

# Missouri Department of Public Safety



Edward Byrne Memorial Justice  
Assistance Grant Program

**Missouri Statewide Drug and  
Violent Crime Strategy  
FY 2007**

# FOREWORD

On behalf of the state of Missouri and the Missouri Department of Public Safety, it is my pleasure to present the 2006 Missouri Statewide Drug and Violent Crime Strategy. Since 1987, the Edward Byrne Memorial Justice Assistance Grant (JAG) Program (formerly known as the Edward Byrne Memorial Formula Grant and Local Law Enforcement Block Grant Programs) continues to be an essential resource in our continuing effort to meet the public safety needs of our states criminal justice community. The Missouri Department of Public Safety remains committed to assisting criminal justice agencies in making Missouri a safer place. The JAG Program makes it possible for Missouri to aggressively address the many public safety issues associated with illicit drugs and violent crime.

Since the inception of the first statewide drug strategy in 1986, Missouri has implemented many programs focused on drug awareness / education, enforcement, prosecution, detention, and rehabilitation and treatment efforts. These programs have helped improve the quality of life for Missouri's citizens. With the continued funding of the JAG, the Missouri Department of Public Safety will be able to address the current and future needs of the state relating to drugs and violent crime.

The Missouri Department of Public Safety will continue its commitment to coordinate with federal, state and local criminal justice entities in an effort to combat the drug and crime problem in Missouri. We will continue to fund existing programs that are successful and add new programs that will address the problems and needs identified in the strategic planning process.

The Missouri Department of Public Safety remains committed to our vision, "By embracing the challenges of the future, the Department of Public Safety and the law enforcement community working together will provide the protection and service to create a quality of life in which all people feel safe and secure." The Edward Byrne Memorial Justice Assistance Grant Programs helps us realize this vision.

Mark S. James, Director  
Missouri Department of Public Safety

# **Missouri Department of Public Safety Criminal Justice/Law Enforcement Program**

## **Edward Byrne Memorial Justice Assistance Grant Program**

**July 1, 2006 – June 30, 2007**

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# Acknowledgements

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# SECTION I. Executive Summary

In 1987, the Missouri Department of Public Safety initiated an administrative section within the Office of the Director, whose primary responsibility was to oversee and coordinate the dissemination of federal funding awards made to Missouri. This administrative section was implemented and titled as the Criminal Justice / Law Enforcement Program in response to the establishment of the federal Edward Byrne Memorial and Local Law Enforcement Assistance Grant Programs authorized by Title I of the Omnibus Crime Control and Safe Streets Act of 1968, 42 U.S.C. 3711 et seq. Additionally, the furtherance of the overall mission of the Missouri Department of Public Safety, as defined in Chapter 650 of the Missouri Revised Statutes, became and continues to be the directive for the Criminal Justice / Law Enforcement Program. That mission is to provide a safe and secure environment for all individuals, through efficient and effective law enforcement.

Throughout the years, the Missouri Department of Public Safety, through the Criminal Justice/Law Enforcement Program, has been involved in an on-going effort to identify the criminal justice needs of state and local units of government. As a result of this process, the Criminal Justice / Law Enforcement Program has provided the financial and technical assistance required to initiate state and local level responses to crime and drug related issues. This response, which parallels the established objectives of the Edward Byrne Memorial Justice Assistance Grant (JAG) Program as outlined by the U.S. Department of Justice - Office of Justice Programs, is the foundation for project initiatives within Missouri. It remains the priority of the Criminal Justice / Law Enforcement Program to identify state and local initiatives which assist the state of Missouri in the enforcement of drug control or controlled substance laws, initiatives which emphasize the prevention and control of violent crime and serious offenders, and initiatives which improve the effectiveness of the state and local criminal justice system.

In compliance with section 522(a) of the Omnibus Crime Control and Safe Streets Act, the Criminal Justice/Law Enforcement Program FY2007 State Annual Report (SAR), will outline the impact of JAG Program funding on the criminal justice system within the jurisdictions of state and local government. During the reporting period covered in this annual report, July 1, 2006 through June 30, 2007, the Criminal Justice/Law Enforcement Program provided funding assistance in four of the six authorized purpose areas. Those purpose areas are Law Enforcement, Prosecution and Court, Prevention and Education, Corrections and Community Corrections, Drug Treatment, and Planning, Evaluation, and Technology Improvement Programs. The total monetary award for this reporting period was \$6,568,048.91, for which the Criminal Justice / Law Enforcement Program was able to provide financial assistance to 35 state and local level projects.

This level of funding provided financial assistance to 29 Law Enforcement Programs (of which 28 were Multi-Jurisdictional Drug Task Forces), 3 Prosecution and Court Programs, 1 Prevention and Education Program, and 2 Planning, Evaluation and Technology Improvement Programs. The total funds expended during this reporting period represent grant awards utilizing Byrne and JAG Program money from fiscal years 2004 and 2005.

The Missouri Department of Public Safety-Criminal Justice / Law Enforcement Program continues to be an essential component of the statewide effort to address violent crime and drugs. Through the JAG Program, Missouri has the financial capability to maintain essential projects that provide needed services for the criminal justice community. In addition to the initiatives previously described, the Criminal Justice/Law Enforcement Program places an equally high priority on the development and continuation of projects and partnerships that enhance a state or local unit of government's ability to implement aggressive responses to the public safety needs of their respective service areas. The Criminal Justice / Law Enforcement Program strives to implement progressive demand reduction, community, multi-jurisdictional, judicial, correctional, analytical and informational-based response strategies to the public safety threats of crime and drugs

## INTRODUCTION

The Missouri Department of Public Safety, Office of the Director manages the distribution of federal funds provided to the state by the U.S. Department of Justice, Bureau of Justice Assistance, Edward Byrne Memorial Justice Assistance Grant (JAG) Program. The unit responsible for the management of these funds is the Criminal Justice/Law Enforcement Program. Since 1987, the Edward Byrne Memorial Formula and Local Law Enforcement Block Grant Programs have provided criminal justice agencies with financial resources to confront drugs and violence. In fiscal year 2005, the Edward Byrne Memorial Justice Assistance Grant (JAG) Program blended the previous Edward Byrne Memorial Formula (Byrne) and Local Law Enforcement Block Grant Programs in an effort to streamline justice funding and grant administration. The Missouri Department of Public Safety, Office of the Director is committed to assisting state and local efforts to make Missouri a safer place. Dealing head-on with illicit drugs and violent crime is critical to this effort and Federal grant monies make this possible.

The Missouri Department of Public Safety has undertaken a comprehensive approach to utilizing the JAG Program dollars. Enforcement/interdiction, prevention/education, treatment, criminal litigation, improving criminal history records, and improving statewide illicit drug and violent crime data are a few of the focus areas for the 2007 Strategy. By addressing these issues, we believe we can receive the most benefit for the citizens of Missouri.

Since the beginning of Byrne (now JAG) funding in 1987, the Missouri Department of Public Safety (DPS), Criminal Justice / Law Enforcement Program (CJ/LE), has developed a comprehensive strategic approach to the drug and violent crime problems facing Missouri. The 2007 Strategy is an overview of a four-year plan.

The State of Missouri has, and will continue to, build on past years' successes by supporting effective programs, which are committed to the overall objectives of a safer Missouri DPS – CJ/LE will continue to evaluate the effectiveness of each state and local program receiving federal money, to ensure that the goals and objectives of each program are addressing the needs of Missouri citizens.

The Missouri Department of Public Safety is responsible for development and administration of the JAG Program. This responsibility is conducted in accordance with RSMO 650.005, Section 8, which provides all powers, duties, and functions for administering Federal grants, planning, and the like related to public laws 90-351 through 90-455 and related acts of Congress is assumed by the Director of Public Safety. The Program is entering its 18<sup>th</sup> year of funding.

Following is the organizational outline of the DPS-CJ/LE section and associated financial commitments.

**Director of Public Safety:** 5% with JAG funding to provide administrative support to CJ/LE.

**Director Administration of Public Safety:** 10% with JAG funding to supervise CJ/LE staff and provide administrative support to CJ/LE.

**Program Manager:** 90% with JAG funding to plan, coordinate, and provide oversight for all narcotics-related programs. Responsible for CJ/LE budgeting, strategy development, program monitoring, and evaluation.

**Program Specialist I:** 100% with JAG funding to assist with planning, coordination, and provide oversight assistance for all narcotics-related programs. Assists with CJ/LE budgeting, strategy development, program monitoring, and evaluation.

**Program Specialist I:** 75% with JAG funding to assist with coordinating the Department of Defense Property Programs which make excess military equipment available to law enforcement for counter-narcotic programs.

**Program Representative I:** 100% with JAG funding to provide assistance and support in administration of CJ/LE assists both program specialists.

**Accountant II:** 23.34% with JAG funding to assist in financial administration and monthly CJ/LE draw downs paid to sub grantees.

# SECTION II. Data and Analysis

## Background

The Missouri Department of Public Safety (DPS) has undertaken a comprehensive approach to utilizing Edward Byrne Memorial Justice Assistance Grant (JAG) federal grant dollars to address the State's illicit drug problem. Enforcement / interdiction, prevention / education, treatment, criminal litigation, improving criminal history records, and improving statewide illicit drug and violent crime data are a few of the Department's focus areas. It is believed Missouri citizens can receive the most benefit by addressing these issues.

In 2007, DPS and Missouri Statistical Analysis Center (SAC) conducted a study entitled *Nature and Extent of the Illicit Drug Problem In Missouri* to provide baseline data for evaluation of JAG-funded programs targeted at illicit drugs. This report provides analyses that focused on three primary issues: illicit drug use, societal impact of drug use, and extent of drug industries in the State.

Illicit drug use and demand drive the impact of drugs and their industries in Missouri. Because of this relationship, an analysis of illicit drug use is critical for an assessment of Missouri's drug problem. The demographic characteristics, perceived risk, emergency room and treatment trends, regional variance, and prevalence by young persons were assessed in the 2007 illicit drug study for marijuana, cocaine / crack cocaine, methamphetamine, heroin / opiates, hallucinogens, and other illicit drug use.

The impact of drug use in Missouri is manifested in many ways. A significant impact is seen in the resources and effort expended by the criminal justice system to control the problem. To assess this impact, trends and types of drug arrests, criminal laboratory cases, juvenile court referrals, and incarcerated persons were analyzed in the 2007 illicit drug study. Drug use also impacts the health care system in Missouri. To assess this impact, trends and types of hospital admissions, HIV / AIDS cases, and births by drug users also were analyzed.

The illicit drug industry has an impact on Missouri's economy and the criminal justice system. An analysis of marijuana cultivation and methamphetamine clandestine laboratories was conducted to determine the trends and extent of the problem production of illicit drugs within the State. An analysis of interstate distribution / trafficking and distribution / point-of-sale trafficking was conducted to determine the trends and extent of the problem of illicit drugs brought into Missouri from outside sources. Seriousness and locations of each industry, demographic characteristics of industry participants, and organization levels were analyzed to assess drug industries in the State.

## Data Sources

To provide criminal justice and other public officials with an assessment of the nature, extent, and characteristics of Missouri's illicit drug problems, several sources of data were analyzed. Unfortunately, no single data source or indicator could be relied on to provide a definitive assessment of these problems and their impact on Missouri's citizens. Instead, this study was based on data from existing federal, state, and local information systems, primarily associated with law enforcement, juvenile justice, corrections, and public health agencies.

In order to make a statewide assessment of drug use, several analyses were conducted utilizing drug treatment data stored in the Client Tracking, Registration, Admission, and Commitment (CTRAC) information system maintained by the Missouri Department of Mental Health. This information system captures data on clients admitted to State-supported treatment facilities for alcohol and drug abuse dependency problems. As part of the data collection effort, drugs which clients abuse (up to three: primary, secondary, tertiary) are captured. Fifty-eight facilities located throughout Missouri participate in the CTRAC system. Patterns of illicit drug use, demographic profiles of users, and trends were analyzed with CTRAC data. In 2005, 29,551 clients were admitted for treatment of illicit drug use and 39,146 illicit drugs were mentioned by these clients. Of these, 24,921 illicit drugs were mentioned by clients as primary contributors to their abuse problems.

Another information system used to assess illicit drug use was the Patient Abstract Information System maintained by Department of Health and Senior Services. This information system captures data on all patients admitted to licensed hospitals in Missouri including cases handled through hospital emergency rooms. Data were obtained on all patients admitted to these facilities from 2001 through 2005 where use of illicit drugs was mentioned as part of their diagnosis.

Data from two statewide surveys also were analyzed to identify the extent of drug use in Missouri. The Missouri Department of Elementary and Secondary Education's High School Drug Survey was used to identify marijuana and cocaine use by Missouri high school seniors. Usage trends for these two drugs were analyzed from 1991 through 2005. Data collected in a 2006 public opinion survey conducted by the Missouri State Highway Patrol were used to identify citizens' perspectives of the extent of the drug problem.

The societal impact of drug use in Missouri is manifested in many ways. A significant impact is seen in the resources and effort expended by the criminal justice system to control the problem. To assess this impact, trends and types of drug arrests, criminal laboratory cases, juvenile court referrals, and incarcerated persons are analyzed. Drug use also impacts Missouri's health care system. Unfortunately, no single data source or indicator could be relied on to provide a definitive assessment of these problems and their impact on Missouri's citizens. Instead, this study was based on data from existing federal, state, and local information systems primarily associated with law enforcement, juvenile justice, corrections, and public health agencies.

To identify illicit drugs' societal impact, several data sources were analyzed. Law enforcement's response to illicit drugs in Missouri was analyzed using Uniform Crime Reporting (UCR) arrest data. The Missouri UCR Program was based on voluntary law enforcement reporting until 2001. In 2001, the Missouri UCR Program was initiated and Missouri law enforcement agencies were mandated by statute to report to this Program. In order to assess law enforcement illicit drug arrest levels prior to 2001, data voluntarily reported to the FBI UCR Program and the MSHP Crime Summary Information System were combined. By merging these arrest data, a more complete picture of Missouri's illicit drug enforcement arrest levels was obtained. A complete picture of drug enforcement arrest levels is available since inception of the State UCR Program.

To further assess illicit drugs' societal impact on the criminal justice system, reliance was placed on a number of information sources including, but not limited to: DPS Crime Laboratory Quarterly Monitor Report System; Juvenile Court Information System; Department of Corrections Offender Management Information System; Missouri Bureau of AIDS / HIV Prevention; and Federal research publications. Data on drug cases processed by Missouri crime laboratories were analyzed to identify the impact on one aspect of the criminal justice system. Court referrals of juveniles for drug violations were analyzed to identify the impact of drugs on Missouri's juvenile justice system. Illicit drugs' impact on the State's penal system was identified through analysis of clients entering Department of Corrections' custody for drug violations. The relationship of crime and drug use was analyzed in a survey of jail inmates conducted by the Bureau of Justice Statistics.

