 3.)

Table 3. Cocaine/Crack Treatment Admissions in Louisiana, 1988, 1998, and Peak Year

	Percent of All Drug Admissions			
Parish	1988	1998	Peak	Peak Year
Bossier	17.7	27.6	37.8	1989
Caddo	33.5	50.1	55.0	1989
Calcasieu	19.9	32.1	43.3	1991
E. Baton Rouge	41.2	48.1	53.7	1993
Jefferson	23.0	36.9	40.9	1997
Lafayette	15.7	44.1	49.3	1997
Orleans	40.9	38.1	57.6	1991
Ouachita	10.6	33.4	49.8	1992
Rapides	20.6	27.1	47.7	1991
St. Tammany	13.3	27.0	35.4	1994
Terrebone	8.2	26.6	40.0	1992

Source: Louisiana Department of Health and Hospitals, Office for Addictive Disorders.

Powdered and crack cocaine abuse is not confined solely to large cities, but represents the primary drug threat in many rural areas of the state as well. According to the DEA Resident Office in Shreveport, crack cocaine is the greatest threat in the rural areas in northwest Louisiana. Law enforcement authorities report that crack cocaine is the principal drug of abuse in Calcasieu, East Baton Rouge, and Red River Parishes, all of which are predominantly rural or suburban parishes. All but one of the eight law enforcement agencies responding to the NDIC National Drug Threat Survey 2000 cite crack cocaine as the greatest drug threat to their communities.

Statistics from the National Institute of Justice Arrestee Drug Abuse Monitoring (ADAM) Program reveal that almost half of all male arrestees tested for drugs in New Orleans between 1996 and 1999 had cocaine in their systems: 46 percent in 1996, 1997, and 1998 and 44 percent in 1999. The percentage of female arrestees testing positive for cocaine increased from 26 percent in 1996 to 41 percent in 1999. Cocaine was the drug most frequently found in the systems of people tested between 1996 and 1999 in the ADAM

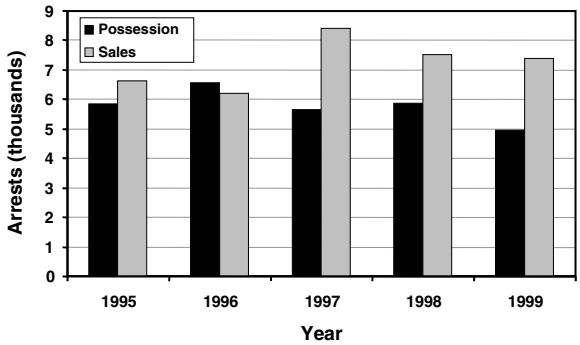
program. Statewide, arrests for cocaine possession declined in 1999 to their lowest levels in at least 5 years. (See Chart 2.) The Louisiana Office of Addictive Disorders (OAD) indicates most Louisiana cocaine abusers in 1998 were male (almost 70%) and over the age of 30.

Availability

Cocaine is widely available throughout Louisiana. According to the DEA, both crack and powdered cocaine continue to saturate the New Orleans metropolitan area as well as the rest of the state. Prices have stabilized over the last 5 years at the wholesale level at roughly $20,000 for a kilogram of powdered cocaine while a kilogram of crack cocaine wholesales for slightly more at roughly $22,000. At the retail level, a gram of powdered cocaine sells for about $120 while a rock of crack cocaine sells for between $5 to $25, depending on size. Law enforcement reporting indicates that distributors have increased their supply to expand their market and prevent a significant price variation. Statewide, arrests for the sale of cocaine declined from 1997 to 1999 after reaching a peak in 1997. Chart 2 also illustrates that with the exception of 1996, more arrests were made for the sale of cocaine than arrests for cocaine possession between 1995 and 1999.

According to the DEA, purity levels for powdered cocaine in Baton Rouge range from as low as 17 percent at the retail level to 90 percent at the wholesale level. Crack dosage units have purity levels that range from 50 to 90 percent. In Shreveport, purity levels range from 77 to 85 percent for powdered cocaine and 80 to 90 percent for crack. Several forensic chemists in Louisiana report they are receiving more samples of powdered and crack cocaine that have been “cut” with caffeine, lidocaine, and percaine.

Chart 2. Cocaine Arrests in Louisiana, 1995-1999



Source: Louisiana Commission on Law Enforcement Drug and Violent Crime Arrests, 1995-1999.

Note: Sales include possession with intent to distribute.

Violence

Cocaine is the drug most often associated with violent crime throughout the state. Most federal, state, and local law enforcement agencies in Louisiana cite the violent crime associated with drug trafficking as the most serious criminal threat to the state. Crack cocaine is the drug of choice in lower income and high crime areas such as public housing projects and is becoming more popular in suburban and rural areas. Crime statistics indicate crack cocaine use and distribution are responsible for most of the violent crime in large cities throughout Louisiana. Cocaine users commit property and violent crimes to obtain money to satisfy costly and highly addictive habits. Many murders occur when crack dealers target rival dealers who threaten their distribution territory.

Street gangs have spread to central and northern Louisiana to establish control of the cocaine drug trade in upstate cities. Police in Shreveport report that members of the Bottom Boys who were incarcerated as the result of a federal-led

effort to eradicate gangs and drugs in 1994 are being released from prison and becoming involved in cocaine distribution and associated violence again. The Bottom Boys is a highly organized and ruthless gang of midlevel wholesale dealers. Gang members use violence and intimidation to control drug territories, customers, and supplies. Police in Alexandria report that while overall crime related to cocaine distribution appears to have leveled off, criminals are adopting techniques that enable them to be much more efficient killers. Instead of performing drive-by shootings to settle disputes or eliminate rivals, dealers lure victims close to a vehicle by using attractive women wearing the "colors" of the rival gang. The shooter then emerges from a hidden position in the back seat to shoot at point blank range.

Violence in Small Towns

Operation Blood Drive, the code name given to an 8-month investigation into criminal activity that involved crack cocaine distribution in the Bossier Parish town of Plain Dealing, led to the arrest of more than 10 people—including members of the 59 Bloods gang. Local law enforcement agencies say evidence shows drug activity in Northwest Louisiana is seeping into the piney woods and quaint communities outside Shreveport and Bossier City.

Source: *Shreveport Times*, September 2000.

Production

Sentences for possessing crack cocaine are lengthier than those for powdered cocaine, so retail distributors generally convert crack in the areas where it is to be distributed. Law enforcement authorities in southern Louisiana point to a trend in which crack cocaine is increasingly being trafficked into the state from Houston.

Distribution Levels

Upper-level wholesale: The level of distribution at which drugs are purchased directly from a source of supply or importer and sold, normally, to midlevel distributors in pound, kilogram, or multiunit quantities. In the case of Louisiana, these upper-level wholesalers are generally located in South Texas, most often in Houston. These wholesale suppliers are very reluctant to sell drugs to anyone they do not know personally.

Midlevel wholesale: The level of distribution at which drugs are purchased directly from wholesale distributors in pound, kilogram, or multiunit quantities, then sold in smaller quantities to other midlevel distributors or to retail distributors. In Louisiana, many midlevel distributors wield power in the world of drug distribution as a result of their reputed ability to procure any amount of drugs, at any time.

Retail: The level of distribution at which drugs are sold directly to users. In Louisiana, retail distributors are frequently street gangs.

Transportation

Mexican criminal groups transport powdered cocaine for themselves or on behalf of Colombian DTOs. Most of the cocaine transported into and through Louisiana is generally not destined for sale inside the state but in markets in the south and northeast. More than 90 percent of cocaine seizure events made by the Louisiana State Police were from eastbound vehicles. The cocaine is

destined mainly for southern states such as Georgia, Alabama, Mississippi, and Tennessee, although substantial amounts are destined for states in the northeast such as New York, Massachusetts, Virginia, and New Jersey. Individuals working on behalf of Mexican criminal groups are responsible for a large portion of the cocaine seized on eastbound Louisiana highways. Cocaine seizures on Louisiana highways increased from 168 pounds in 1998 to 1,045 pounds in 2000.

Operations Pipeline and Convoy

Operation Pipeline, created in 1984, is the name given to a nationwide highway interdiction program that focuses on private vehicles.

Operation Convoy was created 6 years later to target drug transportation organizations that use commercial vehicles to traffic drugs. Both programs were designed to coordinate training, real-time communication, and analytic support between federal, state, and local law enforcement agencies.

Street gangs are the most common groups that transport cocaine into Louisiana although other midlevel distribution groups, usually sharing family or ethnic ties, are also involved. Street gangs generally transport between one-half to 2 kilograms while midlevel distribution groups may transport 15 kilograms or more. Most cocaine destined for Louisiana originates in South Texas, primarily Houston. Operation Pipeline seizure data, compiled by the DEA, show that approximately 90 percent of the cocaine seized on Louisiana's interstate highways originated in South Texas.

DTOs and midlevel distribution groups transport cocaine into and through the state using passenger, recreational, and commercial vehicles. Transporters often use diverse, sophisticated techniques. Cocaine has been discovered in airbags, trunks, spare tires, seats, and fenders. When cocaine is transported in commercial vehicles, traffickers conceal the drug in various parts of the vehicle as well as in the cargo. Cocaine is often concealed in hidden compartments fitted into the walls, floors, and ceilings of cargo trailers and within legitimate loads such as produce and frozen foods. Truck drivers also transport cocaine in the cab of the truck hidden in the sleeper compartment. Nationwide, the most common types of commercial vehicles used to smuggle cocaine are tractor-trailers and straight-body rental trucks.

Louisiana's three major east–west interstate highways, I-10, I-12, and I-20, provide a pipeline for cocaine transported to Louisiana and east to population centers in the southern and northeastern United States. Shreveport is an important transshipment point for powdered and crack cocaine as I-20 and I-49, which pass through Shreveport, provide transporters a corridor between northern Louisiana and source cities in the west, particularly Los Angeles and Dallas.

Distribution groups in Louisiana, both street gangs and midlevel distributors, send representatives accompanied by couriers to major cocaine distribution centers such as Houston, Dallas, and Los Angeles. Couriers are usually paid on a per shipment basis, which law enforcement estimates at between $1,000 and $2,000. The couriers are frequently low-level operatives within the midlevel distribution group or street gangs, crack users, or people with outstanding debts. Females are increasingly being used as couriers since distributors feel they are less likely to be stopped and searched. In an effort to maintain an exclusive relationship with the source, the distributor often leaves the courier at a restaurant or hotel

Agents Intercept Cocaine Hidden in Airbag

Narcotics agents intercepted two New Orleans drug wholesalers who were delivering a kilogram of cocaine to dealers in St. Tammany Parish. Authorities found a half-kilogram of powdered cocaine and a half-kilogram of crack cocaine stashed in the passenger-side airbag compartment.

Source: St. Tammany Parish Sheriff's Office, press release, *Two Arrested in Joint Federal–Local Narcotics Probe,* 5 January 2001.

while the actual transaction occurs. After the transaction is complete, the courier is phoned and told where to pick up the cocaine. The purchase and transportation of cocaine from Texas-based wholesalers also occurs at highway rest stops or service areas approximately halfway between Houston and the distributor's hometown. The transaction takes place at a predetermined location, normally the parking lot of a fast food restaurant or hotel. Police in Louisiana report the area surrounding the I-610 Houston beltway is a primary source of cocaine purchased by midlevel distributors and street gangs from Louisiana.

Although most cocaine is transported into Louisiana by land, distributors are increasingly using mail or commercial parcel delivery services. One method involves distributors traveling to Houston, purchasing cocaine, and shipping it back to Louisiana packaged in airtight plastic bags. The packages are occasionally sent to the distributors, but frequently are sent to abandoned houses near their homes, where they wait for the delivery truck to arrive and present identification to retrieve the package. Distributors also will send packages to elderly people, relatives, or people who owe them a debt.

Cocaine Found on Oil Tanker

In June 2000, investigators found more than 100 pounds of cocaine on an oil tanker docked at a plant on the Calcasieu Ship Channel near Lake Charles. The cocaine, with an estimated street value of about $6 million, was shipped directly from Colombia. It is believed the shipment was originally to be delivered to Texas City, but due to tight security at the port it was delivered to Lake Charles.

Source: *Associated Press*, "Cops Seize 100 Pounds of Cocaine," 6 June 2000.

Maritime cocaine smuggling, through commercial shipping, the fishing industry, sport and pleasure boating, and cruise ships, poses a significant threat to Louisiana because of its location on the Gulf of Mexico. Colombian DTOs use cargo vessels to smuggle cocaine into Louisiana, concealing the cocaine within legitimate cargo or in secret compartments. Unscrupulous crew members on commercial cargo ships often act as couriers, hiding the drugs in public areas throughout the ship while awaiting arrival in port. The USCS estimates it is able to inspect only a small percentage of cargo arriving at Louisiana ports. The high volume of marine traffic resulting from the offshore oil industry also provides smugglers anonymity. Smugglers are believed to be returning to tactics that include using small commercial vessels, mainly fishing and shrimping boats, to pick up cocaine from freighters throughout the Gulf of Mexico and Caribbean. Cruise ships sail weekly to destinations throughout the Caribbean including countries used as transshipment points by international cocaine trafficking organizations. Distribution organizations in the United States hire couriers to pick up cocaine for a fee of approximately $2,000 plus the cost of the cruise. Most of the couriers smuggling cocaine aboard cruise ships do not reside in Louisiana but are from the East Coast, frequently the Philadelphia metropolitan area, New Jersey, and New York. According to the USCS Seaport Analysis Team (SEAPAT), distribution organizations use these couriers to pick up kilogram quantities of cocaine from contacts in source country ports of call and bodycarry it on board, where it is transferred to a crew member. The crew member hides the cocaine on the ship until reaching New Orleans, then waits until the passengers have disembarked to transport it off the ship and turn it over to a representative of the trafficking organization. Cocaine is also smuggled into the country concealed inside luggage fitted with secret compartments, specially constructed shoes, and souvenirs such as statues.

Cruise Ship Smuggling

In September 2000, the U.S. Customs Service arrested two people as they disembarked from a cruise ship in New Orleans after seizing four straw shopping bags laced with cocaine. The inspectors found a white substance in plastic tubes woven into the fabric. The substance was tested and found to be 6.8 kilograms of powdered cocaine.

Source: *The New Orleans Times-Picayune*, 28 September 2000.

DTOs use commercial and charter flights at the New Orleans International Airport to smuggle cocaine from Central America and Mexico. In one instance, a distribution organization in the United States paid couriers to travel to Cancun, Mexico, where they were fitted with specially made shoes filled with cocaine. Other common smuggling techniques include the use of specially manufactured cocaine-filled statues and specially designed luggage that contains secret compartments.

Federal Agents Raid Vietnamese Neighborhood in Drug Sting

On September 26, 2000, federal agents raided a subdivision in a largely Vietnamese neighborhood in suburban New Orleans. The suspects were described as midlevel distributors between the ages of 19 and 24 who received multiple kilograms of powdered and crack cocaine each month from Texas and distributed it to street level dealers in their area. While authorities did not specify the amount of drugs involved in the case, convictions for each suspect could carry sentences of up to life in prison and fines of up to $4 million. They are also accused of distributing marijuana and ecstasy. The arrests mark the first major sting against organized drug trafficking in the area's Vietnamese community, but not likely to be the last, agents said. The Vietnamese are one of New Orleans' more visible ethnic groups, with a population estimated at 17,000.

Source: *Associated Press*, 26 September 2000.

Distribution

Criminal groups of varying sizes and levels of organization and street gangs with ties to wholesale distributors in Houston dominate the midlevel distribution of cocaine in Louisiana. Louisiana's midlevel distribution groups are closely linked to Mexican wholesalers in Houston and South Texas. According to law enforcement officials throughout Louisiana, midlevel distribution groups and street gangs rely on close businesslike relationships with Mexican wholesalers in the Houston metropolitan area. Individuals who possess these close relationships with Mexican wholesalers are in an enviable position within the group and attempt to retain the exclusivity of the relationship by limiting the contact others within the group have with the supplier.

While most cocaine distributed in Louisiana originates in Houston, law enforcement authorities in Louisiana report that street gangs also receive wholesale shipments from Los Angeles or Miami. The 19 Boys, 5/9 Bloods and the Rolling 60 Crips, all active in Shreveport and the surrounding communities, have strong ties to Los Angeles through family or gang associates. The gangs obtain cocaine from their Los Angeles counterparts, who have established relationships with Mexican wholesalers. Los Angeles gangs use gangs in Louisiana to expand their markets. In New Orleans, the Latin Kings, a predominantly Hispanic gang with a nationwide affiliation, is the primary gang linked to upper level wholesale groups in Miami. Police report that while the Latin Kings is a relatively minor player in the midlevel wholesale cocaine business in Louisiana, its dominance of the trade in other areas such as Chicago means the potential exists for the gang to broadly expand its role.

Police report that midlevel cocaine distribution groups use safe houses in the small communities surrounding larger metropolitan areas such as New Orleans, Shreveport, Lafayette, Lake

Charles, and Monroe. Safe houses are generally maintained in remote locations so as not to draw attention from law enforcement or rival criminal organizations. Once the cocaine is brought into Louisiana from Houston, in quantities ranging generally from 1 to 15 kilograms, it is brought to safe houses where it is divided into smaller wholesale quantities ranging from 100 to 500 grams. At that point, arrangements are made for retail-level distribution groups, normally representatives from street gangs, to pick up the cocaine. The cocaine is usually sold in its powdered form although police report an increase in the distribution of wholesale quantities of crack cocaine, converted in bulk at safe houses.

Midlevel cocaine distributors have invested in legitimate businesses to facilitate and expand wholesale drug operations. A variety of businesses including trucking companies, automotive repair shops, record production companies, convenience stores, and used car lots have been used as fronts for distributing cocaine and laundering drug proceeds. These businesses promise young people glamorous positions but use them as couriers to pick up cocaine in cities such as Houston and Dallas. Police also report that concerts, put on by local artists, are sometimes used by larger midlevel distribution groups to bring smaller midlevel distribution groups together in one place to broker the sales of wholesale amounts of cocaine.

Independent distributors continue to dominate in rural areas, although police are concerned that street gangs are making inroads. Officials from the Louisiana State Police report street gangs involved in wholesale distribution and retail sales are moving their operations into rural areas. Saturated drug markets, low prices, violent competition, and effective police pressure in large metropolitan areas have caused many dealers to seek new markets in rural areas. After identifying and penetrating markets within small communities, distributors often feel that they can operate with relative impunity. Police throughout Louisiana report distributors are limiting sales to those they have known for a long time to lessen the chance of selling drugs to undercover police or police informants.

Many law enforcement officials in Southern Louisiana report that Lafayette has emerged as a distribution city for powdered and crack cocaine in the southern part of the state during the last year. The Lafayette Metro Narcotics Squad reported a significant increase in crack seizures, from 1.4 kilograms in 1996 to 4.2 kilograms in 1998, resulting from street-level investigations. While that number fell to approximately 2.7 kilograms in 1999, police still assert the city functions as a regional distribution city. DEA and local law enforcement investigations reveal that Houston is the primary source for cocaine in the Lafayette area.

Law enforcement agencies across the state report that African American street gangs dominate the retail distribution of crack. Caucasian and, to a lesser extent, Hispanic and Asian gangs are also involved in retail sales of crack. In September 2000, federal authorities charged 10 men, all Vietnamese gang members, with conspiring to distribute cocaine in New Orleans' Southside Asian community. The New Orleans metropolitan area has few nationally affiliated gangs; the only one of note active at this time is the Latin Kings, which has strong ties to gang members in Miami. Of greater concern in New Orleans are the "posses" or "crews" that are identified by neighborhood or public housing project. The Mosley Gang, Perry Francois Gang, Dillon Gang, and Got It Boys are the larger, more active neighborhood street gangs. According to the latest estimates, there are approximately 16 gangs with 400 members in New Orleans.

The First, Second, Sixth, and Eighth Police Districts, located in southwest New Orleans, are the most common locations for retail crack sales. (See Figure 1 on page 13.) Law enforcement authorities report most crack cocaine transactions in New Orleans take place outdoors in hand-to-hand exchanges or car drive-up exchanges. Generally, young "runners" (under 18 years old) are used to facilitate the actual transaction, insulating higher-ranking individuals in the organization from law enforcement pressure.

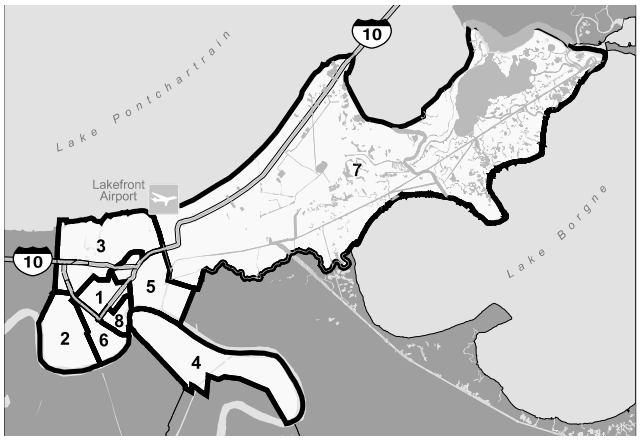


Figure 1. New Orleans Police Districts.

Midlevel distributors and street gangs have spread into central and northern Louisiana to establish control of the cocaine drug trade in upstate cities. They use violence and intimidation to compete for control of drug territories, customers, and supplies. The distribution of drugs is now entrenched in Lafayette, Alexandria, Shreveport, Monroe, and other cities. In Shreveport, factions of the Bloods and Crips dominate retail cocaine distribution. Traditionally, powdered and crack cocaine was sold on street corners in open-air drug markets. Police report dealers are increasingly moving indoors to avoid an increased police street presence. The deals are then arranged through pay and cell phones and pagers.

Retail distributors package crack cocaine in a variety of ways in an attempt to avoid arrest and prosecution. Street level distributors have moved away from packaging crack cocaine in glass vials, preferring instead to use small, self-closing glassine bags or the corners of plastic sandwich bags, which they then tie off or seal. Police in larger cities such as New Orleans report that street dealers often hide cocaine in abandoned houses or under shrubs or other objects to lower the amount they have on their person if arrested.