The use of illicit drugs' impact on the health system in Missouri was assessed through analysis of Missouri hospital admissions and HIV / AIDS data. Analysis of hospital admissions of persons diagnosed with illicit drug-related health problems identified the impact on Missouri's hospital infrastructure. Cases involving HIV / AIDS contracted through illicit drug use identified the impact on State-supported facilities that care for HIV / AIDS afflicted persons.

The illicit drug industry also has an impact on Missouri's economy and the criminal justice system. To determine the extent of drug industries in the State, an analysis was conducted of data collected from quarterly progress reports submitted to DPS by all multi-jurisdictional drug task forces (MJTFs) supported under the Edward Byrne Memorial Justice Assistance (JAG) Grant. These reports request information concerning trends in quantity and estimated street value of drugs seized as well as types of drug cases and arrests processed. Reliance also was placed on information collected in Missouri crime laboratories' quarterly progress reports submitted to DPS. These reports request information related to trends in illicit drug case processing as well as identification of new illicit drug types coming on the scene or older ones experiencing a rejuvenation of use.

This study also utilized data collected in a survey of Missouri MJTFs to identify the extent of drug industries. In this survey, representatives or points of contact were requested to identify drug industries causing significant problems in their jurisdictions and to provide detailed profiles on those drug industries considered to be major or moderate problems in their operational area. Seriousness and locations of each industry, demographic characteristics of industry participants, and organization levels were analyzed to assess drug industries in the State.

An analysis of marijuana cultivation and methamphetamine clandestine laboratories was conducted to determine the trends and extent of illicit drug production within the State. An analysis of interstate distribution / trafficking was conducted to determine trends and extent of foreign-produced illicit drugs sold in Missouri and trafficked across the State's roadway system. The distribution and point-of-sale drug trafficking were analyzed to identify the extent of illicit drug sales in Missouri. This analysis included distribution and sale of marijuana, cocaine / crack cocaine, methamphetamine, heroin / opiates, hallucinogens, ecstasy, pharmaceutical drugs, and drugs new to Missouri's illicit market.

Substantial reliance also was placed on research at both the federal and state level to provide additional insights into drug industry problem areas. Most helpful was the National Drug Intelligence Center (NDIC) publication *National Drug Threat Assessment 2005*. Intelligence bulletins published by the NDIC also provided useful information of new and evolving illicit drugs. Also, *Street Drugs: A Drug Identification Guide* was utilized for invaluable updated drug information.

The final level of analysis consisted of viewing illicit drug problems on a regional basis. Results of this analysis were incorporated into both the assessment of the nature and extent of illicit drug use and impact of this use. Reliance was placed on viewing those problem areas based on Metropolitan Statistical Areas (MSAs). MSAs are developed by the U.S. Bureau of Census and are defined as areas having a large population nucleus together with adjacent communities having a high degree of economic and social integration with that nucleus. For this report, MSA boundaries are modified to include counties within drug task force jurisdictions that cover counties outside of Bureau of Census boundaries. Missouri's seven MSAs, modified to include adjoining task force counties, are: St. Louis MSA which consists of ten counties and the City of St. Louis; the Kansas City MSA which consists of ten counties; the Columbia MSA with three counties; the Jefferson City MSA with two counties (added in 2003); the Springfield MSA consisting of nine counties; the Joplin MSA consisting of five counties; and the St. Joseph MSA with twelve counties. For regional analysis, the remaining sixty-four counties were grouped together and entitled Non-MSA Region. Appendix A identifies specific counties associated with these regional groupings as well as a map displaying their location in the State. For analysis purposes, however, the Joplin MSA was combined with the Springfield MSA and Jefferson City MSA was combined with the Columbia MSA.

Prior to discussing findings of this assessment, it is worthwhile to describe Missouri's population and geographical characteristics. Missouri covers an area of 68,898 square miles. It is approximately 270 miles from east to west and 310 miles from north to south. Missouri has two very large urban population centers, a number of smaller urban population centers, and vast rural areas all representing diverse cultures and life-styles.

In 2005, it was estimated Missouri's population was over 5.8 million. Of the total population, over one-half live in the two largest MSAs (36.9% in the St. Louis MSA and 20.1% in the Kansas City MSA). The other five MSAs contain 21.1% of the population while the Non-MSA regions of the State account for 21.9% of the total.

## **Illicit Drug Use In Missouri**

The illicit drug problem in the State of Missouri is well recognized by its citizens. In a public opinion survey conducted by the Missouri State Highway Patrol in 2006, Missouri citizens were asked to rank, by order the serious consequences of the drug problem in America. These consequences were: cost of providing drug awareness education in schools, deterioration of family structure due to family members' drug use, cost of incarcerating convicted drug offenders, increasing crimes committed by drug users to support their habit, damage to the environment due to methamphetamine labs. The responses were analyzed based on their being ranked as one of the top three problem areas in the nation (i.e., ranked 1, 2, or 3). Deterioration of family

structure due to family members' drug use was first with 43.4% of the respondents placing it in the top three. Increasing crimes committed by drug users to support their habit was second with 34.5%. Cost of providing drug awareness education in schools was ranked third in importance of the serious consequence of the drug problem in America.

This section contains an assessment of the major types of illicit drugs currently in use in the State. These include: marijuana, cocaine / crack, methamphetamine, heroin / opiates, hallucinogens (LSD, PCP, mescaline, psilocybin, etc.), ecstasy, and other types of drugs.

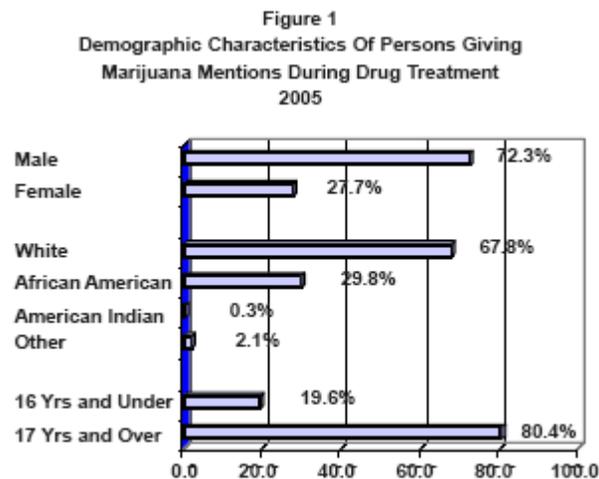
### ***Marijuana***

Marijuana is one of the most abused drugs in the State. In 2005, the Missouri Department of Health and Senior Services recorded 24,517 illicit drug mentions during admissions of Missouri residents to instate hospitals for medical treatment. In the diagnosis of 4,088 patients, marijuana was mentioned as a factor. Of all illicit drugs diagnosed in 2005, marijuana accounted for 16.7%. It was the third most diagnosed drug associated with statewide hospital admissions in 2004.

Marijuana was the greatest contributing factor to people seeking treatment for illicit drug abuse and dependency. In 2005, 29,551 clients were admitted to State-supported facilities for use of one or more illicit drugs. These clients made a total of 24,921 primary drug mentions. There were 10,630 clients who indicated marijuana contributed to their drug abuse problem. As a result, marijuana accounted for 42.7% of all primary drug mentions.

A greater proportion of marijuana mentions are associated with drug dependency and treatment centers than hospital admissions. This may indicate marijuana has a greater direct effect on a person's socio-psychological well being as compared to their physical health.

All demographic groups in Missouri use marijuana. Of the 10,630 clients in treatment programs who indicated marijuana as a problem, 72.3% were male and 27.7% were female. In addition, 67.8% were white, 29.8% were African American, and 2.4% were either American Indian or another race. The majority of clients were 17 years of age and older (80.4%) while 19.6% were 16 years of age or younger (Figure 1).

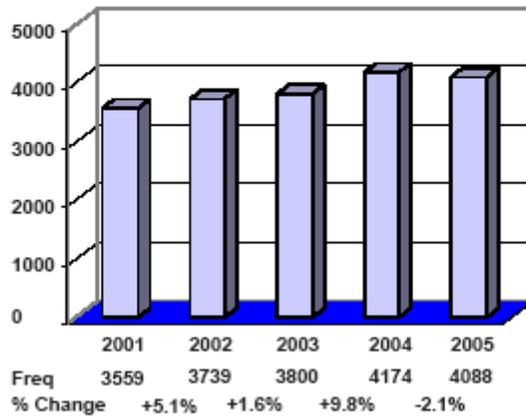


Indications are marijuana is a drug of choice by Missouri's youth compared to other illicit drugs. The average age of clients receiving treatment for illicit drug use in 2005 was 31.4 years. However, for the 10,630 clients with a marijuana problem, the average age was 28.6 years, substantially lower. Clients with a marijuana problem first used it earlier than clients first used other illicit drugs. The average age of clients' first use of marijuana was 15.6 years compared to 20.0 years for clients' first use of any illicit drugs.

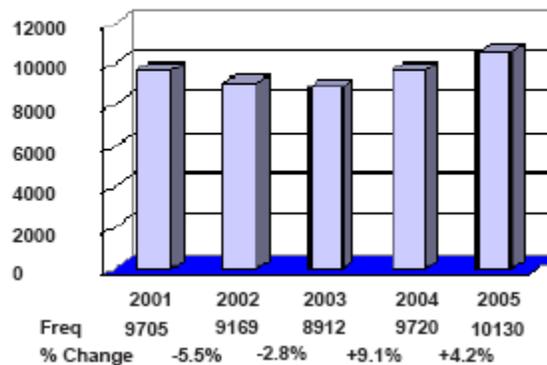
A statewide survey conducted by the Missouri Department of Public Safety in 2006 indicates marijuana was perceived by respondents to have the least amount of risk associated with its use. Of those respondents, 24.3% felt marijuana used once or twice presented a great risk to users. Occasional use of marijuana was perceived to be a great risk by 36.0% of the respondents. Yet regular marijuana use was perceived by 74.7% of the respondents to present a great physical risk to users. Of the survey respondents who have a friend, relative, or acquaintance that uses or sells any illegal drugs 69.1% know they use and sell marijuana.

Trend analyses were conducted identifying patterns of marijuana use in the State over the past several years. When examining trends in marijuana use, it is apparent this drug's usage has increased. The number of persons admitted to hospitals diagnosed with marijuana as a contributing factor steadily increased since 2001 until 2005. Marijuana mentions rose 5.1% between 2001 and 2002 and 1.6% between 2002 and 2003. Marijuana mentions increased from 3,800 in 2003 to 4,174 in 2004, an increase of 9.8%. Mentions decreased from 4,174 in 2004 to 4,088 in 2005, a decrease of 2.1% (Figure 2). An examination of trends of persons seeking treatment in State-supported facilities for primary problems with marijuana indicate use of this drug has increased substantially in recent years. In 2004, there were 9,720 admissions. This was a 9.1% increase over 2003. The number of persons admitted for treatment in 2005 was 10,130, an increase of 4.2% (Figure 3).

**Figure 2**  
Persons Admitted To Missouri Hospitals  
Diagnosed With Mentions Of Marijuana  
2001 Through 2005



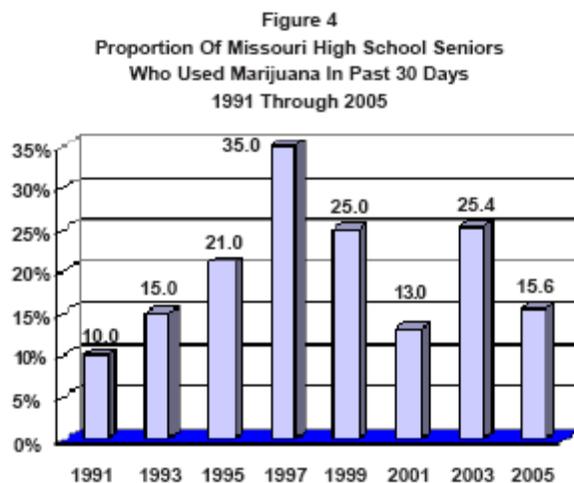
**Figure 3**  
Persons Admitted For Primary Drug Treatment  
Of Marijuana At State Supported Facilities  
2001 Through 2005



A regional analysis was conducted based on hospital inpatients and outpatients receiving treatment for drug abuse in 2005. The greatest number of marijuana mentions given in hospital admissions in 2005 was found to be disproportionately greater in smaller, urban MSAs and Non-MSAs. St. Joseph MSA patients mentioned marijuana most (29.8%). Patients in Non-MSA counties (20.9%) and Joplin-MSA counties were next (17.9%),

followed by Kansas City MSA (16.5%), St. Louis MSA (14.6%), Springfield MSA (13.4%), and Columbia (10.4%).

A statewide survey conducted by the Missouri Department of Elementary and Secondary Education substantiates marijuana use by youth. This survey indicated the proportion of Missouri high school seniors who used marijuana in the past 30 days increased from 10% in 1991 to 15% in 1993, then increased to 21% in 1995, to a high of 35% in 1997, and declined to 25% in 1999. The proportion of Missouri high school seniors who used marijuana in the past 30 days declined from the high of 35% in 1997 to 13% in 2001, but increased again in 2003 to 25.4%. The use of marijuana reduced to 15.6% in 2005 (Figure 4).



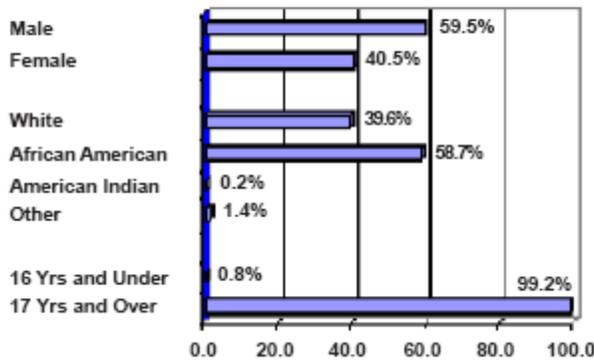
### ***Cocaine***

Cocaine is the most abused drug in Missouri. In 2005, the Missouri Department of Health and Senior Services recorded 24,517 illicit drug mentions during admissions for medical treatment of Missouri residents to in-state hospitals. In the diagnosis of 8,225 patients, cocaine was mentioned as a factor. Of all illicit drugs diagnosed in 2005, cocaine accounted for 33.6% of the total. It was the single most diagnosed drug associated with statewide hospital admissions in 2005.

Cocaine was a substantial contributing factor for people seeking treatment for illicit drug abuse and dependency. In 2005, 29,551 clients were admitted to State-supported facilities for use of one or more illicit drugs. A total of 24,921 primary drug mentions were made by these clients. Cocaine was indicated by 5,907 clients as a contributor to their drug abuse problem. As a result, cocaine accounted for 23.7% of all primary drug mentions, second only to marijuana.

A disproportionately high number of females used cocaine compared to other major types of illicit drugs described in this section. In 2005, almost one-half (40.5%) of the 5,907 clients having a cocaine dependency problem admitted to State-supported treatment programs were female. This drug also is used heavily in the African American community. Of the 5,907 clients, 58.7% were African American while 39.6% were white. Nearly all clients were 17 years of age or older (99.2%). Only 0.8% were 16 years of age or younger (Figure 5).

**Figure 5**  
**Demographic Characteristics Of Persons Giving**  
**Cocaine Mentions During Drug Treatment**  
**2005**



Compared to other illicit drugs, cocaine is a drug of choice by older adults in Missouri. For the 5,907 clients with a cocaine problem, the average age of clients receiving treatment for illicit drugs in 2005 was 31.4 years. In addition, clients with a cocaine problem first used it later than clients first used other illicit drugs. The average age of clients' first use of cocaine was 25.0 years compared to 20.0 years for clients' first use of any illicit drug.

Of the statewide survey respondents who have a friend, relative, or acquaintance who uses or sells any illegal drugs, 17.8% know they use or sell cocaine. In addition, 11.9% of the respondents have a friend, relative, or acquaintance that uses or sells crack. This survey also indicates cocaine / crack use is perceived to pose a great risk, physical or otherwise, to users. Of the respondents, 98.2% believe regular cocaine / crack use poses a great risk to users.

Trend analyses were conducted identifying patterns of cocaine use in Missouri over the past several years. When examining these trends, it is apparent use of this drug has fluctuated in recent years. The number of persons admitted to hospitals diagnosed with a cocaine problem increased from 7,046 in 2001 to 7,486 in 2002, a 6.2% increase, but then decreased to 7,386 in 2003, a 1.3% decline. In 2004, mentions of cocaine increased to 8,182, an increase of 10.8%. In 2005, mentions rose to 8,225, an increase of 0.5% over 2004 (Figure 6). The number of people seeking treatment in State-supported facilities for primary problems with cocaine rose slightly in 2003 to 5,526, a 4.0% increase from 2002. The number of people seeking treatment for cocaine again increased to 5,606 in 2004 (+1.4%) and to 5,907 in 2005 (Figure 7).

**Figure 6**  
**Persons Admitted To Missouri Hospitals**  
**Diagnosed With Mentions Of Cocaine**  
**2001 Through 2005**

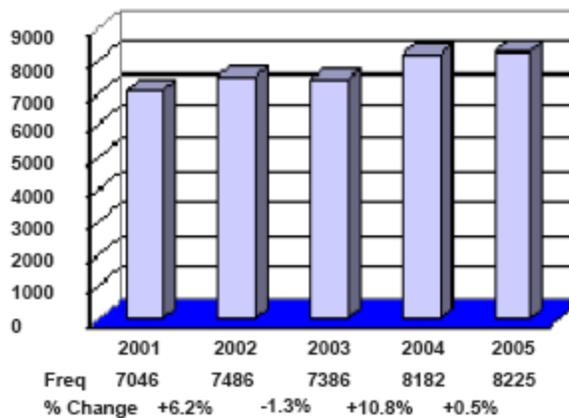
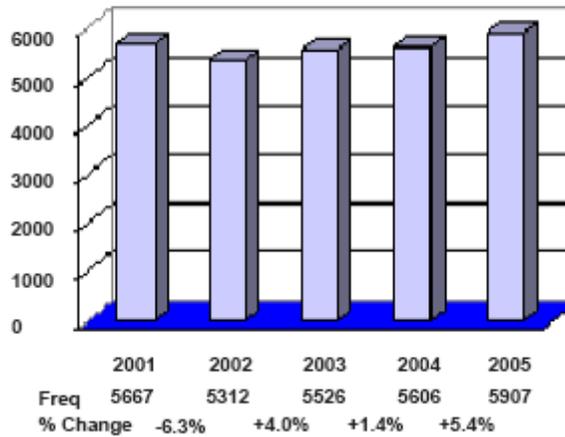


Figure 7  
Persons Admitted For Primary Drug  
Treatment Of Cocaine At State Supported Facilities  
2001 Through 2005

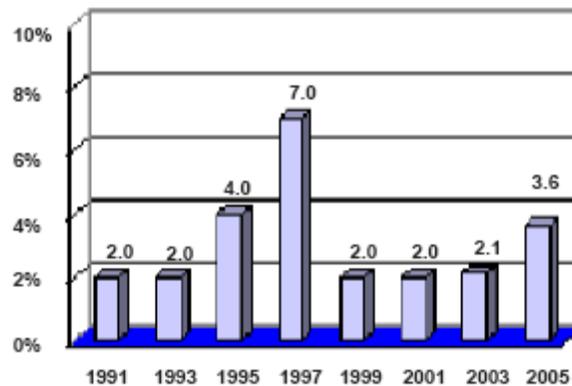


A regional analysis was conducted based on inpatients and outpatients obtaining treatment for drug abuse at Missouri hospitals in 2005. Cocaine use was found to be proportionately greater in large urban MSAs and the greatest proportion of cocaine mentions of all illicit drug mentions in hospital admissions was in the St. Louis MSA (49.2%). This was followed by Columbia (42.0%), Kansas City (34.9%), Non-MSAs (15.4%), St. Joseph (13.7%), Springfield (10.4%), and Joplin (5.6%).

An analysis was conducted of methods used to ingest cocaine by clients receiving drug abuse treatment in 2005 at State-supported facilities. Of the 5,907 clients with a cocaine problem in 2005, 71.9% smoked cocaine, 7.9% inhaled it, 6.6% ingested it orally, and 12.6% injected it. These proportions suggest the most common form of cocaine used by clients in treatment was crack cocaine.

A statewide survey conducted by the Missouri Department of Elementary and Secondary Education indicates cocaine is used by a significant proportion of youth. The survey indicated the proportion of Missouri high school seniors who used cocaine in the past 30 days remained at 2.0% from 1991 to 1993. In 1997, the proportion rose significantly to 7.0%, but in 1999 it decreased back to 2.0% through 2001. The proportion of high school seniors who used cocaine in the past 30 days rose slightly to 3.6% in 2005 (Figure 8).

Figure 8  
Proportion Of Missouri High School Seniors  
Who Used Cocaine In Past 30 Days  
1991 Through 2005



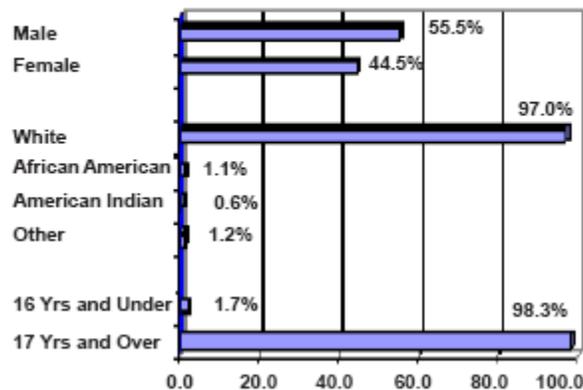
## ***Methamphetamine***

Methamphetamine and amphetamines are frequently abused drugs in Missouri. A total of 24,517 illicit drug mentions were recorded by the Missouri Department of Health during admissions of Missouri residents to in-state hospitals for medical treatment in 2005. In the diagnosis of 4,055 patients, methamphetamine and amphetamines were mentioned as a factor. Of all illicit drugs diagnosed in 2005, methamphetamine and amphetamines accounted for 16.5% of the total. These drugs were the fourth most diagnosed drugs associated with statewide hospital admissions in 2005.

Methamphetamine and amphetamines were a contributing factor for people seeking treatment for illicit drug use. A total of 29,551 clients were admitted for use of one or more illicit drugs to State-supported facilities in 2005. A total of 24,921 primary drug mentions were made by these clients. Methamphetamine and amphetamines contributed to the drug abuse problem of 5,229 clients, or 21.0% of all primary drug mentions.

Of the 5,229 clients in treatment programs with methamphetamine or amphetamine problems, 55.5% were male and 44.5% were female. Indications are methamphetamine and amphetamines are disproportionately used by Missouri's white adult population. Of the total clients, 97.0% were white, 1.1% was African American, and 1.8% was American Indian and other races. Clients ages 17 years and older accounted for 98.3% of all clients while 1.7% were 16 years or younger (Figure 9).

Figure 9  
Demographic Characteristics Of Persons Giving  
Methamphetamine Mentions During Drug Treatment  
2005



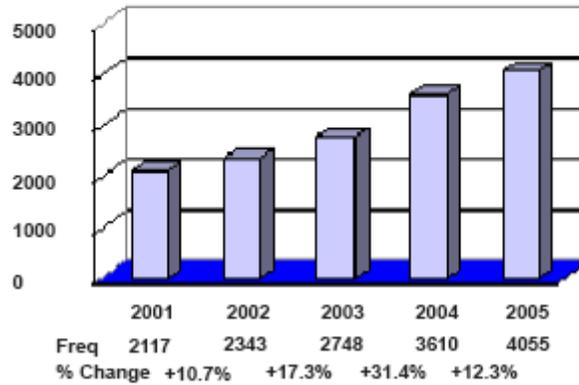
The average age of people seeking drug treatment for methamphetamine and amphetamine abuse in 2005 compared closely to the average age of clients receiving treatment for other illicit drugs. The average age of clients receiving treatment for illicit drugs in 2005 was 31.4 years. The average age of the 5,229 clients with a methamphetamine or amphetamine problem was 30.6 years. Also, clients with a methamphetamine or amphetamine problem first used them at a slightly older age than clients first used any illicit drugs. The average age of clients' first use of methamphetamine or amphetamines is 21.7 years compared to 20.0 years for clients' first use of any illicit drug.

A statewide survey conducted by the Missouri Department of Public Safety indicates methamphetamine is a significantly abused illegal drug. Of the survey respondents who have a friend, relative, or acquaintance who uses or sells any illegal drugs, 12.8% know they use or sell methamphetamine. This survey also indicates methamphetamine use is perceived to pose a great risk, and 99.0% of the respondents believe regular methamphetamine use poses a great risk to users.

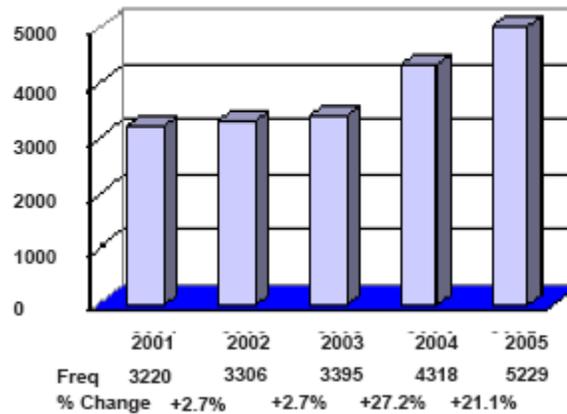
When examining trends in methamphetamine and amphetamine use between 2001 and 2005, it is apparent that use of these drugs increased dramatically. The number of persons admitted to hospitals diagnosed with methamphetamine or amphetamines as a contributing factor increased dramatically from 2,117 in 2001 to 2,343 in 2002. This is an increase of 10.7%. From 2002 to 2003, methamphetamine mentions rose from 2,343 to

2,748 a 17.3% increase. In 2004, methamphetamine mentions rose substantially to 3,610, an increase of 31.4% from the previous year. The number of mentions increased from 3,610 in 2004 to 4,055 in 2005, an increase of 12.3% (Figure 10). The number of persons seeking primary drug treatment in State-supported facilities also indicates a substantial increase in the use of methamphetamine and amphetamines. From 2001 to 2002, the number of persons admitted to State-supported facilities for treatment rose from 3,220 to 3,306 a 2.7% increase. In 2003, the number rose to 3,395, an increase of 2.7%. In 2004, persons admitted to State-supported facilities rose to 4,318, a substantial increase of 27.2%. The number of persons seeking drug treatment in 2005 for methamphetamine and amphetamines was 5,229, an increase of 21.1% (Figure 11).

**Figure 10**  
**Persons Admitted To Missouri Hospitals**  
**Diagnosed With Mentions Of Methamphetamine**  
**2001 Through 2005**



**Figure 11**  
**Persons Admitted For Primary Drug Treatment Of**  
**Methamphetamine At State Supported Facilities**  
**2001 Through 2005**



A regional analysis was conducted based on inpatients and outpatients obtaining treatment for drug abuse at Missouri hospitals in 2005. The greatest number of methamphetamine mentions given in hospital admissions in 2005 was found to be disproportionately greater in smaller, urban MSAs and Non-MSAs. Joplin MSA patients sought treatment for methamphetamine most (46.4%). Patients in Springfield MSA were next (32.3%), followed by Non MSAs (24.4%), Kansas City MSA (22.4%), St. Joseph MSA (19.9%), Columbia MSA (9.1%), and St. Louis MSA (4.9%).

An analysis was conducted of methods used to ingest methamphetamine and amphetamines by clients receiving drug abuse treatment in 2005 at State-supported facilities. Of the 5,229 clients having a problem with these

drugs, 33.3% injected methamphetamine or amphetamines, 13.9% inhaled them, 47.1% smoked them, 4.9% took the methamphetamine or amphetamines orally, and 0.7% took them by another method.

A statewide survey conducted in 2005 by the Missouri Department of Elementary and Secondary Education indicates 9.5% of Missouri high school seniors have used methamphetamine one or more times during their life.

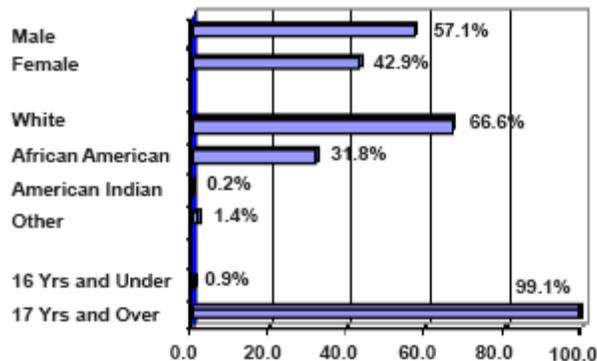
### ***Heroin / Opiates***

Heroin and opiate use is a significant problem in Missouri. In 2005, a total of 24,517 illicit drug mentions were recorded by the Missouri Department of Health during hospital admissions of Missouri residents for medical treatment. In the diagnosis of 27,229 patients, heroin and opiates were mentioned as factors. Of all illicit drugs diagnosed in 2005, heroin and opiates accounted for 29.5% of the total. These drugs were the second most diagnosed drugs associated with statewide hospital admissions in that year.

Heroin and opiates also were a significant contributing factor for people seeking treatment for illicit drug use. A total of 29,551 clients were admitted for use of one or more illicit drugs to State-supported facilities in 2005. A total of 24,921 primary drug mentions were made by these clients. Heroin and opiates contributed to the drug abuse problem of 2,557 clients, or 10.3% of all primary drug mentions.