Street dealers are becoming more careful about where they hide crack while they conduct their business. Police report dealers are hiding crack cocaine in internal body cavities and taping prepackaged quantities of crack on or near genitals to prevent its discovery during police pat-downs.

Heroin

Heroin abuse has risen in New Orleans during the last 2 years, although its use is minimal throughout the rest of the state. Heroin distribution and use, the main factors behind recent increases in violent crime, are growing fastest in New Orleans' inner-city housing projects. Dominican wholesalers based in New York City supply New Orleans street gangs with heroin for retail distribution.

Abuse

Heroin abuse is increasing in the New Orleans metropolitan area, yet the problem is minimal throughout the rest of the state. Female arrestees testing opiate-positive in New Orleans increased from 3.4 percent in 1998 to 7 percent in 1999 while the number of males testing positive increased from 12.9 percent to 13.5 percent. According to Louisiana SEWG statistics, primary heroin treatment admissions increased in Orleans Parish from 60 in 1993 to 384 in 1999. Heroin/morphine ED mentions increased 374 percent from 1993 to 1999 (140 to 664). (See Table 4 on page 14.) Both law enforcement personnel and addiction counselors assert that heroin is the drug of choice for a growing number of young people in inner-city New Orleans. Most treatment counselors assert many young people in the inner city have a perception that heroin is not as harmful as crack. A 1999 survey of New Orleans high school students showed that 3.4 percent had tried heroin at least once in their lifetime. This data coincides with a national level survey released in

Table 4. Emergency Department Heroin/Morphine Mentions in New Orleans, 1993–1999

	1993	1994	1995	1996	1997	1998	1999
Total Number	**140**	**197**	**274**	**308**	**431**	**534**	**664**
Rate per 100,000	**12**	**17**	**24**	**26**	**36**	**44**	**55**

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Drug Abuse Warning Network, *Year End Emergency Department Data 1999*.

November 2000 by the Partnership for a Drug Free America that found that 4 percent of high school students nationwide had tried in heroin at least once in their lifetime.

Heroin use, however, is not only an inner-city youth problem. Police in New Orleans inner-city areas report a marked increase in the number of suburbanites from Jefferson, St. Tammany, St. Bernard, and other parishes coming into the inner city to purchase heroin.

Arrestees tested as part of the ADAM program frequently have heroin in their system at the time of arrest. Table 5 shows the percentage of male and female arrestees testing positive for opiates in New Orleans from 1996 to 1999.

Table 5. Percentage of Arrestees Testing Positive for Opiates in New Orleans, 1996–1999

Year	1996		1997		1998		1999	
	Male	Female	Male	Female	Male	Female	Male	Female
Age 15-20	**9.0**	**6.0**	**15.1**	**5.7**	**21.2**	**4.2**	**16.7**	**5.9**
Age 21-25	**9.0**	**0.0**	**14.6**	**2.7**	**20.3**	**4.6**	**22.1**	**5.8**
Age 26-30	**4.0**	**3.0**	**9.9**	**1.1**	**9.4**	**1.4**	**11.6**	**10.0**
Age 31-35	**3.0**	**1.0**	**4.6**	**2.9**	**7.6**	**1.3**	**6.5**	**6.1**
Age 36+	**10.0**	**4.0**	**8.4**	**5.5**	**6.2**	**5.1**	**10.8**	**7.3**

Source: National Institute of Justice Arrestee Drug Abuse Monitoring Program, *Summary of Findings*, 1996-1999.

Treatment counselors report that injection is the preferred method of administration for young, inner-city heroin users. It is the fastest and most efficient method of administration. Although syringes can be purchased without a prescription in Louisiana, there is normally resistance on the part of the user to purchase new needles. Treatment counselors assert this is because of paraphernalia laws that allow police to test for the presence of heroin in a person's system if a needle is in his or her possession. Treatment counselors say it is customary for inner-city users to share needles and drug paraphernalia. While New Orleans treatment providers seek to break users of such habits, they note needle sharing contributes to high levels of blood-borne diseases including hepatitis C and AIDS. Counselors in New Orleans report that the supply of heroin on the streets is at or near an all-time high.

While injection continues to be the most popular method of use, intranasal use is becoming increasingly popular with Caucasian males 18 to 25 years of age in suburban areas. This is primarily due to the widespread availability of high-purity South American heroin that makes snorting a viable method of use. The Medical

Examiner's Office in Jefferson Parish, a suburb southwest of New Orleans, reports an increase in the number of young people snorting heroin in conjunction with drinking alcohol, which has led to at least two overdose deaths during the last 6 months. Alcohol may lower the user's ability to regulate the amount of heroin being used, thus making overdose more likely. Heroin is also available in capsule form and users are snorting the heroin after separating the capsule.

Treatment counselors report that "speedballing," the practice of using a combination of heroin and powdered cocaine, is becoming increasingly popular. This assertion is strengthened by law enforcement officials who report many street-level dealers in New Orleans sell both heroin and cocaine. Users claim this method provides them with an extremely intense high.

Availability

The DEA New Orleans Field Division reports that the wholesale cost of heroin in New Orleans has dropped while the retail price has remained relatively stable, normally an indication of an increase in wholesale supply. While the average price per dosage unit has increased from $23 in 1996 to $26 in 1999, the average wholesale price has decreased substantially from a range of $190,000–$220,000 per kilogram to $160,000–$170,000 per kilogram. Law enforcement officials familiar with the price of heroin in New Orleans inner-city housing projects report that during the first 2 months of 2000 a "bundle" (a package of 20 individual dosage units) could be purchased from street-level dealers for roughly $300.

Most heroin being distributed in the New Orleans metropolitan area is of South American origin, although Mexican black tar, Southwest Asian, and Southeast Asian heroin are also present. The influx of inexpensive, high-purity South American and Mexican black tar heroin contributed to the rapid growth in heroin abuse in New Orleans. According to the DEA Domestic Monitor Program (DMP), between FY1996 and the second half of FY2000, 72 percent of the exhibits purchased with sufficient amounts of heroin to determine the geographic signature were classified as South American, 5 percent were Mexican, 5 percent were Southeast Asian, and 4 percent were Southwest Asian. A source of origin could not be determined for 14 percent of the samples in which there was a sufficient quantity to analyze.

Analysis of the New Orleans Field Division's DMP exhibits indicates that heroin purity at the retail level has gradually increased since FY1996 but is lower than the national average. Purity has increased from an average of 26 percent in FY1996 to just over 30 percent in FY1999 with an overall average purity of almost 29 percent for the 4-year period. The national DMP average retail purity for this period is 39 percent. The DMP exhibits classified as South American heroin are typically higher in purity than those originating from other geographic source areas. Nationwide purity levels encountered from bulk seizures and wholesale purchases ranged between 80 and 90 percent.

Police department arrest statistics reflect the recent increase in heroin distribution activity in New Orleans. NOPD reports a 23 percent increase in arrests for heroin possession with intent and heroin distribution between 1998 and 1999 (192 to 236). The number of cases referred to the NOPD Crime Laboratory also increased 58 percent from 1997 to 1999 (219 to 346). Based on arrest statistics, the First, Second, Fifth, and Sixth Districts, located in the southwest corner of the city, appear to be the most active retail distribution outlets. (See Figure 1 on page 13.)

Many treatment counselors claim they can gauge the supply of heroin available at street

level based on the number of chronic users seeking treatment. They assert that most chronic users are reluctant to seek treatment as long as a reliable supply exists, and most counselors feel that supply in New Orleans is at or near an all-time high.

Violence

The most pervasive crime problem in sections of New Orleans is the distribution and abuse of heroin. Heroin, while not normally perceived as a drug associated with violence, is responsible for a growing amount of violence in New Orleans. Both police and treatment providers report that many inner-city criminals, already predisposed to criminal activity and violence, are increasingly abusing heroin. These criminals, unlike stereotypical "docile" heroin abusers, engage in violent acts to obtain money to purchase heroin. Police in these areas report an increase in armed robberies, home invasion robberies, and burglaries committed by heroin abusers in search of money to buy the drug.

Authorities in New Orleans report the large profits associated with the distribution of heroin have contributed to increases in violent crime. Street gangs have recognized the substantial profit potential associated with heroin distribution, according to law enforcement reporting. Street gangs in New Orleans are known to have "enforcers" tasked to intimidate and target rival groups or individuals. Common disputes that lead to violence and often murder include dealers encroaching on a rival's territory, stealing their drugs or money, or believing that a rival dealer identified them to the police. Some of the violence associated with the distribution of heroin stems from disputes over perceived problems with heroin purity or quality. Heroin users are known to have attacked and killed dealers they believe consistently supplied them with a poor quality product.

Two Heroin Sellers Nabbed

Two people were arrested during the breakup of a heroin packaging operation in an abandoned apartment in a public housing project. Police discovered two people with several 25-package bundles of heroin and arrested them for possession with intent to distribute heroin. Police also found a loaded AK-47 and shotgun in the apartment.

Source: *The New Orleans Times-Picayune*, November 2000.

Production

Opium is neither cultivated nor processed into heroin in Louisiana. Heroin is produced primarily in four source regions: South America, Mexico, Southeast Asia, and Southwest Asia. The DEA New Orleans Field Division indicated that most heroin encountered in New Orleans in the third quarter of FY2000 originated in South America.

Transportation

New Orleans is a major destination for heroin and a transshipment point for heroin destined for other areas in the southern and northeastern United States. The DEA indicates bulk heroin is transported to the New Orleans area from New York, Texas, California, and Miami. Most heroin available for sale on the streets of New Orleans originates in New York City, although

recent trends indicate Miami is the source of an increasing share of the Louisiana heroin supply. Heroin is transported using mail parcel services, passenger vehicles, trains, buses, and by couriers using commercial airlines.

International smuggling groups are increasingly using New Orleans International Airport to transport heroin into the United States. New Orleans International Airport is the only airport in the Gulf Coast region that receives international flights from Central America. Smuggling organizations use two flights in particular, one from San Salvador, El Salvador, and one from San Pedro Sula, Honduras, to transport drugs. Colombian DTOs recruit citizens not only from Colombia, but also from various Central and South American countries such as Guatemala, Panama, and Venezuela. The most common method used by smugglers is to swallow condoms filled with heroin. Customs officials at New Orleans International Airport report this practice is becoming more common.

New Orleans Airport Heroin Seizure

On September 6, 2000, U.S. Customs officers seized 3.6 kilograms of heroin from two male Colombian nationals, both residents of New York, New York. The suspects were traveling on one-way cash tickets from New Orleans, Louisiana, to New York City. During consensual interviews and searches, the heroin was found concealed on the suspects' persons. The heroin was glued inside their shoes and concealed inside girdles worn underneath their clothes.

Source: Operation Jetway, *National Brief*, 3 October 2000.