Of the 2,557 clients in treatment programs with a heroin or opiate problem, 57.1% were male and 42.9% were female. In addition, 66.6% were white, 31.8% were African American, and 1.6% were American Indian or another race. Clients ages 17 years and older accounted for 99.1% of all clients while those 16 years or younger accounted for 0.9% (Figure 12).

Figure 12  
Demographic Characteristics Of Person Giving  
Heroin And Opiate Mentions During Drug Treatment  
2005



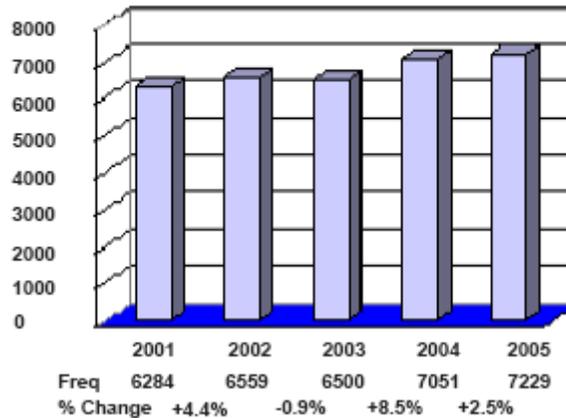
Compared to other illicit drugs, heroin and opiates are used by older adults. The average age of clients receiving treatment for illicit drugs in 2005 was 31.4 years. For the 2,557 clients with a heroin or opiate problem, the average age was 35.0 years, substantially higher than for all drugs. Clients with a heroin or opiate problem first used it at an older age than clients first used other illicit drugs. The average age of clients' first use of heroin or opiates is 22.2 years compared to 20.0 years for clients' first use of any illicit drug.

A statewide survey conducted by the Missouri Department of Public Safety indicates heroin is not as abused as other illegal drugs. Of the survey respondents who have a friend, relative, or acquaintance who uses or sells any illegal drugs, 4.4% know they use or sell heroin. This survey also indicates heroin use is perceived to pose a great risk, physical or otherwise, to users. Of the respondents, 96.5% believe regular heroin use poses a great risk to users.

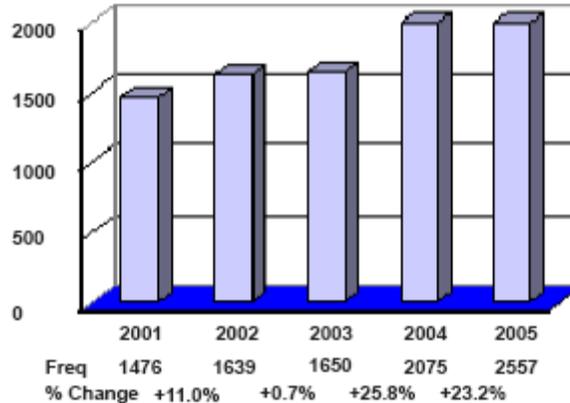
When examining trends in heroin and opiate use, it is apparent use of these drugs has increased. The number of persons admitted to hospitals diagnosed with heroin or opiates as a contributing factor increased from 6,500 in 2003 to 7,051 in 2004, an 8.5% increase. In 2005, the number of mentions rose to 7,229, an increase of 2.5% compared to 2004 (Figure 13). The number of persons receiving treatment in State-supported facilities for

primary problems with heroin and opiates increased from 1,476 in 2001 to 1,639 in 2002, an 11.0% increase. In 2003, the number of people admitted rose to 1,650, a 0.7% increase over the previous year. In 2004, there was another increase when admissions rose significantly to 2,075, a 25.8% increase. An increase of 23.2% occurred in 2005 when admissions rose to 2,557 (Figure 14).

**Figure 13**  
Persons Admitted To Missouri Hospitals Diagnosed With Mentions Of Heroin And Opiates 2001 Through 2005



**Figure 14**  
Persons Admitted For Primary Drug Treatment Of Heroin And Opiates At State Supported Facilities 2001 Through 2005



A regional analysis was conducted based on persons obtaining treatment for illicit drug abuse in 2005 at Missouri hospitals. The greatest number of heroin / opiate mentions given in hospital admissions in 2005 was found to be disproportionately greater in rural Non-MSAs and smaller, urban MSAs. Springfield MSA patients mentioned heroin / opiates most (37.1%). Patients in Columbia MSA were next (34.1%), followed by Non-MSAs (33.6%), St. Louis MSA (29.2%), St. Joseph MSA (28.4%), Joplin MSA (26.0%) and Kansas City MSA (22.9%).

An analysis was conducted of methods of taking heroin and opiates by clients receiving drug abuse treatment in 2005 at State-supported facilities. Of the 2,557 clients having a problem with these drugs, 47.1% injected heroin or opiates, 22.3% inhaled them, 27.6% took them orally, 2.2% smoked them, and 0.7% used other methods.

A statewide survey conducted in 2005 by the Missouri DESE indicates 1.0% of Missouri high school seniors have used heroin one or more times during their life. In 1999, 2.0% of seniors used heroin, a slight increase occurred in 2001 to 3.7%. The proportion of seniors who used heroin declined to 1.0% in 2003 but it increased again to 3.1% in 2005.

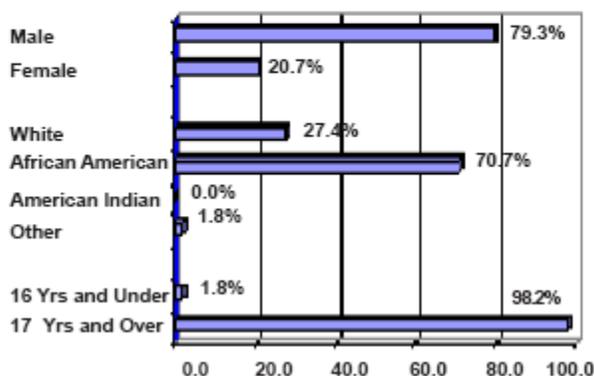
### ***Hallucinogens***

Hallucinogens are abused to a lesser extent in Missouri than other illicit drugs discussed in this section. In 2005, a total of 24,517 illicit drug mentions were recorded by the Missouri Department of Health during medical admissions of Missouri residents to in-state hospitals. In the diagnosis of 85 patients, hallucinogens were mentioned as a factor. Of all illicit drugs diagnosed in 2005, hallucinogens accounted for 0.3% of the total. These drugs were the least diagnosed drugs associated with statewide hospital admissions.

Hallucinogens were a minor contributing factor for people seeking treatment for illicit drug use compared to other drugs. A total of 29,551 clients were admitted for use of one or more illicit drugs to State-supported facilities in 2005. A total of 24,921 primary drug mentions were made by these clients. Hallucinogens contributed to the drug abuse problem of 164 clients, or 0.7% of all primary drug mentions.

Of the 164 clients in treatment programs with an hallucinogen problem, 79.3% were male and 20.7% were female. In addition, 27.4% were white and 70.7% were African American. Clients ages 17 years and older accounted for 98.2% of all clients while those 16 years or younger accounted for 1.8% (Figure 15). It seems different demographic groups use different types of hallucinogens.

**Figure 15**  
**Demographic Characteristics Of Person Giving**  
**Hallucinogen Mentions During Drug Treatment**  
**2005**



Compared to users of other illicit drugs, hallucinogens are used by younger adults. The average age of clients receiving treatment for illicit drugs in 2005 was 31.4 years. For the 164 clients with a hallucinogen problem, the average age was 27.0 year. The average age of clients' first use of hallucinogens was 19.7 years compared to the average age of clients' first use of other drugs was 20.0 years.

The number of persons admitted to hospitals diagnosed with hallucinogens as a contributing factor decreased from 129 in 2003 to 102 in 2004, a decrease of 20.9%. In 2005, the number of mentions reduced to 85, a 16.7% decrease (Figure 16). The number of persons admitted to State-supported facilities for treatment of primary problems with hallucinogens decreased from 319 in 2003 to 195 in 2004, a 38.9% decrease. The number of admissions continued to decrease in 2005 to 164, a 15.9% decrease (Figure 17).

Figure 16  
Persons Admitted To Missouri Hospitals Diagnosed With Mentions Of Hallucinogens 2001 Through 2005

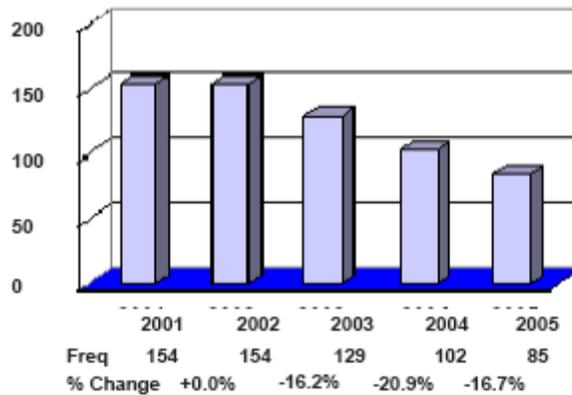
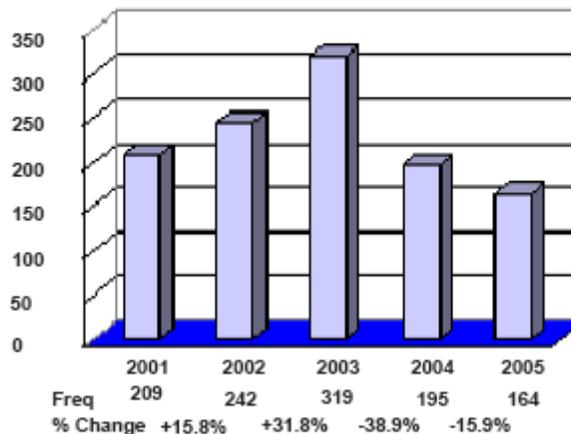


Figure 17  
Persons Admitted For Primary Drug Treatment Of Hallucinogens At State Supported Facilities 2001 Through 2005



A regional analysis was conducted based on persons admitted to hospitals for illicit drug problems in 2005. The number of hallucinogen mentions given in hospital admissions in 2005 was found to be the same in small and large urban MSAs and Non-MSAs. Less than 1% of patients admitted to hospitals were for mentions of hallucinogens.

An analysis was conducted based on how hallucinogens were ingested by clients receiving drug abuse treatment in 2005 at State-supported facilities. Of the 164 clients having a problem with these drugs, 73.8% smoked hallucinogens, 22.0% ingested them, orally, 1.2% inhaled them, 0.6% injected them, and 2.4% administered them by other means.

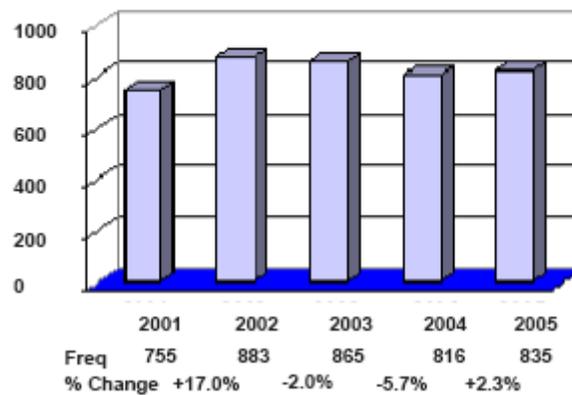
### ***Other Illicit Drugs***

Other specific illicit drugs are abused to a lesser extent in Missouri than those previously discussed. This general group includes: inhalants; sedatives including barbiturates; and tranquilizers including benzodiazepines. In 2005, a total of 24,517 illicit drug mentions were recorded by the Missouri Department of Health during medical admissions of Missouri residents to instate hospitals. In the diagnosis of 835 patients, drugs in this group were mentioned as a factor. Of all illicit drugs diagnosed in 2005, these accounted for 3.4% of the total. Barbiturates were mentioned as a factor in the diagnosis of 413 patients, or 1.7%, of all recorded illicit drug mentions.

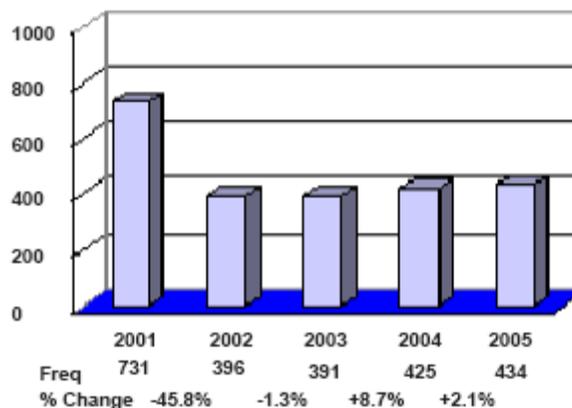
Drugs in this general group were a minor contributing factor for people seeking treatment for illicit drug use compared to other illicit drugs. A total of 29,551 clients were admitted for use of one or more illicit drugs to State-supported facilities in 2005. A total of 24,921 primary drug mentions were made by these clients. These drugs contributed to the abuse problem of 434 clients, or 1.7% of all primary drug mentions.

The number of persons admitted to hospitals diagnosed with illicit drugs as a contributing factor increased from 755 in 2001 to 883 in 2002, an increase of 17.0%. The number of illicit drug mentions slightly decreased to 865 in 2003, a 2.0% decline. In 2004, the number fell to 816, a decrease of 5.7%. In 2005, the number of mentions rose to 835, an increase of 2.3% from 2004 (Figure 18). The number of persons seeking treatment in State-supported facilities for primary problems with these drugs indicates a decrease from 731 in 2001 to 396 in 2002, a substantial 45.8% decrease. In 2003, the number declined to 391, a 1.3% decrease. The number of persons seeking treatment in 2004 increased to 425, an increase of 8.7%. In 2005, persons seeking treatment increased to 434, a rise of 2.1% (Figure 19).

**Figure 18**  
Persons Admitted To Missouri Hospitals Diagnosed With Mentions Of Other Illicit Drugs 2001 Through 2005



**Figure 19**  
Persons Admitted For Primary Drug Treatment Of Other Illicit Drugs At State Supported Facilities 2001 Through 2005



The greatest number of other drug mentions given in hospital admissions in 2005 was found to be disproportionately greater in urban MSAs and Non-MSAs. Patients in Non-MSA mentioned other drugs most (38.0%). St. Louis MSA patients were next (23.4%), followed by Kansas City MSA (18.2%), Springfield MSA (12.0%), Joplin MSA (4.0%), St. Joseph MSA (2.6%), and Columbia (1.8%).

A statewide survey conducted in 2005 by the Missouri Department of Elementary and Secondary Education indicated of all high school seniors, 8.6% had used ecstasy, 3.8% had used illicit steroids, and 11.2% had used inhalants at least once in their lifetime.

## IMPACT OF ILLICIT DRUG USE

Illicit drug use has had a major impact on Missouri's criminal justice system. The enactment of legal sanctions for use of illicit drugs is one of the primary ways society attempts to control and reduce this problem. A substantial amount of resources and effort has been expended by the criminal justice system in detection, apprehension, conviction, and incarceration of illicit drug abusers as well as those associated with illicit drug industries. Illicit drug use also has an impact on the health care system, including hospitals and treatment centers in the State. Serious diseases and complications also can result from drug use including hepatitis, AIDS, and birth defects.

### *Criminal Justice System*

From 2000 through 2002 drug arrests increased in the State. This trend reversed from 2002 through 2004 and drug arrests continually decreased. In 2005 the trend again reversed and 42,371 arrests were made, an increase of 1.2% from 2004 (Figure 20). In 2000, the drug arrest rate per 100,000 population was 741.0 and in 2001 it increased to 763.5 (3.0%). The drug arrest rate continued to rise in 2002 to 799.0 (4.6%). In 2003 and 2004, the drug arrest rate decreased to 792.5 (0.8%) and 733.8 (7.4%), respectively. In 2005, the drug arrest rate increased slightly to 740.4 per 100,000 population, a 0.9% increase from the previous year (Figure 21).

Figure 20  
Number Of Missouri Drug Offense Arrests  
2000 Through 2005

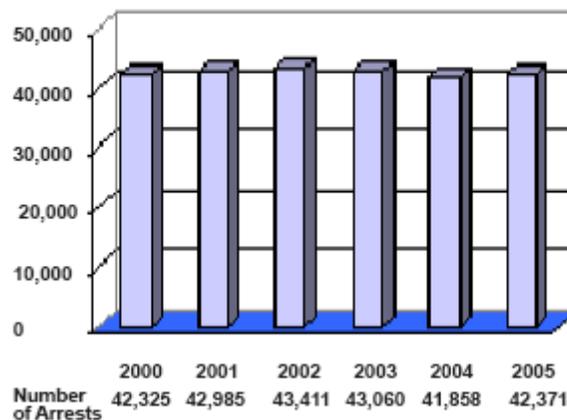
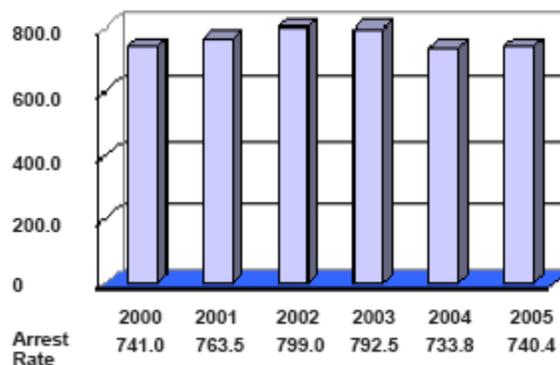
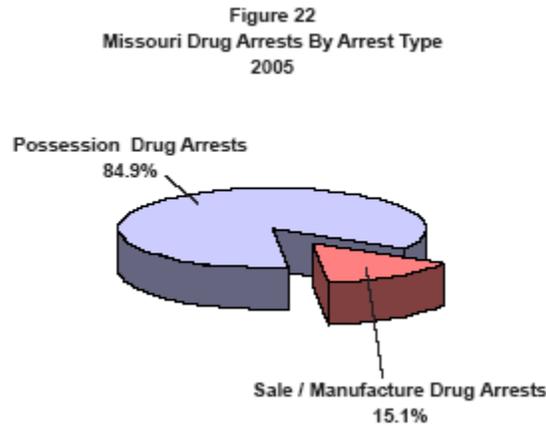


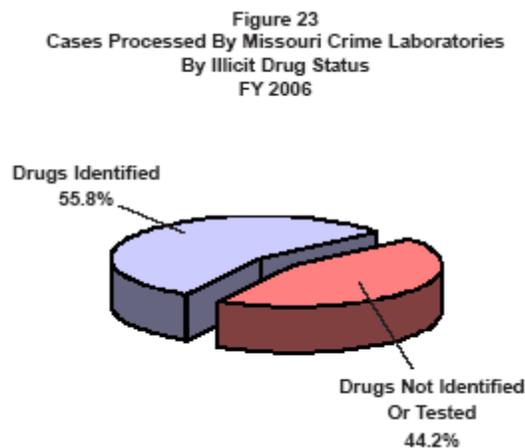
Figure 21  
Rate Of Missouri Drug Offense Arrests  
Per 100,000 Population  
By Year



The number of possession and sale / manufacture drug arrests made by law enforcement agencies is indicative of an abundant demand for illicit drugs. In 2005, 42,371 drug arrests were made by Missouri law enforcement agencies. Of these arrests, 35,993, or 84.9%, were for drug possession. Another 6,378 arrests (15.1%) were for sale or manufacture of drugs (Figure 22).

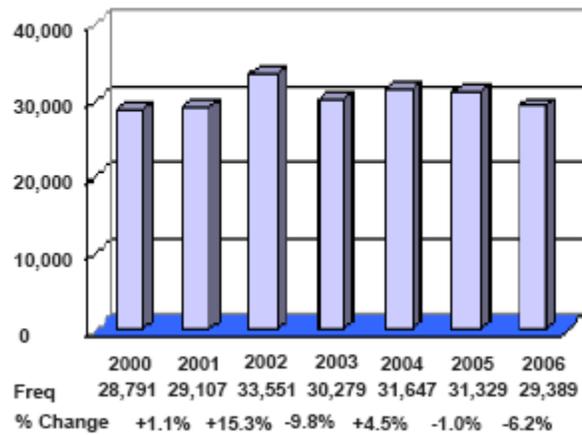


To support drug enforcement by the criminal justice system, a substantial number of cases processed by Missouri crime laboratories were tested to identify illicit drugs. An analysis of cases processed by Missouri crime laboratories identifies what proportion of their caseload resulted in detection of illicit drugs. In 2006, 52,701 cases were processed in fourteen State crime laboratories. Of these cases, 55.8% resulted in detection of one or more illicit drugs. In 44.2% of the cases, no tests were made for illicit drugs or, if tests were performed, none were found (Figure 23).



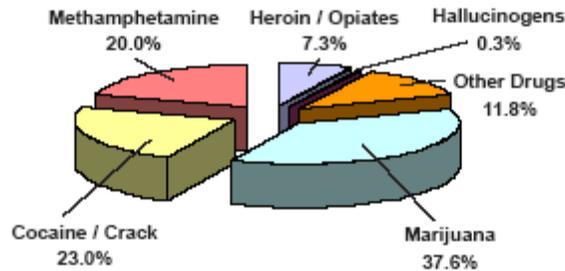
Illicit drug case loads processed by Missouri crime laboratories fluctuated over the past few years. Crime laboratory cases with identified illicit drugs increased 15.3% from 2001 to 2002, decreased 9.8% in 2003, and again increased in 2004 by 4.5%. From 2004 through 2006 processed cases have continually declined (Figure 24).

**Figure 24**  
**Cases Processed By Missouri Crime Laboratories**  
**With Identified Drugs**  
**2000 Through 2006**



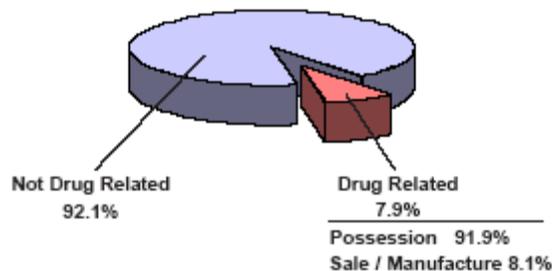
In 2006, 33,854 drug mentions were made in the 29,389 crime laboratory cases that resulted in detection of one or more illicit drugs. Marijuana was the most frequent drug type mentioned, accounting for 37.6% of the total mentions (Figure 25). The next most frequently mentioned was cocaine / crack (23.0%), followed by methamphetamine (20.0%).

**Figure 25**  
**Illicit Drugs Identified In Missouri Crime Laboratory Cases**  
**By Drug Type**  
**FY 2006**

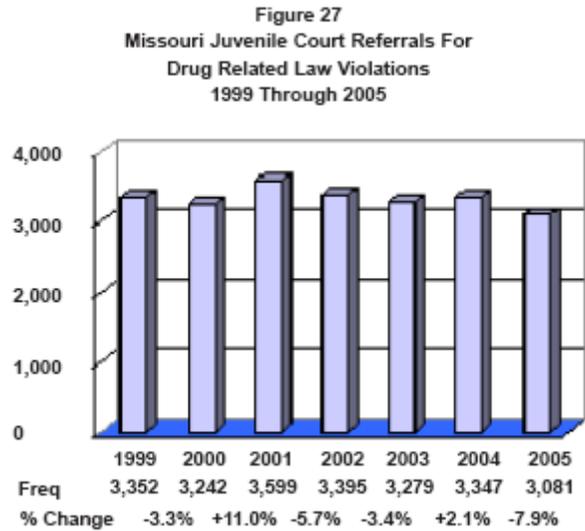


Youth involvement with drugs is a serious problem for Missouri's juvenile justice system. Using data from the Juvenile Court Referral Information System, an analysis was completed on juveniles who received a final disposition from a court referral. Of the 38,849 disposed referrals in 2005, dangerous drug violations were associated with 3,081, or 7.9%. Of these dangerous drug law violation referrals, 91.9% were associated with possession of dangerous drugs and 8.1% were related to sale and distribution (Figure 26).

**Figure 26**  
**Missouri Juvenile Court Referrals**  
**2005**

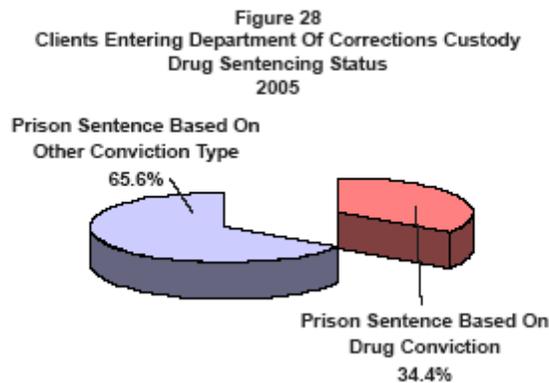


The number of dangerous drug referrals handled by the Missouri juvenile court system have fluctuated since 1999 but have slightly decreased in recent years. The number of 2005 juvenile dangerous drug referrals decreased by 7.9% as compared to 2004 (Figure 27).



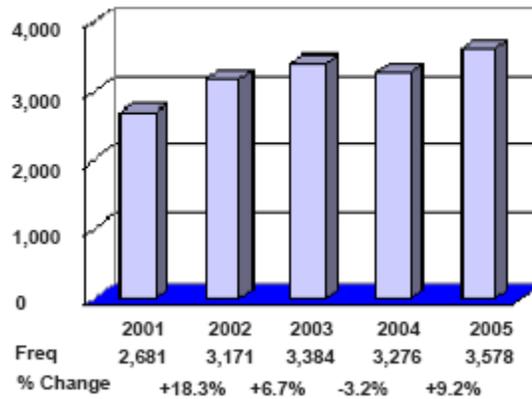
One of the most severe sanctions society can impose on illicit drug users and illicit drug industry law violators convicted of such offenses is incarceration in prison. To assess the impact drug law violators have on State penal institutions, an analysis was conducted using data from the Department of Corrections, Offender Management Information System (OMIS).

In Missouri, a substantial amount of State penal institutions' resources and facilities have been devoted to incarcerating drug law violators. Of the 10,414 clients entering DOC custody in 2005, over one-third (34.4%) were incarcerated as a result of being convicted on one or more drug law violations (Figure 28).



An examination of trends associated with incarcerating drug law violators indicates an increase (18.3%) of these clients from 2001 to 2002, followed by an increase of 6.7% in 2003. Drug law violators decrease 3.2% compared to 2003 but again increased in 2005 by 9.2% (Figure 29).

Figure 29  
Department Of Corrections Clients  
Sentenced for Drug Violations  
2001 Through 2005

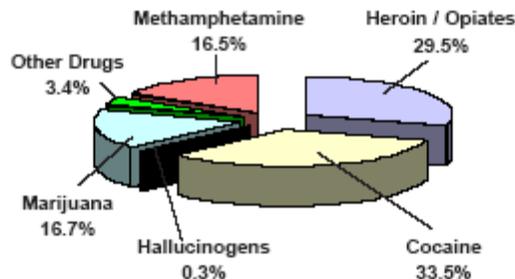


There are definite links between illicit drug use and other types of criminal behavior. In 2002, a study was conducted by the U.S. Department of Justice, Bureau of Justice Statistics in which inmates of local jails were surveyed. Of all jail inmates, 68.7% stated they had used drugs at least once a week for at least a month. Of all convicted jail inmates, 82.2% indicated they had used drugs at least once in their lifetime. Additionally, 28.8% of convicted jail inmates indicated they were under the influence of drugs at the time of their arrest offense. The most serious offense committed by 43.2% of convicted inmates was a drug offense, 32.5% was a property crime, and 21.8% was a violent crime.

### Health Care System

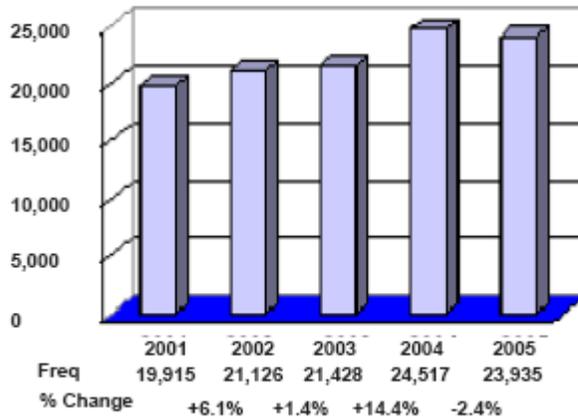
In many cases, illicit drug use results in adverse physical and psychological reactions causing the person to require medical treatment. A substantial amount of medical attention and resources are expended in Missouri treating individuals for illicit drug use. An analysis was conducted of data describing patients treated at State-licensed hospitals, the University of Missouri Medical Center, and a number of other hospitals as contained in the Department of Health's Patient Abstract System. Of the 24,517 illicit drug mentions in 2005, the most frequent was cocaine / crack accounting for 33.5% of the total. As seen in Figure 30, the next most frequently mentioned illicit drugs were heroin / opiates (29.5%), marijuana (16.7%), and methamphetamine and amphetamines (16.5%).

Figure 30  
Missouri Hospital Illicit Drug Mentions  
In Patient Diagnoses By Drug Type  
2005



An analysis was conducted on patients treated at these facilities that had illicit drug use stated as a factor in their diagnosis. In 2002, 21,126 illicit drug mentions were given patients' diagnosis, a 6.1% increase compared to the number of illicit drug mentions in 2001. In 2003, 21,428 mentions were made (+1.4%) and 24,517 illicit drug mentions were made in 2004 (+14.4%). In 2005, mentions declined 2.4% to 23,935 (Figure 31).