Distribution

Many law enforcement authorities fear New Orleans is emerging as a regional heroin distribution city. According to the New Orleans Field Office of the DEA, New Orleans is the only major city on the Gulf Coast where heroin is readily available. Individuals come from as far as Pensacola, Florida, to obtain heroin, which is then distributed in a public housing development in Pensacola.

Louisiana has some of the most severe anti-heroin distribution laws in the country. Louisiana law mandates a life sentence without the benefit of probation or suspension of sentence for persons convicted of heroin distribution.

During 2000, law enforcement officials identified Dominican and Colombian criminal groups as those predominantly responsible for wholesale heroin distribution in New Orleans. Intelligence indicates they transport South American heroin through the Dominican Republic to New York City and Miami. Street gang members and couriers then transport the heroin to New Orleans via passenger train, private vehicle, or via parcel mail services. The heroin is distributed in 1-ounce quantities to midlevel distributors and street gangs in inner-city public housing projects.

Mexican black tar heroin supplied by Mexican upper-level wholesale groups is also available in New Orleans. In a recent federal investigation, approximately one-half kilogram of black tar heroin was seized from an African American distribution organization. The heroin was being transported from Oakland, California, to New Orleans aboard a commercial airliner. The recipient of the heroin stated that black tar heroin was easier to obtain and less expensive than white powdered heroin, but that it required further processing to convert it into a powdered form which was marketable on the street.

African American street gangs operating out of public housing projects, most notably four housing projects located in the Sixth District, dominate retail distribution of heroin in New Orleans. The Sixth District accounted for 68 percent (19 of 28) of heroin arrests in New Orleans through the first 4 months of 2000. Local

distribution is predominantly controlled by the Dillon Gang, the Got it Boys, and, in Jefferson Parish, the Latin Kings. Gang members cut, package, and distribute heroin. Police report street gangs package individual use doses in "foils" or "papers." Foils are formed by taking a 4-inch by 4-inch sheet of aluminum, placing the heroin in the center, and then folding it over and over to form a small rectangle. For sale in bulk quantities, foils are packaged in a plastic sandwich bag that is then known on the streets as a "bundle." Although the number of foils can be either 20 or 25, the bundle must contain 1 gram.

The housing projects of New Orleans are the focal point for heroin distribution not only in the city itself, but throughout the greater metropolitan area as well. Police departments in the communities surrounding New Orleans report that most heroin in the area originates in the projects of New Orleans. Heroin distributors in the communities surrounding New Orleans range from Caucasian suburban teens to housewives.

Methamphetamine

Methamphetamine abuse is rising in Louisiana, especially in the north of the state. Substance abuse counselors in some treatment centers in northern Louisiana report methamphetamine is now the drug of choice in their areas. Many police in northern Louisiana report an increase in domestic violence related to methamphetamine abuse. Increasingly, methamphetamine is being manufactured in mobile laboratories, using a simple technique known as the "Nazi method." Methamphetamine is also produced by Mexican criminal organizations and transported into the state. In general, methamphetamine is distributed by independent Caucasian dealers, producers, and OMGs.

Abuse

Law enforcement and treatment providers indicate methamphetamine abuse is increasing in Louisiana, especially in the northern rural area. In Bossier and Caddo Parishes, both situated in the northwest corner of the state, treatment counselors state that although crack cocaine continues to be the primary drug of use reported by clients upon admission, methamphetamine is showing up as the self-described drug of choice. Methamphetamine's lower cost and longer lasting euphoric effects have attracted some crack users, adding to the user population. There is a perception that methamphetamine is not as dangerous as cocaine and will not result in long-term addiction. Methamphetamine is a potent central nervous system stimulant. The body quickly builds up a tolerance to the drug, causing the user to ingest more and more of the drug to achieve the same effect.

Despite relatively low abuse indicator data, people attending treatment clinics report an upswing in methamphetamine use among young people. According to ADAM data, less than 1 percent of arrestees in New Orleans tested positive for methamphetamine at the time of booking. DAWN ED figures also show low levels of abuse in 1999 with 23 out of a total of 4,459 emergency department drug episodes attributed to methamphetamine. Most methamphetamine abusers are Caucasian, male, and between the ages of 15 and 40. Many young people, attracted to the drug's euphoric effects, are increasingly using methamphetamine at rave parties. Use is also increasing among ravers because of the drug's effectiveness at keeping the user awake and active for long periods of time. Many law enforcement personnel in northern Louisiana report that while so-called designer drugs such as ecstasy are perceived as "upper-class" drugs, methamphetamine is regarded as a "lower-class" drug although this perception is changing as more and more young people use the drug at raves.

Availability

The DEA New Orleans Field Division reports that while methamphetamine is available throughout the state, it is more readily available in the northern part of the state. Methamphetamine produced locally in small Nazi method laboratories is augmented by mass-produced Mexican methamphetamine. While the Nazi method of production is not as common in the southern part of the state, law enforcement personnel report finding laboratories there more frequently. Most of the methamphetamine transported into the New Orleans area originates in Mexico and California and is transported through Texas.

Generally speaking, methamphetamine wholesale prices in Louisiana tend to increase farther to the south, while retail prices appear to be relatively constant throughout the state. In Shreveport, the DEA estimates a pound of methamphetamine costs $16,000 while in New Orleans, the price rises to roughly $20,000. To the north of Louisiana, in Arkansas, the price drops even more, to roughly $10,000 per pound. The price of methamphetamine at the retail level appears to be relatively constant, at roughly $100 per gram.

Operation Pipeline data show an increase in the number of seizures and the amount of methamphetamine seized on Louisiana highways over the last 2 years. In 1999 there were four methamphetamine seizures for a total of 13 pounds, while in 2000 there were seven seizures for a total of 14 pounds.

The Louisiana State Police, who have participated in various antimethamphetamine task forces throughout the state, estimate that for every methamphetamine laboratory that is confiscated, two to three remain in operation.

Violence

Methamphetamine and violence—domestic violence and violence against society in general—have always gone hand in hand. Methamphetamine is a powerful stimulant that affects the central nervous system and can induce violent behavior, anxiety, insomnia, paranoia, hallucinations, mood swings, and delusions. Methamphetamine abuse often occurs in “binge cycles.” The most dangerous stage of a binge cycle is known as “tweaking.” Typically, during this stage, the abuser has not slept in 3 to 15 days and is irritable and paranoid. The tweaker has an intense craving for more methamphetamine; however, no dosage will recreate the euphoric high. This causes frustration and leads to unpredictability and a potential for violence.

Methamphetamine production and abuse are responsible for an alarming number of domestic abuse crimes ranging from child neglect to homicide. Police throughout northern and central Louisiana report an increase in methamphetamine-related domestic violence as irritable tweakers lash out at family members. Children of methamphetamine users or producers frequently are neglected or injured as a result of their parents’ or guardians’ addiction.

Production

The production of methamphetamine is becoming an increasingly lucrative business. For many years, OMGs controlled the production and distribution of methamphetamine; however, in the early 1990s Mexican polydrug traffickers entered the market and quickly gained control. While Mexico-produced methamphetamine is available throughout the state of Louisiana, methamphetamine made in small, portable laboratories by local producers is the primary problem.

Law enforcement's realization of the magnitude of the current methamphetamine production problem in northern Louisiana can be traced to a series of events that unfolded in January 1999. According to an official in the West Monroe Police Department familiar with methamphetamine's rise in popularity, a call from security personnel at a large department store alerted police to two individuals who were purchasing large quantities of pseudoephedrine. The subsequent investigation led to the discovery not only of the "cooker," but also of a tank of anhydrous ammonia used in methamphetamine production. Police then conducted 24-hour surveillance on the tank, and subsequently arrested 18 people over the next 14 days, highlighting for the first time the scope of the problem.

Louisiana Town Evacuated Because of Ammonia Release

Someone wanting to siphon off anhydrous ammonia from a tank to make drugs probably left a valve open that released a noxious cloud, forcing about 200 people from their homes, police said. Authorities evacuated the town of Bonita after a noxious cloud drifted from a leaking fertilizer tank at a cotton farm. Two butane tanks and a hose were found next to the half-full 30,000-gallon tank.

Source: *Associated Press*, October 2000.

Methamphetamine production using the Nazi method is increasing in rural Louisiana, especially in the north. Laboratory operators are primarily low- and middle-income Caucasians who function independently and produce small quantities of methamphetamine. The Nazi method does not require extensive knowledge of chemistry or sophisticated laboratory equipment and is faster than the ephedrine/pseudoephedrine reduction method. Small quantities of methamphetamine—usually a pound or less—with purity levels of 90 percent can be produced in less than an hour using this method.

The availability of anhydrous ammonia is a key factor in determining whether or not the Nazi method of production becomes popular in a given area and it is plentiful in Louisiana. The Nazi method utilizes chemicals that can be readily purchased in any large department store. Pseudoephedrine, the precursor chemical, is contained in many over-the-counter cold medications. Starter fluid, lithium batteries, and drain cleaner are all ingredients used in the Nazi method of producing methamphetamine. Anhydrous ammonia, also a necessary chemical, is a common fertilizer that is readily available in Louisiana. In fact, Louisiana factories produce 60 percent of all the anhydrous ammonia used in the midwest.

Narcotics officers in northern Louisiana indicate the problem is so widespread, some individuals specialize in providing precursor and essential chemicals such as anhydrous ammonia, ephedrine, and pseudoephedrine. Law enforcement personnel in northern Louisiana have learned to target large stores to identify individuals who buy or steal these chemicals. OMGs have chemists who travel around the country teaching members to make methamphetamine.

Methamphetamine production is a serious safety and environmental concern. The production process creates toxic and hazardous waste that endangers law enforcement personnel, emergency response teams, and the environment. Methamphetamine laboratories may contain a variety of

highly flammable chemicals and produce 5 to 6 pounds of toxic waste for every pound of methamphetamine. Most toxic residue from methamphetamine production is dumped in the local area, contaminating groundwater and killing vegetation.

Methamphetamine producers and distributors in Louisiana use a variety of substances to cut or dilute methamphetamine. Police in northern Louisiana report cooks prefer to use vitamin B-12, a readily available, over-the-counter dietary supplement, although there have been reports of manufacturers and distributors using ordinary cooking flour. Dimethylsulfone ($DMSO_2$) a readily available, nonregulated veterinary food supplement used for its anti-inflammatory effect, is being used throughout the country to cut methamphetamine. $DMSO_2$ closely resembles high-purity methamphetamine in both texture and color, making it a favorite of methamphetamine manufacturers and distributors. Several forensic chemists throughout the state report finding $DMSO_2$ while testing methamphetamine samples, but generally speaking, it does not appear to be the preferred cutting agent in Louisiana.

Transportation

The methamphetamine produced in Nazi method laboratories throughout Louisiana is generally consumed close to where it is manufactured. When transported, it is generally moved in smaller than 1-pound quantities so that it can be easily concealed almost anywhere in a private or commercial vehicle.

Mexican DTOs in Mexico and California operate “superlabs,” which are capable of producing 10 or more pounds at a time. They use passenger cars, commercial vehicles, mail and package delivery companies, and public transportation to transport methamphetamine from Mexico into the western states and destinations throughout the United States. Methamphetamine is packaged in kilogram-sized bricks, wrapped in cellophane, concealed in or on the seats, floors, doors, bumpers, and the spare tire or wheel wells of the vehicle. Mexican DTOs often recruit Caucasian couples of all ages to transport methamphetamine.