Figure 31  
Missouri Hospital Illicit Drug Mentions  
In Patient Diagnoses  
2001 Through 2005



Over time, drug dependency tends to impair users' psychological well being, adversely affects their interpersonal relationships, and dramatically reduces their ability to function as productive members of society. Fifty-eight State-supported treatment facilities are located throughout Missouri with programs designed to assist individuals break their cycle of drug dependency. In addition, a number of private institutions in the State provide similar types of programs. All State-supported programs treat persons having dependencies on alcohol, other legal drugs, and illicit drugs. In some cases, the individual may be dependent on more than one type of drug.

Certain types of illicit drug ingestion practices cause life-threatening consequences to the drug abuser as well as other people they come in contact with. The intravenous injection of illicit drugs is one-way HIV and AIDS are transmitted as well as a number of other serious diseases, such as hepatitis. During 2004, 374 AIDS cases and 314 HIV cases were diagnosed in Missouri where intravenous drug use was suspected as the primary means of infection (Figure 32). Another 379 AIDS cases and 209 HIV cases were diagnosed involving both male homosexual activity and drug use via injection (Figure 33). In these instances, intravenous drug use was one of two suspected means of infection.

Figure 32  
HIV / AIDS Cases Contracted By IV Drug Use  
1999 Through 2004

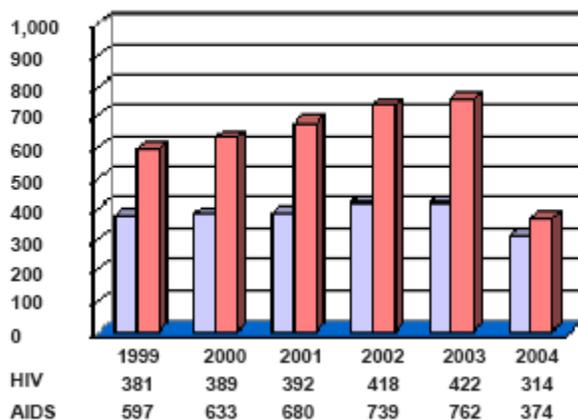
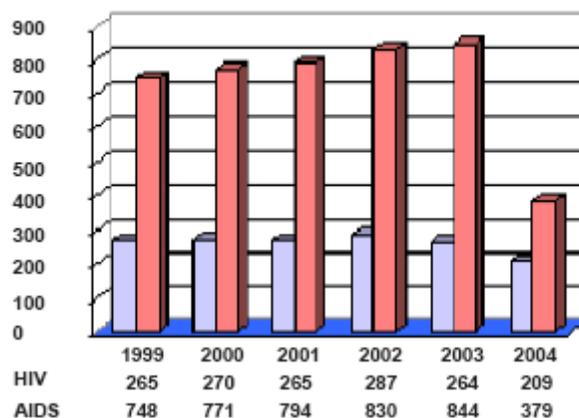


Figure 33  
HIV / AIDS Cases Contracted By Homosexual IV Drug Use  
1999 Through 2004



There also have been serious indirect consequences resulting from the spread of HIV and AIDS through the intravenous use of illicit drugs. A substantial number of women and young men support their illicit drug habits through prostitution. When these persons contract HIV / AIDS through intravenous drug use, they transmit the disease to numerous sex partners they come in contact with. Sexual contact is another way this deadly disease is transmitted. In addition, a number of infected drug dealers who also are intravenous drug users frequently transmit the HIV virus. Persons come to them to acquire drugs and, rather than use money to obtain them, provide them with sexual favors.

## ILLICIT DRUG INDUSTRY IN MISSOURI

Missouri has a substantial illicit drug industry. It not only supports the illicit drug using population in the State, but also is involved in exporting and distributing illicit drugs on an interstate basis. Illicit drug industries involve manufacturing, cultivating, distributing, and marketing illicit drugs. In Missouri, a number of specific industries have been identified and will be discussed in this section. These are: marijuana cultivation; methamphetamine clandestine labs; interstate illicit drug distribution trafficking; and distribution / point-of-sale illicit drug trafficking.

A variety of data sources were used to assess Missouri's drug industries. Reliance was placed on existing law enforcement arrest and illicit drug activity information systems and quarterly program monitor reports. Published reports from federal and state law enforcement agencies describing various aspects of Missouri's illicit drug industries were utilized. In addition, results of a drug industry profile survey sent to multi-jurisdictional drug task forces were used in this analysis.

### *Marijuana Cultivation*

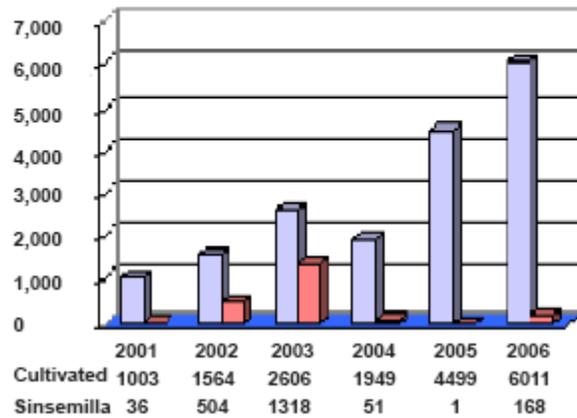
According to the 2004 National Survey on Drug Use and Health, marijuana is used by 14.6 million persons and is the most commonly abused illicit drug. The term marijuana, as commonly used, refers to the leaves and flowering buds of cannabis sativa, also known as the hemp plant. This plant contains cannabinoids (THC) that are responsible for the psychoactive effects of cannabis.

Several varieties of marijuana are grown in Missouri for commercial use. A substantial amount of marijuana, known as ditch weed or volunteer, grows wild in the State. These wild patches are harvested as opportunity presents itself. Normally, wild marijuana has relatively low THC levels and is not extremely potent. A number of trafficking groups purchase or harvest wild marijuana and use it to "cut" more potent varieties of the plant they are marketing. Wild marijuana is associated only with outside growing operations. Cultivated marijuana is intentionally planted, cultivated, and harvested. Both male and female marijuana plants are grown to maturity and allowed to pollinate. This variety contains moderate levels of THC and is considered fairly potent.

Sinsemilla marijuana also is planted, cultivated, and harvested, but as part of the cultivation process, male plants are pulled from the patch when they start to mature. As a result, female plants are unable to pollinate and their THC levels dramatically increase. This type of plant is considered very potent and is in high demand. The cultivation of sinsemilla is associated with both outside and inside operations. As far as inside operations are concerned, it is the predominant variety grown. In 1974, the average THC content of illicit marijuana was less than one percent. In 2002, the average THC level was more than 6 percent. Sinsemilla potency increased in the past two decades from 6 percent to more than 13 percent. It is worth noting that some samples contained THC levels of up to 33 percent.

Production of both cultivated and sinsemilla marijuana has fluctuated in Missouri during the past several years. In 2001, a total of 1,003 cultivated marijuana plants were destroyed by multi-jurisdictional drug task forces (MJTF). Since that year, the number of destroyed cultivated plants has increased and, in 2006, 6,011 cultivated plants were eradicated. Historically, few sinsemilla plants are destroyed by MJTF. But, in 2003, 1,318 sinsemilla plants were destroyed (Figure 34).

**Figure 34**  
**Eradication Of Cultivated and Sinsemilla Marijuana Plants**  
**By Multi-Jurisdictional Drug Task Forces**  
**FY 2000 Through FY 2006**



MJTF data suggest this industry impacts all MSAs but is most common in rural parts of the State. In 2006, Non-MSA multi-jurisdictional drug task forces eradicated 5,125 ounces of cultivated marijuana, 1,212 cultivated plants, and 18 sinsemilla plants. By comparison, MJTFs in St. Louis and Kansas City MSAs eradicated 18 ounces of cultivated marijuana, 443 cultivated plants, and 18 sinsemilla plants. In the same year, MJTFs in small MSAs destroyed 312 cultivated plants and 15 sinsemilla plants.

Multi-jurisdictional drug task forces were asked to submit profiles on drug industries that were major or moderate problems in their jurisdiction. Of the twenty-four responding MJTFs, 62.5% indicated marijuana cultivation was either a major or moderate problem in their jurisdictions (Figure 35). Of these, 60.0% indicated marijuana is grown both indoors and outdoors in their jurisdictional area while another 26.7% indicated it is grown only indoors (Figure 36).

Figure 35  
 Seriousness Of Marijuana Cultivation  
 As Perceived By Multi-Jurisdictional Drug Task Forces

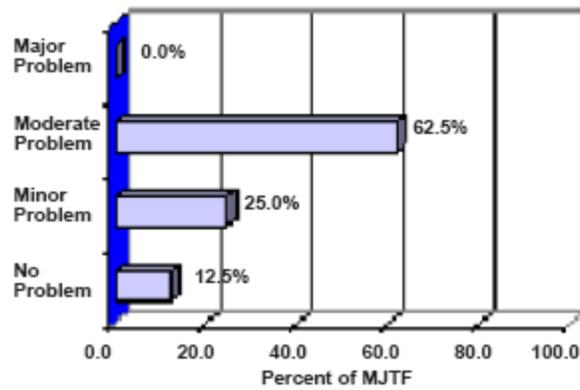
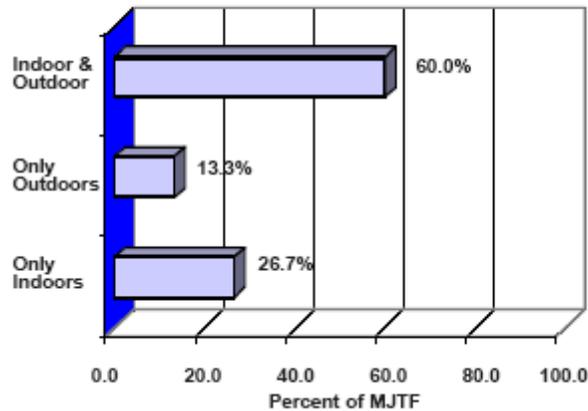


Figure 36  
 Type Of Marijuana Cultivation  
 As Perceived By Multi-Jurisdictional Drug Task Forces



Much of the outdoor cannabis cultivation in the United States occurs on public lands, where cultivation can take advantage of the remoteness of the areas as well as minimize the risk of asset forfeiture. The by-products of outdoor grows can potentially contaminate waterways or destroy vegetation and wildlife habitat through the use of chemical fertilizers and pesticides or from the trash and human waste left behind at large cultivation sites. The potential of wildfires is increased because timber or ground cover is cleared to prepare large areas for cultivation. Of the MJTFs indicating marijuana is cultivated outdoors in their jurisdictions, all reported marijuana is grown in rural fields, 54.5% reported it is grown along rivers or streams, and 45.5% reported it is grown on crop less farmland (Figure 37). Indoor cultivation, too, can result in potentially harmful situations in areas surrounding the cultivation site by increasing risk of fire or electrocution due to rewiring or electrical bypasses and exposure to toxic molds from high levels of relative humidity found in grow houses. Of the MJTFs indicating marijuana is cultivated indoors in their jurisdictions, 92.3% stated it is grown in residences, 46.2% indicated it is grown inside barns, and 46.2% said it is grown in garages (Figure 38).

Figure 37  
 Location Of Outdoor Marijuana Cultivation  
 As Perceived By Multi-Jurisdictional Drug Task Forces

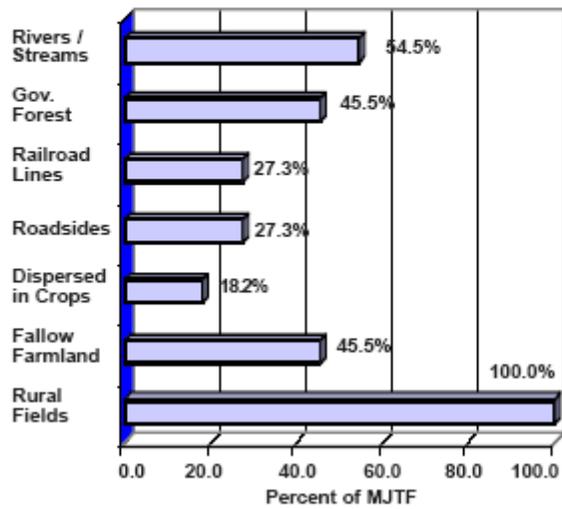
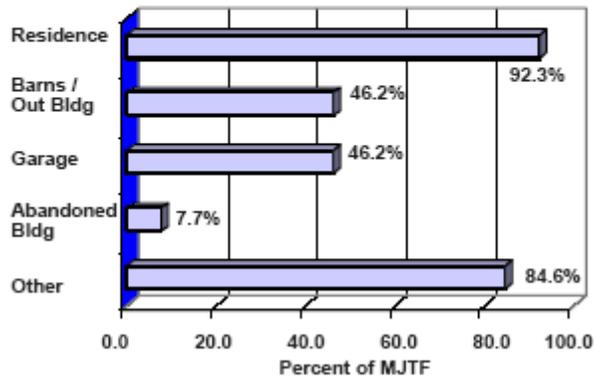
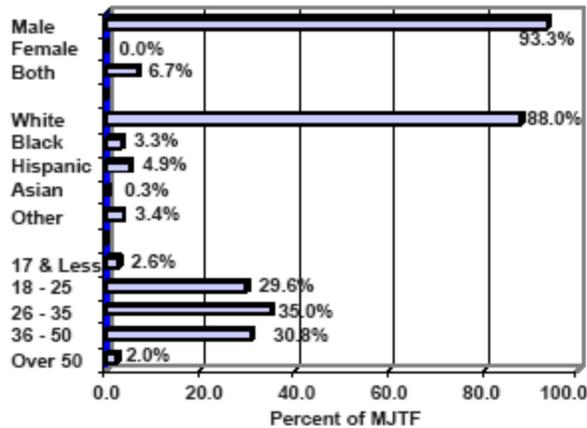


Figure 38  
 Location Of Indoor Marijuana Cultivation  
 As Perceived By Multi-Jurisdictional Drug Task Forces



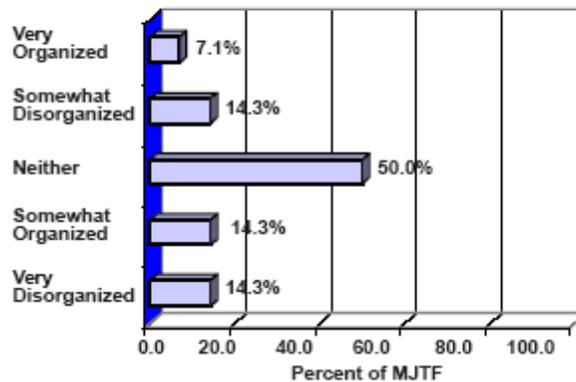
MJTF survey responses indicate marijuana is cultivated predominantly by white males between the ages of 26 and 35. Of the MJTFs indicating marijuana cultivation is a major or moderate problem, 93.3% indicated males were involved in this industry, 88.0% indicated whites were involved, and 35.0% indicated persons aged 26 through 35 were involved (Figure 39).