Interstates 10 and 20, which originate in southern California, are the major pipelines for the transportation of methamphetamine and cocaine from the U.S.–Mexico border to Louisiana. Almost all methamphetamine seizures on Louisiana’s highways occur on one of these two highways.

Distribution

Mexican DTOs have been able to dominate the U.S. methamphetamine market by using their existing cocaine and marijuana smuggling networks to transport and distribute the drug. OMGs have historically been deeply involved in the production and distribution of methamphetamine and continue to serve as midlevel wholesalers in Louisiana. OMGs now primarily rely on Mexican DTOs operating out of Houston, Dallas, or California for most of their supply. These OMGs, primarily the Bandidos and Sons of Silence in Louisiana, rely on out-of-state chapters to foster connections with methamphetamine suppliers. Commercial truck drivers have also been identified as wholesale suppliers. They often serve as couriers for Mexican DTOs by transporting methamphetamine from the Southwest Border region to Louisiana.

According to the NDIC National Drug Threat Survey 2000, Louisiana law enforcement sources implicate local independent Caucasian dealers as the primary retail distributors of methamphetamine. Sales take place primarily in rural areas

where most consumption occurs. While much of the methamphetamine produced by small, independent "cookers" is for personal use, some is sold. Generally, the maximum an independent cooker can produce at one time is 1 pound, but in fact, those amounts are usually much smaller (an ounce or less). Shreveport is experiencing a significant rise in methamphetamine distribution by Caucasian organizations operating on a small scale. The Shreveport Police Department identified Mexican criminals, in addition to independent Caucasian dealers, as retail distributors in its area. In southern Louisiana where methamphetamine is an emerging problem, police report distributors travel from rural areas into larger towns to conduct retail sales. The producers/distributors sell methamphetamine to the middle-class high school crowd generally in 3.5 gram "eight-balls."

Marijuana

Marijuana is the most commonly abused illicit drug in the state and its use is continuing to rise. Most marijuana consumed in Louisiana is grown in Mexico and smuggled across the Southwest Border although police report the market for high-quality indoor produced marijuana is increasing. Law enforcement authorities in Louisiana cities and towns identify street gangs as the primary retail distributors of marijuana, while law enforcement authorities in rural areas identify local independent dealers as the primary distributors.

Table 6. Marijuana Treatment Admissions in Louisiana, 1988, 1998, and Peak Year

	Percent of All Drug Admissions			
	1988	1998	Peak	Peak Year
Bossier	11.0	25.7	25.7	1998
Caddo	11.2	10.5	15.1	1996,1997
Calcasieu	8.7	19.7	20.3	1997
E. Baton Rouge	7.4	12.4	12.4	1998
Jefferson	19.9	18.4	22.5	1995
Lafayette	15.7	14.3	15.7	1988
Orleans	12.2	30.2	31.3	1996
Ouachita	17.5	23.2	23.2	1998
Rapides	9.0	19.9	19.9	1998
St. Tammany	19.1	22.0	22.0	1998
Terrebone	12.9	26.8	26.8	1998

Source: Louisiana Department of Health and Hospitals, Office of Addictive Disorders.

Abuse

Marijuana is the most widely abused illegal drug in the state especially among the young. A 1999 survey of Louisiana high school students shows that more than 40 percent had tried marijuana during their lifetime (35 % of females and 46 % of males) and that 20 percent had used it within the last 30 days. The same survey found that 10 percent had tried marijuana before the age of 13 (7 % of females and 13 % of males).

Marijuana abuse rates in Louisiana are slightly lower than the national average. The NHSDA reports just over 14 percent of Louisianians aged 18 to 25 used marijuana during the last month, lower than the national average of almost 17 percent. Overall, use of marijuana during the past month was 1 percent lower than the national average of 6.9 percent.

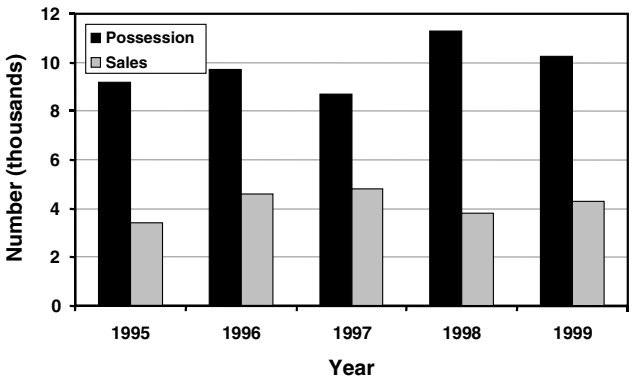
DAWN ED data for New Orleans indicate a decline in the number of emergency department marijuana mentions. After increasing from 491 in 1992 to 1,345 in 1997, the numbers have fallen off to 1,196 in 1998 and 1,044 in 1999.

ADAM data show that while the number of male arrestees testing positive for marijuana remained stable, the number of females testing positive increased. From 1996 to 1999 between 38 and 40 percent of males tested positive for marijuana, while the percentage of women testing positive for marijuana jumped from 13 to almost 25 percent.

According to statewide arrest information, the number of arrests for marijuana possession has fluctuated between 1995 and 1999 although the number of arrests for marijuana possession is consistently higher than the number of arrests for the sale of marijuana.

Marijuana abuse demographics in New Orleans differ from the rest of the state. SEWG statistics indicate more than 75 percent of the people throughout Louisiana admitted to treatment programs for marijuana abuse were younger than 30 years old. Orleans is the only parish in the work group where a third of all marijuana treatment admissions was for persons over the age of 30. In all other parishes the average age of people admitted to treatment centers was overwhelmingly under age 30. In a sign that the marijuana abuse problem is continuing to grow, more than half of the parishes surveyed reached their highest levels of admissions for marijuana abuse in 1998, the last year treatment program admission data is available. (See Table 6 on page 22.)

Chart 3. Marijuana Arrests in Louisiana, 1995-1999



Source: Louisiana Commission on Law Enforcement, Drug and Violent Crime Arrests, 1995-1999.

Note: Sales include possession with intent to distribute.

Availability

Marijuana is the most readily available drug in Louisiana and Mexico-produced, commercial-grade marijuana is the most widely available type. Louisiana's proximity to Texas and the Southwest Border ensures a steady supply of Mexico-produced marijuana, which is inexpensive in large part because of its low THC (tetrahydrocannabinol) content (average 3.3 %). Midlevel wholesalers generally sell marijuana by the pound for between $500 and $1,000. The

price of marijuana sold by the ounce varies, but generally speaking, the price hovers around $100.

Multikilogram- to metric ton-quantities are transported regularly through Louisiana, although most large shipments (over 20 kg) are destined for states to the east and north of Louisiana. The USCS reports both the number of seizures and the total amount of marijuana seized along the Southwest Border are increasing.

Violence

Violence associated with marijuana is generally limited to gangs, other organized crime elements, and individuals involved in transportation, distribution, and cultivation. Marijuana abusers generally do not commit violent crimes to get money to purchase the drug. While marijuana abuse is not normally tied directly to violent behavior, ADAM statistics for New Orleans reveal that over 38 percent of males arrested for violent crimes in 1999 tested positive for marijuana.

Domestic cannabis growers are often heavily armed and commonly use boobytraps 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, trip-wire firing devices, hanging fishhooks, and punji stakes buried around cannabis plots. The number of weapons seized during cannabis eradication program operations nationwide more than doubled over the past decade.

Production

Louisiana provides an adequate environment for cannabis cultivation. The growing season extends for most of the year because of the state's generally temperate climate. Cannabis is sometimes intermixed with other crops, making it visible only from the air. Outdoor cannabis cultivation appears to be decreasing in Louisiana while the use of indoor growing techniques is increasing.

Louisiana law enforcement personnel indicate the widespread availability of inexpensive Mexico-produced marijuana as the main reason behind a decrease in domestic outdoor cultivation. Other factors cited for the decrease in domestic cultivation are increased eradication efforts and recent droughts. Because marijuana from Mexico is of substantially lower quality and less expensive than domestic marijuana, it is used frequently to "bulk up" domestic marijuana and increase profits. This allows domestic growers to keep plots much smaller, thus making detection more difficult.

Horticultural techniques found on the Internet and in magazines are also contributing to an increase in the number of indoor cannabis grows. Indoor growing techniques, including hydroponics, are preferred by growers seeking a high-potency, high-quality product. Indoor grows range in size from small closets to warehouses. Indoor cannabis cultivation requires diligent oversight because the grower must provide or regulate growth media, light, heat, humidity, and fertilizer. In Louisiana, the number of indoor cannabis grows eradicated by law enforcement increased from 17 in 1998 to 34 in 1999 while the number of outdoor grows eradicated decreased from 229 in 1998 to 138 in 1999.

Transportation

Most marijuana shipped to Louisiana is transported from Houston or other cities in south Texas. Houston is a major marijuana distribution center, servicing distributors from around the country. Most marijuana seized on Louisiana's interstate highways is destined for markets in the southern and northeastern United States. Mexican criminals frequently transport marijuana in 30- to 100-pound shipments concealed in private vehicles. Marijuana seizures on Louisiana's interstate highways increased from 11,452 pounds in 1998 to 16,983 pounds in 2000.

Highway Trafficking

A Georgia woman faced drug charges after a Louisiana state trooper found an estimated $1 million worth of marijuana and cocaine inside her vehicle. After stopping the vehicle on Interstate 10 for careless operation, the trooper noted the smell of marijuana inside the vehicle and found 429 pounds of the drug and 16 kilograms of cocaine in bags. The stop occurred 2 miles west of Sulphur, Louisiana, which is approximately a 2-hour drive east of Houston, Texas.

Source: *Associated Press*, 23 October 2000.

Commercial vehicles are frequently used to transport marijuana into and through the state. According to a threat assessment commissioned by the U.S. Department of Transportation, Louisiana was home to 12.7 percent (15 out of 118) of all significant marijuana seizures occurring from commercial vehicles from June 1999 to June 2000. A significant seizure was defined as 100 pounds or more. Marijuana has been intermixed with legitimate goods such as furniture, clothing, and produce. Distributors and couriers also modify vehicles by building false compartments into the floors, walls, and ceilings of utility trailers. One distributor was apprehended on Interstate 12 near Hammond, Louisiana, with over 3,300 pounds of marijuana hidden in a secret chamber inside a modified tanker trailer hauling tar. The shipment originated in McAllen, Texas, and was bound for Atlanta, Georgia. More than 90 percent of all drug seizures made by the Louisiana State Police were from eastbound vehicles.

Commercial Airline Smuggling

On September 14, 2000, Los Angeles Operation Jetway Task Force officers seized 24 kilograms of marijuana from a male resident of Los Angeles, California. They observed the suspect attempt to purchase a one-way cash ticket from Los Angeles to New Orleans, Louisiana. The suspect left the counter without completing the transaction. During a consensual interview and search, the marijuana was found concealed inside his luggage. The package of marijuana was covered in gray duct tape and covered with blankets and clothing.

Source: Operation Jetway, *National Brief*, 3 October 2000.

Smaller quantities of marijuana (less than 1 kilogram) are often mailed using overnight delivery services. Police report distributors are frequently making "dry runs" in which parcels containing legitimate materials permeated with the smell of marijuana are sent to locations throughout Louisiana. If those packages make it to their destinations unhindered, then the shipment containing the marijuana shortly follows. The actual shipments are generally covered with a layer of material such as axle grease or laundry dryer sheets, intended to mask the smell of the marijuana.

With an increase in law enforcement pressure along the Southwest Border, marijuana smugglers are occasionally using routes through the Gulf of Mexico. Maritime smugglers are able to utilize the diverse Louisiana coastline, which includes many secluded inlets, marshes, and remote areas. Although there is little evidence to prove it is occurring on a large scale, law enforcement authorities assert marijuana smugglers are using

cargo vessels, pleasure boats, and fishing boats to transport large quantities of marijuana into the state via the Gulf of Mexico. The boats sail up the coast of Mexico, to either ports or dropoff sites along the Louisiana Gulf Coast.

Distribution

The primary wholesalers of marijuana in Louisiana are the same midlevel distribution groups and street gangs who supply most of the cocaine. Police report that wholesale marijuana distribution is also carried out by independent distributors with connections to Mexican criminal groups in Houston and south Texas.

Police throughout the state report Louisiana's proximity to Texas and the Southwest Border and the widespread availability of cheap, Mexico-produced marijuana make distributing wholesale quantities of marijuana in Louisiana a lucrative business. Police report some distribution organizations actually prefer to distribute marijuana exclusively because penalties are not as severe as those for distributing cocaine.

Law enforcement authorities in cities and towns identify street gangs as the primary retail distributors of marijuana, while law enforcement authorities in rural areas identify local dealers as the primary distributors. In rural areas, many people prefer to purchase marijuana from someone they know rather than from an unknown person in a larger city. Law enforcement authorities throughout the state report both street gangs and independent distributors often pool their money and send representatives to Houston to buy wholesale quantities of marijuana. These street gangs are normally polydrug organizations which also purchase wholesale quantities of cocaine. Because marijuana is so widely used, retail distributors often take advantage of "niches" such as high schools and colleges to sell marijuana.

Louisiana-Lafayette Pitcher Arrested for Marijuana Distribution

A University of Louisiana-Lafayette pitcher has been thrown off the team after being charged with possession of marijuana with intent to distribute. Police found more than 2 pounds of marijuana with a street value of about $14,000 in his apartment.

Source: *Associated Press*, 12 December 2000.

Police report that students are heavily involved in the retail distribution of marijuana at universities and colleges throughout the state. There are approximately 26 four-year colleges and universities as well as numerous community, technical, and business colleges in Louisiana and as the abuse statistics indicate, most users are college age or near college age.

Retail distributors use various techniques to sell marijuana. A California man was arrested for selling marijuana to undercover police in Louisiana via the Internet. The man claimed to be selling the marijuana for medical use only, saying, "The only reason I did this was to help the sick people who cannot get it." He had mailed 994 packages of marijuana to 149 customers in 35 states prior to his arrest.

Other Dangerous Drugs

The other dangerous drug (ODD) category comprises many drugs including those classified as club drugs. Club drugs are becoming increasingly popular, particularly among the young. The term club drug describes various drugs used by young adults and teens at all-night dance parties called raves or trances. These drugs are also encountered at other places of entertainment such as dance clubs and bars. Club drugs include MDMA (3,4-methylenedioxymethamphetamine), GHB (gamma-hydroxybutyrate), ketamine, Rohypnol (flunitrazepam), and LSD (lysergic acid diethylamide). Formerly associated primarily with young people in urban areas and college towns, club drugs have now permeated every corner of the state. There is a mistaken perception among the young that many of these drugs are not harmful or addictive. Research sponsored by the National Institute on Drug Abuse (NIDA) has shown that club drugs may cause serious health problems and, in combination with alcohol, can be even more dangerous. In some cases, abuse of club drugs may cause death. The NIDA reports that some club drugs have been used to facilitate sexual assaults. Because the drugs are colorless, tasteless, and odorless, they can be added to beverages of potential victims. After drinking the beverage, victims are incapacitated and, in some cases, may experience "anterograde amnesia." In other words, the victims of sexual assaults may not remember what happened to them while they were under the influence of the drug. Both Rohypnol and GHB have been linked to sexual assaults across the country.

Some police departments in Louisiana report that the diversion of pharmaceuticals represents the most serious trend in drug abuse in their area. Oxycodone, a powerful opiate-based pain reliever, sold under brand names such as OxyContin, Percocet, Percodan, and Tylox, represents the most commonly abused pharmaceutical in Louisiana. Also, Tussionex, a powerful prescription cough medicine containing hydrocodone, is already popular in the Alexandria area and is increasing in popularity elsewhere. Called "liquid bars," the drug is mixed with juices and sipped. Other commonly diverted pharmaceuticals include Vicodin, Lortab, Dilaudid, and Soma, a powerful muscle relaxant.

Rave Clubs

The 1990s saw the emergence of high energy, all-night dance clubs known as rave clubs, which feature hard pounding techno-music and flashing laser lights. Rave clubs are found in most metropolitan areas throughout the country and can be either permanent dance clubs or temporary clubs set up in abandoned warehouses, open fields, or empty buildings for a single weekend event.

Common to rave clubs are club drugs, a group of synthetic drugs often sold at the club site and used by young clubgoers. The most popular club drug is MDMA, more commonly known as ecstasy, which provides users with the energy and heightened sensory perception most seek to enhance their rave experience.

Rave clubs are often promoted through flyers and advertisements distributed at other rave clubs, in record shops and clothing stores, on college campuses, and over the Internet. Rave club owners and promoters sell specialty items to dancers in a way that arguably promotes MDMA use. They provide bottled water and sports drinks to manage hyperthermia and dehydration; pacifiers to prevent involuntary teeth clenching; and inhalers, chemical lights, and neon glow sticks, necklaces, and bracelets to enhance the effects of MDMA.

MDMA

MDMA, also called Adam, ecstasy, XTC, E, or X, is a synthetic psychoactive drug with amphetamine-like and hallucinogenic properties. MDMA was patented in Germany in 1914 and 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. Users say MDMA, sometimes called the hug drug, makes them feel good. However, the drug may cause psychological difficulties similar to those associated with methamphetamine and cocaine abuse including confusion, depression, sleep problems, anxiety, and paranoia. The physical effects include muscle tension, involuntary teeth clenching, blurred vision, and increased heart rate and blood pressure.

MDMA taken in high doses can be extremely dangerous. It can cause a marked increase in body temperature leading to muscle breakdown and kidney and cardiovascular system failure. MDMA use may lead to heart attacks, strokes, and seizures as reported in some fatal cases at raves. Recent research links MDMA to long-term, possibly permanent, damage to parts of the brain that are critical to thought and memory. There is also evidence that individuals who develop a rash after using MDMA may suffer severe liver damage or other serious side effects.

People under the influence of MDMA seek constant sensory stimulation. Users wave chemical glow sticks in front of their eyes to stimulate the sense of sight, massage one another to stimulate the sense of touch, and heighten the sense of smell by wearing surgical masks lined with menthol to dilate the nasal passages. MDMA users experience a strong sense of euphoria and a loss of sexual inhibitions. Most users consume 3 to 10 pills within a “dance” or “party” night.

While MDMA is sometimes produced in the United States, most MDMA distributed in Louisiana is produced in the Benelux countries of Europe where the necessary precursor chemicals are readily available. Nationwide, seizures have gone from approximately 400,000 doses in 1997 to 3 million in 1999. USCS reported a record 9.3 million pills seized in FY2000, an increase of 166 percent over 1999. Since the mid-1990s, Israeli and Russian DTOs have dominated MDMA smuggling to the United States, although some small U.S. organizations have established their own sources of supply in Europe. The smuggling organizations commonly use express mail services to deliver pills to a customer. They often put loose pills inside jigsaw puzzles to avoid x-ray detection and ship the pills anonymously to mailbox rental facilities. DTOs prefer using female couriers traveling on round-trip tickets to smuggle MDMA in false-bottomed, carry-on luggage aboard commercial flights into the United States. There are indications that Vietnamese trafficking groups are increasingly involved in the distribution of MDMA in the New Orleans area.

Ecstasy Variant Kills Six in Florida

An extremely lethal variant of the club drug ecstasy has killed at least six people in Florida since July, raising victims’ temperatures so high that the central nervous system “burns out,” state police said. The Florida Department of Law Enforcement issued a statewide warning that no tests could reliably determine the presence of the highly toxic additives in pills sold as ecstasy. The deaths were attributed to tablets that in addition to the usual ecstasy ingredients also contained PMA (paramethoxyamphetamine) or PMMA (paramethoxymethamphetamine). Both are powerful stimulants that cause the user to sweat profusely and the body temperature to soar. PMA was also blamed for three deaths in the Chicago area in May. A 19-year-old woman who died in August after taking the drug had a temperature of 104 five hours after she died.

Source: *USA Today*, 5 October 2000.

Downtown Rave Party Leads to Girl's Death

Earlier this month, eight teens were taken by ambulance from a rave on Canal Street to a local hospital and one of the ravers died. The girl began convulsing on the dance floor just a few hours into the all-night dance event. A physician stated by the time they took her to the hospital, her fever was 105 degrees causing her liver to shut down.

Source: *The New Orleans Times-Picayune,* 29 August 1998.

Nightclubs and rave parties are the primary retail distribution points for MDMA and other club drugs, although many club drugs are increasingly being distributed outside of clubs and raves in the parking lots and surrounding areas. Retail dealers are typically Caucasian suburban teenagers who are involved in the rave scene. Young ravers, normally between the ages of 13 and 18, are known as "Candy Kids" or "Candy Ravers" and are often exploited by older ravers known as "Club Kids." Club Kids often front MDMA at after-hours parties for distribution to lower level retail distributors in their home cities. The availability of MDMA in suburban areas is reported to be higher after rave weekends. MDMA costs on average between $15 and $60 per pill (considered one dosage unit).

Many clubs throughout the state are designating rave nights and providing the loud, pulsating music and psychedelic light shows that are indicative of the genre. The rave scene is well established in New Orleans and was growing significantly in Baton Rouge until law enforcement pressure made the organization and promotion of raves more difficult through increased scrutiny. Many law enforcement agencies throughout the state report taking a tough stance against rave promoters in an attempt to reduce the illegal drug activity often associated with them. Rave parties, a term used to describe a special event organized by investment groups or production companies, are larger than rave clubs and are put on periodically throughout the state in places ranging from warehouses to barns to open fields. There are numerous rave sites on the Internet listing dates, times, and locations of upcoming parties, as well as advice on how to use the various types of drugs easily available at these parties. Mailing lists are also used to notify ravers of upcoming events.