Figure 39  
Demographic Characteristics Of Persons  
Involved In Marijuana Cultivation  
As Perceived By Multi-Jurisdictional Drug Task Forces



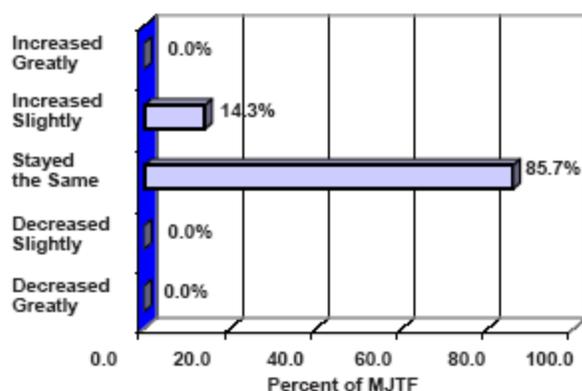
The organization level of the marijuana cultivation industry is characterized as unorganized and an individual activity. Of the MJTFs indicating marijuana cultivation is a major or moderate problem, 50.0% indicated this industry is neither organized nor disorganized (Figure 40). Another 28.6% indicated marijuana cultivation is somewhat or very disorganized. The surveyed MJTFs also indicated gang activity is not associated with marijuana cultivation in Missouri.

Figure 40  
Organization Levels Associated With Marijuana Cultivation  
As Perceived By Multi-Jurisdictional Drug Task Forces



Overall, the marijuana cultivation industry in Missouri is remaining constant. Of the MJTFs indicating this industry is a major or moderate problem, 85.7% indicated the extent of industry is staying the same (Figure 41).

Figure 41  
Trends Of Marijuana Cultivation Industry  
As Perceived By Multi-Jurisdictional Drug Task Forces



### *Methamphetamine Clandestine Laboratories*

Since the late 1990s, methamphetamine labs have created a problem for many communities across the United States. Not only is methamphetamine itself dangerous, but the methods of making methamphetamine are volatile, hazardous, and toxic. The adoption of new processing methods has, no doubt, played a significant role in this increase. The following discussion of these methods was paraphrased from National Drug Intelligence Center (NDIC) publications. Five methods are typically used to produce methamphetamine in clandestine laboratories. Four of these methods involve chemical reduction of ephedrine / pseudoephedrine but use different precursor chemicals. Mexican methamphetamine trafficking organizations typically utilize hydriodic acid and red phosphorous to reduce ephedrine / pseudoephedrine. When hydriodic acid supplies are limited, high quality dextro (d-) methamphetamine is produced using iodine in its place. Another process known as Hypo also uses iodine but with hypo-phosphorous acid in place of red phosphorous. This method is particularly dangerous, many times resulting in fires and explosions due to the volatility of phosphine gas produced during the process. The Birch method utilizes anhydrous ammonia and sodium or lithium metal to reduce ephedrine or pseudoephedrine to produce high-grade d-methamphetamine. This method can yield a finished product in two hours, requires no sophisticated equipment, and many of the ingredients do not arouse suspicion when purchased in small quantities. The P2P is the one method of methamphetamine production that does not involve ephedrine / pseudoephedrine reduction. Rather, principal chemicals include phenyl-2-propanone, aluminum, methylamine, and mercuric acid and the method yields low quality dl-methamphetamine. This method has been most commonly utilized by outlaw motorcycle gangs.

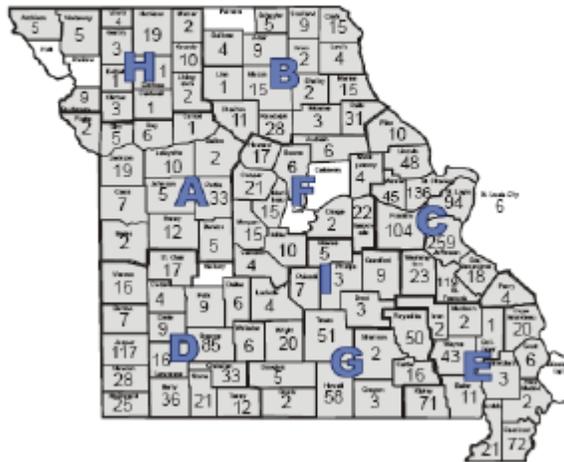
Threats posed by methamphetamine production exceed those presented to users of this drug. In the production of methamphetamine, fire and explosion hazards typically occur due to the flammability of precursor chemicals. Environmental hazards occur as a result of improper storage or disposal of precursor chemicals in rivers, fields, and forests. Because clandestine laboratories are commonly constructed in private residences, exposure to toxic precursor chemicals can impact the health of family members of methamphetamine cooks.

Nationally, methamphetamine clandestine laboratories are widely found throughout the Pacific, Southwest, and Central (including Missouri) regions of the country. Powdered methamphetamine is the most commonly found form although crystal methamphetamine, known as ice, is increasing in the Kansas City area.

From analyses based on multi-jurisdictional drug task force program monitor reports, a substantial portion of this industry is centered in urban MSA regions of the State. During fiscal year 2006, 1,150 clandestine methamphetamine laboratories were destroyed by multi-jurisdictional drug task forces in Missouri. Of these, 46.4% were destroyed in the St. Louis MSA. Another 33.6% of the clandestine methamphetamine labs were destroyed in Non-MSAs and 11.0% were destroyed in the Joplin MSA. The Springfield MSA accounted for 4.3% of the total destroyed clandestine methamphetamine labs, followed by Kansas City MSA (3.4%), St. Joseph MSA (0.6%), and Columbia MSA (0.6%).

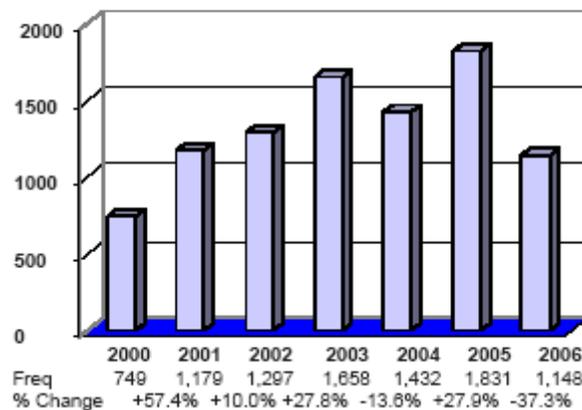
In 2005, 2,252 methamphetamine clandestine laboratory seizures or dumpsites of chemicals, equipment, or glassware were reported in Missouri. Figure 42 identifies the counties where these seizures occurred. Although occurring throughout the State, a high concentration of methamphetamine laboratory seizures took place in the southeast and southwest portions of the State as well as the St. Louis area.

Figure 42  
Clandestine Methamphetamine Laboratory Seizures  
By County And MSHP Troop  
2005



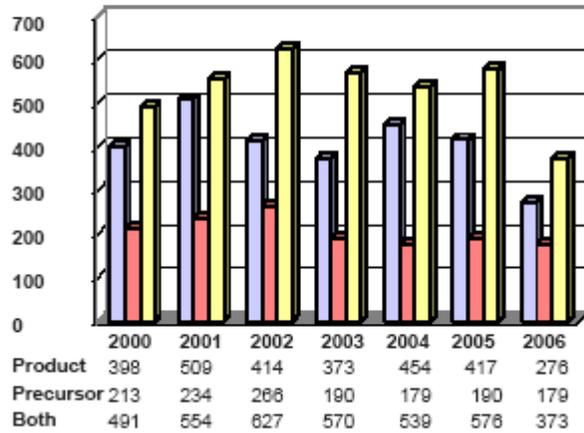
The number of methamphetamine clandestine laboratories seized by the statewide multi-jurisdictional drug task forces increased significantly from 2000 to 2001(+57.4%) and continued to rise through 2003. However, the growth trend in methamphetamine lab seizures reversed in 2004 when the number of labs seized decreased 13.6%. The trend reversed again in 2005 and lab seizures rose 27.9%. The trend then declined 37.3% in 2006 to 1,148 seizures (Figure 43).

Figure 43  
Clandestine Methamphetamine Laboratories Seized  
By Multi-jurisdictional Drug Task Forces  
F Y 2000 Through FY 2006



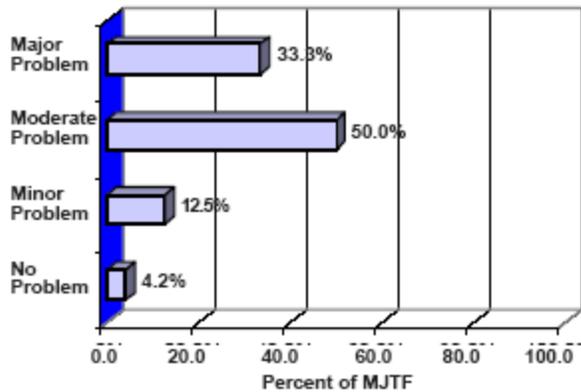
An examination of Missouri crime laboratory case processing data also indicates methamphetamine manufacturing has increased in the State over the past few years. In 2006, Missouri crime laboratories processed 828 clandestine lab cases in which methamphetamine final product, methamphetamine precursor chemicals, or both final product and precursor chemicals were detected (Figure 44). Final methamphetamine product was found in 78.4% of the cases.

**Figure 44**  
**Cases With Methamphetamine Products And Precursors**  
**Detected By Missouri Crime Laboratories**  
**FY 2000 Through FY 2006**

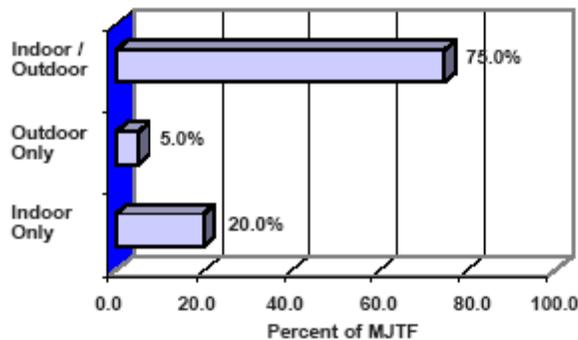


In a recent survey, multi-jurisdictional drug task forces were asked a series of questions regarding the nature and extent of clandestine methamphetamine laboratories in their areas. Of the responding MJTFs, 83.3% indicated this industry was a major or moderate problem in their jurisdictions (Figure 45). In addition, 75.0% indicated methamphetamine labs are found both indoors and outdoors (Figure 46).

**Figure 45**  
**Seriousness Of Methamphetamine Laboratories**  
**As Perceived By Multi-Jurisdictional Drug Task Forces**

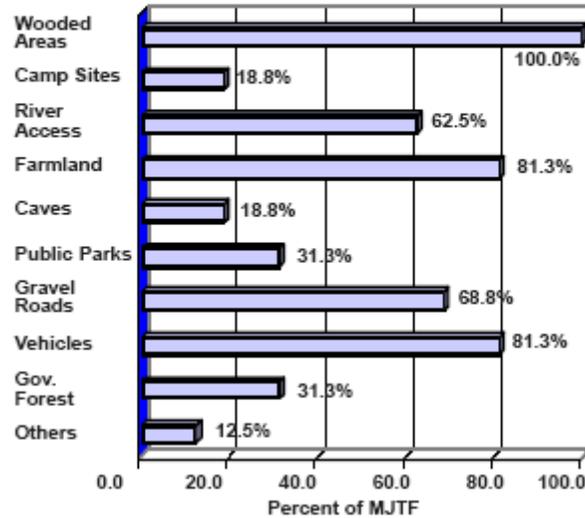


**Figure 46**  
**Locations Of Clandestine Methamphetamine Laboratories**  
**As Perceived By Multi-Jurisdictional Drug Task Forces**

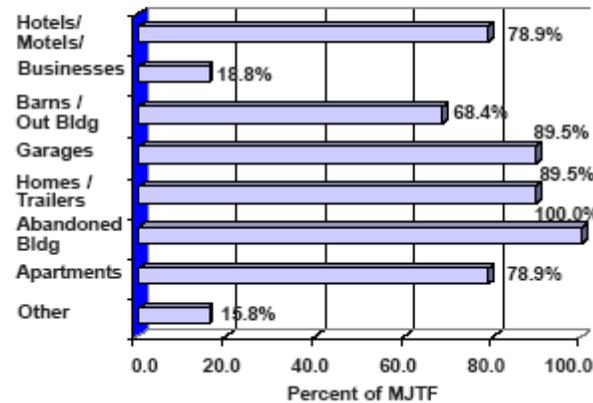


Several outdoor and indoor locations for methamphetamine laboratories were noted by the responding MJTFs. All MJTFs indicated wooded areas are common sites for outdoor methamphetamine labs (Figure 47). This was followed by farmland (81.3%), vehicles (81.3%), gravel roads (68.8%), and river access (62.5%). All MJTFs indicated indoor methamphetamine labs are found in abandoned buildings (Figure 48). This was followed by garages (89.5%), homes / trailers (89.5%), hotels / motels (78.9%), and apartments (78.9%).

**Figure 47**  
**Outdoor Locations Used For Clandestine Methamphetamine Laboratories**  
**As Perceived By Multi-Jurisdictional Drug Task Forces**

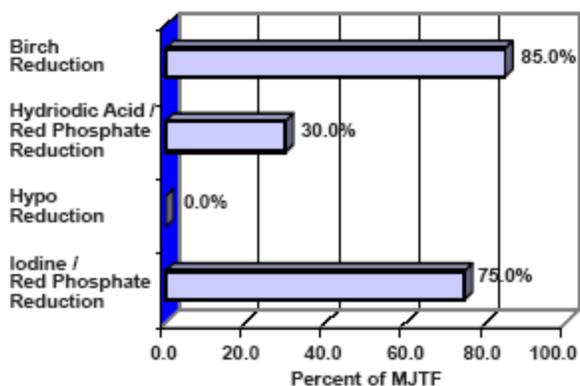


**Figure 48**  
**Indoor Locations Used For Clandestine Methamphetamine Laboratories**  
**As Perceived By Multi-Jurisdictional Drug Task Forces**



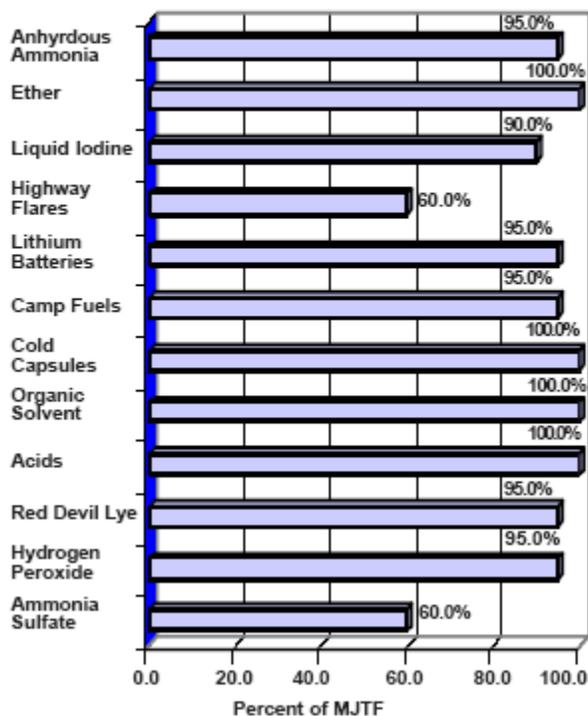
Task forces indicated participants in this industry prefer two methods of processing methamphetamine in clandestine laboratories. Of the MJTFs indicating clandestine methamphetamine laboratories are a serious or moderate problem in their jurisdictions, 85.0% stated the Birch reduction method was the most used method and 75.0% stated iodine / red phosphate reduction was used (Figure 49).