GHB

GHB, also known as liquid ecstasy, scoop, grievous bodily harm, and Georgia home boy, is abused for its euphoric, sedative, and anabolic effects; however, its use can induce coma and cause insomnia, anxiety, tremors, and sweating. When GHB is combined with methamphetamine, there is an increased risk of seizures. Overdoses can occur quickly; some of the effects include drowsiness, nausea, vomiting, loss of consciousness, impaired breathing, and death. GHB is also cleared from the body rather quickly and may be difficult to detect in emergency rooms and other treatment facilities. The drug is increasingly involved in poisonings, overdoses, date rapes, and fatalities.

Law enforcement officials near college campuses and those familiar with the club scene in New Orleans indicate the use of the drug rose significantly over the last 2 years but tapered off in late 2000 and the first several months of 2001. Police indicate the university crowd is routinely involved in the distribution and abuse of the drug. Laws put into effect in January 2001 severely punishing those possessing or distributing GHB are believed responsible for a recent decrease in the amount of GHB available on the streets. It is unlawful to produce or distribute GHB in the United States, but recipes and do-it-yourself kits are available on several Internet sites. GHB can be made from easily obtainable ingredients, one of which is GBL (gamma-butyrolactone), a solvent

commonly used as a paint stripper. Vials and bags of powdered GHB are sold in $20, $40, and $50 sizes. The average price per dosage unit (a capful or tablespoonful) of liquid GHB is $5 to $30.

GHB Apparently to Blame for Recent Deaths in Lafayette

An outbreak of apparent drug overdoses has claimed the life of one man after six people were hospitalized after a rave party. Six men were hospitalized after taking a substance believed to be similar to the popular designer drug GHB. Five other people who police said took the same substance were treated and released.

Source: *The Lafayette Daily Advertiser*, 2 January 2001. (Note: The drug responsible for these overdoses was recently determined to be butanediol.)

GBL, a chemical used in the production of GHB and sometimes taken alone because GBL is converted into GHB in the body, is becoming increasingly popular. On January 21, 1999, the Food and Drug Administration issued a warning about food supplement products containing GBL and requested that producers recall all products containing the additive. According to a January 2000 report, GBL has been implicated in at least six deaths nationwide. GBL is widely sold as both a powder and a liquid at gyms, fitness centers, and some health food stores. In February 2000, authorities in Phoenix, Arizona, arrested a man who was selling GBL through the Internet. The GBL was shipped to locations around the country including Louisiana. The St. Tammany Parish Sheriff's Office reported overdoses from a product used by bodybuilders that contains GBL as its active ingredient. At least one individual has lapsed into a coma while using this product, known as "knock-out-punch."

Another chemical related to GHB is butanediol (1,4-butanediol), a precursor to GHB used in the production of plastics and adhesives. Butanediol is a central nervous system depressant, which is converted into GHB in the body. Teens often carry the butanediol in small containers such as mini-shampoo bottles. A bottle holds 4 doses of one-half teaspoon each and sells for $0.75 to $5. One dose has the same effect as alcohol at a blood level of 0.10 or 0.12.

Rohypnol

Rohypnol (flunitrazepam), also called roofies, rophies, Roche, and the "forget-me pill," belongs to a class of drugs known as benzodiazapines (Valium, Halcion, Xanax, Versed). Rohyphol is not approved for prescription use in the United States. Rohypnol produces sedative-hypnotic effects including muscle relaxation and amnesia and can also cause physiological and psychological dependence. Poison control centers in Miami report an increase in cases of withdrawal seizure among people using Rohypnol.

Rohypnol is odorless, tasteless, and dissolves in beverages. It can cause severe retrograde amnesia. The effects of Rohypnol are exacerbated by the use of alcohol, and even without alcohol, 1 milligram can impair or incapacitate a victim for 8 to 12 hours. Because of these characteristics, it has been used as a date rape drug. In 1998 the manufacturer changed the formula, adding blue dye and making it more difficult to dissolve so that intended victims of sexual assault could more easily detect the drug in a drink. However, it has been noted that these changes, although discernible in a transparent container, may not be detectable in an opaque or metal container. It has been suggested that the drug also be made bitter to the taste.

Rohypnol is usually smuggled into Louisiana by locals who drive to Mexican border towns to purchase it. It is also transported into the state by way of the mail or delivery services. Reports indicate that it is often sold for $5 or less per dosage unit, although it may sell for $10 to $20 per dosage unit.

Ketamine

Ketamine, also called K, special K, vitamin K, and cat valiums, is commercially sold as Ketalar. It is an injectable anesthetic that has been approved for both human and animal use. Ketamine is produced in liquid, powder, or pill form. Ketamine in its liquid form can be injected either intramuscularly or intravenously but it can also be made into a tablet or powder by evaporating the liquid. In powdered form, ketamine can be mistaken for cocaine or methamphetamine and is often snorted or smoked with marijuana or tobacco products.

At high doses, ketamine can cause delirium, amnesia, impaired motor function, high blood pressure, depression, and potentially fatal respiratory problems. Low-dose intoxication from ketamine results in impaired attention, learning ability, and memory. Short-term use of ketamine causes hallucinations; its major effect is disassociation, which includes out-of-body and near-death-like experiences. Ketamine gained popularity among abusers in the 1980s when it was discovered that large doses caused reactions similar to those experienced with the hallucinogen PCP (phencyclidine). Ketamine abusers in the United States and the United Kingdom have experienced incidents similar to bad LSD trips. While under the influence of the drug, some may believe they can fly and others have attempted to get out of moving vehicles.

Ketamine has been classified a Schedule III drug under the Federal Controlled Substances Act and has therefore become somewhat more difficult to obtain. Illicit ketamine distributors in Louisiana are known to make frequent trips to Mexico where the sale of the drug is not as closely monitored as in the United States. Because it resembles water in its liquid form, ketamine is often smuggled and transported in water bottles. One case in Jefferson Parish involved two local individuals who attempted to smuggle approximately 1,500 grams of ketamine from Mexico by concealing it in four plastic bottles marked “Vanilla Extract.” Ketamine is also shipped via package delivery services. An early 2001 investigation from the East Baton Rouge Sheriff’s Department involved the shipment of a case of ketamine from Panama to Baton Rouge via Florida. Ketamine is one of the most commonly used anesthetics in veterinary medicine and there have been a series of veterinary office break-ins in which ketamine appeared to be the primary target. In Mexico, a bottle of ketamine sells for 155 pesos or US$16, while in the United States, factory-sealed vials of liquid ketamine sell for between $30 and $150. Powdered ketamine, prepared for retail distribution, is sold in $20, $40, and $50 vials and plastic bags.

Although ketamine is normally found in liquid or powdered form, it is occasionally found in pill form. The Southwest Louisiana Criminalist Laboratory in Lake Charles reported analyzing tablets that contained ketamine—20 green tablets inscribed with an “FY” logo and 98 yellow tablets with a “P” logo.

LSD

LSD, also known as acid, boomers, and yellow sunshines, is a hallucinogen that induces abnormalities in sensory perceptions. The effects of LSD are unpredictable depending on the amount taken, the environment in which it is used, and the user’s personality, mood, and expectations. Users feel the effects within 30 to 90 minutes. The physical effects include dilated pupils, higher body temperature, increased heart rate and blood pressure, sweating, loss of appetite, sleeplessness, dry mouth, and tremors. LSD users report numbness, weakness, or trembling, and nausea is common. Two long-term disorders associated with LSD are persistent psychosis and

hallucinogen persisting perception disorder (flashbacks). LSD is typically taken orally and is sold in tablet, capsule, liquid, and in pieces of paper that have absorbed the drug. Historically, LSD has been produced primarily in the San Francisco Bay area of California.

LSD is available in cities and college towns throughout the state. Baton Rouge police report an increase in the number of investigations involving the drug. Wholesale distribution frequently occurs at or around concerts and festivals attended by "hippies," who are allegedly involved in the trafficking of crystal, or "raw" LSD. One gram of crystal LSD will produce 10,000 dosage units. Crystal LSD is converted to liquid form. It is then sold on blotter paper or in small breath freshener containers, referred to as "vials," which hold 100 dosage units (100 drops) each.

The retail distribution of LSD is becoming increasingly diverse as distributors are constantly developing new ways to market their product. Retail distributors often place one drop of liquid LSD directly onto a user's tongue or onto sugar cubes. In Louisiana, the most common form of LSD is blotter paper. The paper can be plain white or it can possess any number of designs including cartoons, album covers, or mosaics. A current trend in LSD packaging is the "Gel Tab." Distributors dissolve crystal LSD, mix it with gelatin, and allow it to dry in any number of "molds." Police and forensic chemists in Louisiana report an increase in the number of candies with a drop of LSD in the center. LSD sold as "microdots," tiny pills (3/32 of an inch or smaller), have become rare.

Police in Louisiana report that a single dosage unit or "hit" of LSD can be purchased for between $5 and $10. Because pure LSD is manufactured by a limited number of people throughout the country, the wholesale prices remain relatively constant. A gram of crystal LSD (which lower level dealers then convert to liquid) sells for $2,500 to $15,000. Vials sell for $90 to $300 each. "Sheets" (100 doses) of LSD blotter paper sell for $80 to $400; "books" (1,000 doses) sell for $800 to $6,000.

Prescription Drugs

Prescription fraud, the sale of prescriptions by unscrupulous medical professionals, and outright theft are the most frequent means of obtaining or diverting pharmaceuticals for illegal use. In southern Louisiana, police, pharmacists, and health care providers indicate the problem is compounded by a small number of doctors who write prescriptions for the sole purpose of making money. Police also report that some sick people who actually require the medications are selling off their surplus supplies to supplement their income.

Law enforcement officials report that many distributors of illicit pharmaceuticals in Louisiana make the short trip to Mexican border towns where many of these drugs can be purchased either without a prescription or from unscrupulous pharmacies willing to provide controlled medications to anyone with the money to purchase them.

OxyContin

The powerful opiate painkiller OxyContin is being abused throughout Louisiana, but is particularly problematic in Louisiana's southeast parishes. In St. Bernard Parish the abuse of OxyContin, known on the street as "killers," has become so acute that the drug now rivals cocaine in its influence on crime and violence. Police, pharmacists, and substance abuse treatment centers in this area report that the problem is fueled in part by physicians who write prescriptions for the drug without performing proper screenings or examinations.

OxyContin is a trade name product for the generic narcotic oxycodone hydrochloride, an opiate agonist. Opiate agonists provide pain relief by acting on opioid receptors in the spinal cord, brain, and possibly in the tissues directly. Opioids, natural or synthetic classes of drugs that act like morphine, are the most effective pain relievers available. Oxycodone is manufactured by modifying thebaine, an alkaloid found in opium. Oxycodone has a moderate abuse liability and is prescribed for moderate to high pain relief associated with injuries, bursitis, dislocation, fractures, neuralgia, arthritis, and lower back and cancer pain. It is also used postoperatively and for pain relief after childbirth. Percocet, Percodan, and Tylox are other trade name oxycodone products.

Oxycodone is a central nervous system depressant. Oxycodone appears to work by stimulating the opioid receptors found in the central nervous system that activate responses ranging from analgesia to respiratory depression to euphoria. People who take the drug repeatedly can develop a tolerance or resistance to the drug's effects. Thus, a cancer patient can take a dose of oxycodone on a regular basis that would be fatal in a person never exposed to oxycodone or another opioid. Most individuals who abuse oxycodone seek to gain the euphoric effects, avoid pain, and avoid withdrawal symptoms associated with oxycodone or heroin abstinence.

OxyContin is an oral, controlled-release oxycodone that acts for 12 hours, making it the longest-lasting oxycodone on the market. Patients taking shorter-acting oxycodone products, such as Percocet, may need to take the product every 4 to 6 hours. While drug doses vary by individual, the typical dose prescribed by a physician ranges from two to four tablets per day. OxyContin was developed and patented in 1996 by Purdue Pharma L.P. and was originally available in 10 milligram (mg), 20 mg, 40 mg, and 80 mg tablets. A 160 mg tablet became available in July 2000. By comparison, Percocet and Tylox contain 5 mg of oxycodone and Percodan contains just 2.25 mg. The oxycodone dosage and duration of OxyContin are the primary reasons the drug is attractive to both abusers and legitimate users.

In St. Bernard Parish OxyContin abuse is having a measurable impact on the community. In a parish of just over 80,000 people, OxyContin is responsible for at least five overdose deaths between October 2000 and January 2001. Users in St. Bernard Parish have learned that by chewing the tablet or crushing it and then snorting it, they are able to overcome the time release component of the drug. Police report users also dissolve OxyContin in water and inject it. Police and pharmacists in St. Bernard Parish are concerned about an increase in armed robberies, like those in other parts of the country, as users attempt to obtain the drug. Police in St. Bernard Parish reported a 60 percent increase in burglaries in the early months of 2001.

Man Booked in Burglary at Pharmacy

A Pearl River man cut a hole in a Slidell pharmacy's roof, climbed through, stuffed a pillowcase with cash and drugs, and led police on a brief chase before being arrested. The man was booked with stealing 9,000 pills from the pharmacy. Police found a pillowcase filled with cash and 18 bottles containing 7,000 pills including Soma, a powerful muscle relaxant, methadone, lithium, and OxyContin.

Police said the man was a suspect in a November burglary at a Covington pharmacy in which someone cut a hole in the roof and stole 5,000 OxyContin pills.

Source: *The New Orleans Times-Picayune*, 5 December 2000.

Liquid Bars (Prescription Cough Syrup Containing Hydrocodeine)

"Liquid Bars" or simply "Bars," a drug that is formulated by mixing prescription cough syrup containing hydrocodone with cola or juice, is becoming increasingly popular in some parts of Louisiana, primarily in the area surrounding Alexandria. The drug acts as a depressant and is often used in conjunction with marijuana or alcohol because, from the user's perspective, the effects complement each other. Forensic chemists report most of the Liquid Bars they have encountered have been created by mixing a drink, usually a presweetened grape drink, with Tussionex, a prescription cough syrup containing hydrocodone. Although police report encountering the drug as far back as 1993, it has grown more popular of late because it has been featured in pop culture including rap songs and videos. In the past, a baby bottle was the preferred container to use while "sipping" Liquid Bars, although recently, police report users prefer to use a juice or cola bottle because it attracts less attention. Tussionex sells for approximately $14 an ounce with a legitimate prescription while police report it is bringing approximately $30-$40 per ounce on the street. Police report that many users in Alexandria obtain Tussionex by going to Houston where they allege several doctors are running so called "pill mills," or in this case "cough-syrup mills."

Other Commonly Diverted Pharmaceuticals

There are several other commonly diverted pharmaceuticals that are abused at high levels throughout Louisiana. Soma (carisoprodol), a powerful muscle relaxant, is one of the most common. Others pharmaceuticals include Xanax, Vicodin, Lorcet, Dilaudid, and Darvocet, all powerful pain relievers. Also popular are Valium and Codeine.

Outlook

Economic expansion, flourishing tourism, and improvements to the state's transportation infrastructure may contribute to a rise in drug trafficking and abuse in Louisiana. As the Shreveport /Bossier City metropolitan area expands into a regional gambling hub and attracts tourists from throughout Texas and the southwest, drug distribution and abuse may increase. Casino gambling and a booming economy also provide an atmosphere where big dollar spending goes largely unnoticed. Local drug traffickers and distributors use various methods to launder illicit proceeds through casinos. Interstate highway 69, a proposed 1,600-mile transcontinental interstate highway intended to link Mexico to eastern Canada, would pass through northwest Louisiana near Shreveport and may bring an increase in drug transportation and distribution.

Although crack cocaine abuse appears to be leveling off or subsiding, it will continue to be the most significant drug problem in Louisiana. Crack sales by street gangs and the attendant violence are spreading from large urban areas to suburban and rural areas. Law enforcement sources throughout Louisiana report that violent crime associated with the sale and abuse of crack cocaine is a serious problem. Some law enforcement personnel in Louisiana suggest an upsurge in the use of powdered cocaine among young people aged 16 to 25.

Heroin abuse, after increasing to alarming levels in New Orleans, is already expanding beyond the limits of the inner city. A growing category of young, Caucasian, suburban heroin users in the greater New Orleans metropolitan area provide a market that is ripe for exploitation. Market competition will continue to drive purity higher and prices lower, making heroin appealing to a growing number of people. The spread of blood-borne diseases such as AIDS and hepatitis C will

inevitably increase, as intravenous users continue to share their "works" (injection paraphernalia). As the New Orleans distribution market becomes saturated, distributors will expand into larger neighboring cities in a search for new customers.

Methamphetamine availability and production are growing rapidly in Louisiana, especially in the north. If other states in the region such as Arkansas and Missouri are a guide, the growth in the number of methamphetamine laboratories in Louisiana poses a serious threat to abusers, law enforcement personnel, and the environment. Methamphetamine is the most significant drug threat in many rural areas in the north, due to the increased use of the Nazi method of production. Methamphetamine abuse in New Orleans may increase as the drug becomes more popular in rave circles.

Declining negative attitudes and an abundance of inexpensive Mexico-produced marijuana may increase teen marijuana abuse levels. The trend throughout much of the country is toward high-quality, indoor-cultivated cannabis. The popularity of hydroponic cannabis will continue to rise in Louisiana, especially among the affluent.

Club drugs such as MDMA, GHB, LSD, and ketamine represent a rapidly growing threat. Police throughout the state report that MDMA is no longer simply a rave drug, but is gaining wider use among young people.

The diversion of powerful prescription pharmaceuticals such as OxyContin, Vicodin, Soma, and Valium will continue to increase. Police throughout the state identify this as a problem that has arrived in full force and is continuing to grow. Users and distributors are burglarizing pharmacies increasingly to obtain the drugs. Police also report more people are purchasing these drugs in Mexico, where a prescription is generally not required.

This page intentionally left blank.

Sources

State and Regional Sources

Alexandria Police Department

Baton Rouge Police Department

Beauregard Parish Sheriff's Department

Caddo Sheriff's Department

Calcasieu Sheriff's Department

East Baton Rouge Sheriff's Department

Gulf Coast High Intensity Drug Trafficking Area

Grant Parish Sheriff's Department

Hammond Police Department

Jackson Parish Sheriff's Department

Jefferson Parish Coroner's Office

Jefferson Parish Medical Investigator

Jefferson Parish Sheriff's Office

- Criminalist Laboratory

Koch Industries, <www.kochind.com/facts_louisiana.as>

Louisiana Association of District Attorneys

Louisiana Association on Compulsive Gambling

Louisiana Department of Health and Hospitals

- Office of Addictive Disorders

Louisiana Department of Public Safety and Corrections

Louisiana Department of Wildlife and Fisheries

Louisiana Drug and Poison Information Center

Louisiana Drug Policy Board

Louisiana Narcotics Officers Association

Louisiana National Guard

- Counter-Drug Office

Louisiana Office of the Attorney General

- State Drug Program Coordinators Office

Louisiana Sheriffs' Association

Louisiana State Police

- Headquarters
  - Crime Lab
  - Intel Section
- Lafayette Intel Section

Louisiana State University

- Baton Rouge Student Health Center
- Medical School
  - Division of Addictive Disorders
- Shreveport Student Health Center

Mandeville Police Department

Metropolitan Treatment Center, Inc. (New Orleans)

Minden Police Department

Monroe Addictive Disorders Clinic

Monroe Police Department

- Gang Unit
- Narcotics

New Orleans Health Department

- CEWG Coordinator

New Orleans Police Department

The New Orleans Substance Abuse Clinic

Northeast Louisiana Substance Abuse Clinic

North Louisiana Criminalist Laboratory

- Alexandria

- Shreveport
- West Monroe

Plaquemines Parish Sheriff's Department

Rapides Parish Sheriff's Department

- Gang Unit
- Narcotics Section

Red River Parish Sheriff's Department

St. Bernard Parish Sheriff's Office

St. Tammany Parish Sheriff's Department

Shreveport-Bossier Convention and Tourist Bureau <www.shreveport-bossier.org/bureau.htm>

Shreveport Police Department

- Gang Unit
- Narcotics Division

The Shreveport Times

Southeast Louisiana Criminalist Laboratory

- Lake Charles

Southern Oaks Addiction Recovery Center

Terrebone Parish Medical Investigator

Terrebone Parish Sheriff's Department

University of New Orleans

- Center for Society Law and Justice

Vernon Parish Sheriff's Department

Washington Parish Drug Task Force

West Baton Rouge Sheriff's Department

West Carroll Parish Sheriff's Department

West Monroe Police Department

Winn Parish Sheriff's Department

National and International Sources

International Journal of Medical Toxicology

National Council on Problem Gambling, Inc.

National Gambling Impact Study Commission

Organized Crime Drug Enforcement Task Force

- Southeast Region
  - Money Laundering Division

U.S. Department of Agriculture

- Forest Service
  - Kisatchie National Forest

U.S. Department of Health and Human Services

- Centers for Disease Control and Prevention
- National Institutes of Health
  - National Institute on Drug Abuse
  - Substance Abuse and Mental Health Services Administration
    - Drug Abuse Warning Network
    - Treatment Episode Data Set

U.S. Department of Justice

- Drug Enforcement Administration
  - El Paso Intelligence Center
    - Operation Pipeline
  - New Orleans
  - Shreveport
- Federal Bureau of Investigation
  - Baton Rouge Violent Crimes and Gangs Task Force
- U.S. Attorney's Office
  - Western Louisiana (Shreveport)

U.S. Department of Transportation

- Federal Motor Carrier Safety Administration, Drug Interdiction Program

U.S. Department of the Treasury

Bureau of Alcohol, Tobacco and Firearms

Safe Home Task Force

U.S. Customs Service

New Orleans International Airport Targeting Unit

Seaport Analysis Team, New Orleans

Other Sources

Associated Press

Bell, Vaughn, Ketamine (“K,” Special K, Vitamin K), 1995.

Gambit Weekly

McDermott, Peter, Ketamine: Trick or Treat, June 1992.

Philadelphia Daily News

The New York Times

San Jose Mercury News (CA)

This page intentionally left blank.

319 WASHINGTON STREET • 5TH FLOOR • JOHNSTOWN, PA 15901-1622

www.usdoj.gov/ndic