Figure 49  
Methamphetamine Processing Methods  
Used In Clandestine Laboratories  
As Perceived By Multi-Jurisdictional Drug Task Forces



In the same survey, MJTFs were asked what types of precursor chemicals are used in clandestine methamphetamine laboratories in their jurisdictions. Of the respondents indicating this industry is a major or moderate problem in their area, all indicated ether, organic solvents, cold capsules, and acids are most commonly used to process the drug (Figure 50).

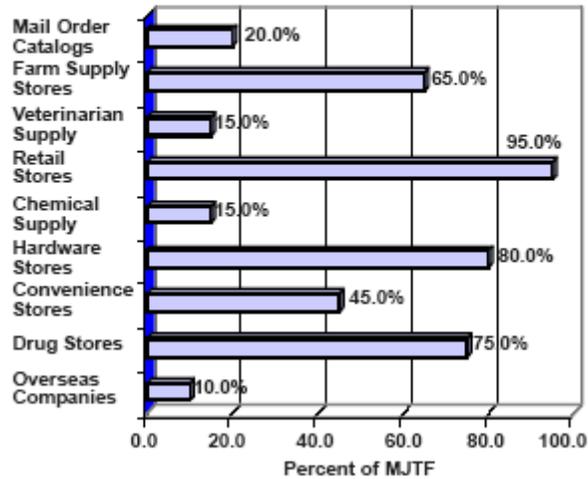
Figure 50  
Precursor Chemicals Used In  
Clandestine Methamphetamine Laboratories  
As Perceived By Multi-Jurisdictional Drug Task Forces



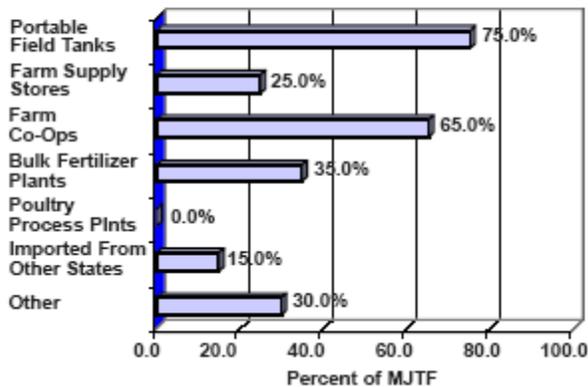
The sources of precursor chemicals used to process methamphetamine in clandestine laboratories varies. Retail stores (95.0%) are the most common source of precursor chemicals according to the MJTFs indicating this industry is a major or moderate problem in their jurisdictions (Figure 51). Other common sources of precursor chemicals are hardware stores (80.0%), drug stores (75.0%), and farm supply stores (65.0%). Portable field tanks (75.0%) are the most common source of anhydrous ammonia identified by MJTFs with a major or

moderate clandestine methamphetamine laboratory problem. As seen in Figure 52, other anhydrous ammonia sources include farm co-ops (65.0%) and bulk fertilizer plants (35.0%).

**Figure 51**  
Sources Of Precursor Chemicals Used In  
Clandestine Methamphetamine Laboratories  
As Perceived By Multi-Jurisdictional Drug Task Forces

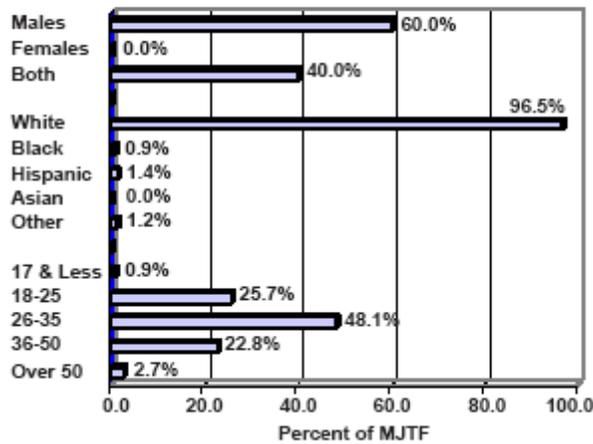


**Figure 52**  
Sources Of Anhydrous Ammonia Used In  
Clandestine Methamphetamine Laboratories  
As Perceived By Multi-Jurisdictional Drug Task Forces

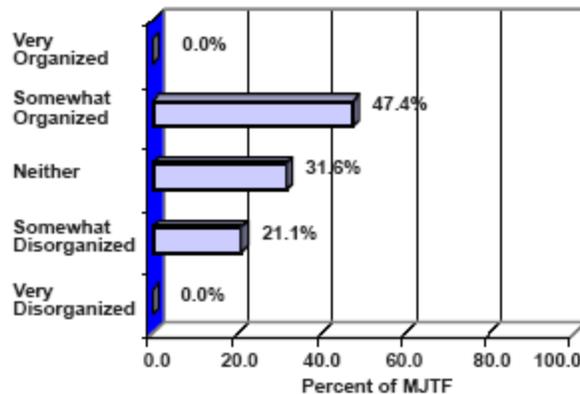


Persons involved in producing methamphetamine in clandestine laboratories are predominately white males between the ages of 18 and 35. Of the MJTFs stating this industry is a major or moderate problem in their jurisdictions, 60.0% indicated participants are male, 96.5% indicated participants are white, and 73.8% indicated their ages range from 18 through 35 (Figure 53). Persons in this industry are somewhat organized (47.4%) and may share processing techniques or equipment. Of the respondent MJTFs, 31.6% indicated participants in this industry are neither organized nor disorganized and 21.1% indicated they are somewhat disorganized (Figure 54). No MJTFs indicated gang activity is associated with clandestine methamphetamine laboratories.

**Figure 53**  
**Demographic Characteristics Of Persons Involved In**  
**Clandestine Methamphetamine Laboratories**  
**As Perceived By Multi-Jurisdictional Drug Task Forces**

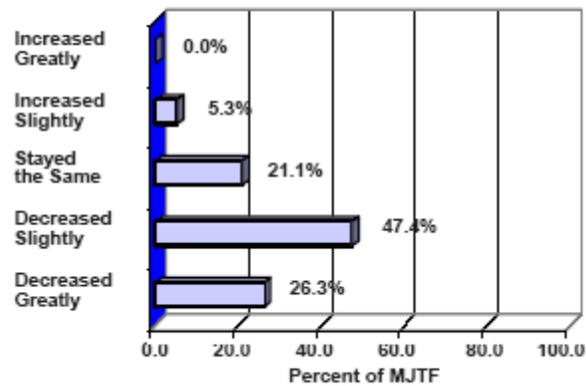


**Figure 54**  
**Organization Levels Associated With**  
**Clandestine Methamphetamine Laboratories**  
**As Perceived By Multi-Jurisdictional Drug Task Forces**



The clandestine methamphetamine laboratory industry is on a notable downward spiral in the State. Almost one-half of the MJTFs (47.4%) indicated this industry's growth is decreasing slightly in their jurisdiction. Also worth noting, is that 26.3% of MJTFs responding to the survey indicated this industry is decreasing greatly (Figure 55). Only 5.3% of the MJTFs indicated increased growth of this industry in their jurisdictions. Communities should be aware of the aftermath associated with these laboratories after they're vacated. It is estimated that every pound of produced methamphetamine leaves behind 5 to 7 pounds of toxic waste. The environmental cost also is severe as chemicals from dump sites and contaminated water supplies, kill livestock, destroy national forest lands, and render areas uninhabitable.

Figure 55  
Trends Of Clandestine Methamphetamine Laboratory Industry  
As Perceived By Multi-Jurisdictional Drug Task Forces



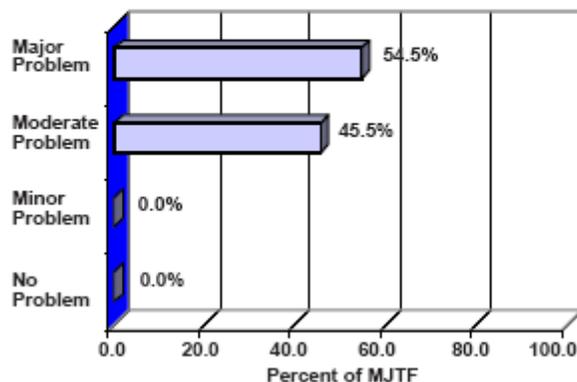
### Missouri Interstate Distribution Trafficking

Missouri serves as a conduit for transportation of significant amounts of illicit drugs between out-state points of origin and destination. Missouri's central location in the nation and extensive interstate roadway system increases its likelihood of being involved in illicit interstate drug trafficking.

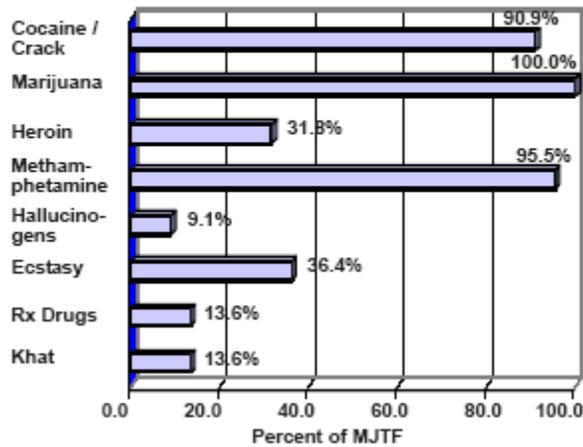
Different transportation methods are used to move illicit drugs through Missouri. Illicit drugs primarily are moved by land and air. Roadways are utilized for interstate drug trafficking more extensively than other transportation systems. Both private individuals and commercial operators transport illicit drugs, sometimes knowingly and other times unknowingly.

All surveyed multi-jurisdictional drug task forces consider interstate drug distribution / trafficking a moderate or major problem in their jurisdiction (Figure 56). Marijuana distribution / trafficking occurs throughout the State according to all MJTFs (Figure 57). Other widely distributed / trafficked drugs were methamphetamine (95.5%) and cocaine / crack cocaine (90.9%).

Figure 56  
Seriousness Of Interstate Drug Distribution / Trafficking  
As Perceived By Multi-Jurisdictional Drug Task Forces

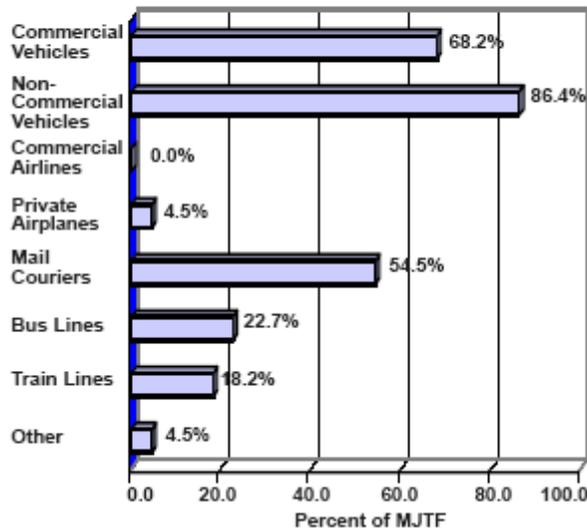


**Figure 57**  
**Types Of Drugs Being Transported Across Missouri**  
**As Perceived By Multi-Jurisdictional Drug Task Forces**



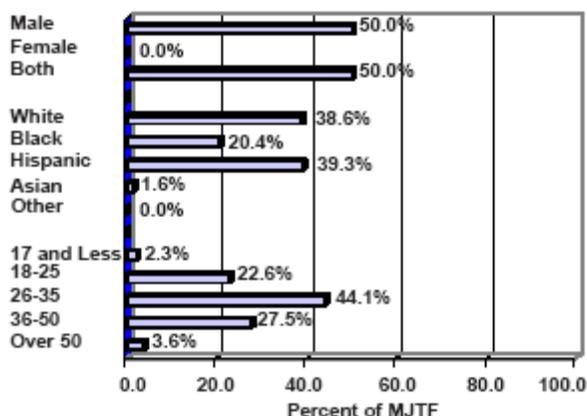
MJTFs were asked to identify vehicle types and transportation systems commonly used to transport illicit drugs across the State. Of the MJTFs indicating interstate drug distribution / trafficking is a major or moderate problem, 86.4% stated drugs are transported by noncommercial vehicles on interstate roadways (Figure 58). Other common vehicle types used for drug distribution / trafficking are commercial vehicles (68.2%) and mail couriers (54.5%).

**Figure 58**  
**Vehicle Types Used To Transport Drugs Across Missouri**  
**As Perceived By Multi-Jurisdictional Drug Task Forces**



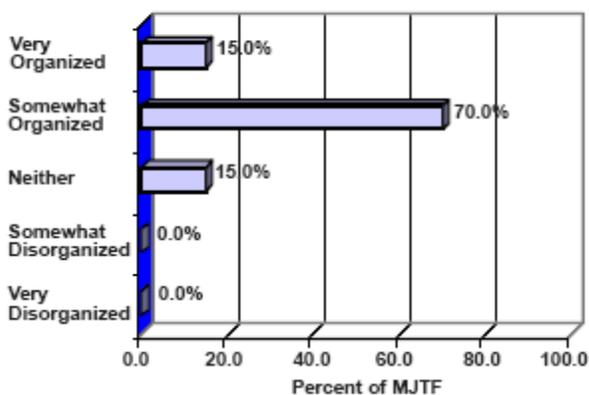
Interstate drug distribution / trafficking is generally conducted by both males and females of most races and age groups. Of the MJTFs indicating this industry is a major or moderate problem, one half (50.0%) indicated only males trafficked drugs while the other half stated both males and females participate (Figure 59). Of the MJTFs with a moderate or major drug distribution / trafficking problem, 38.6% indicated whites are participants and 39.3% stated Hispanics participate. Of these same MJTFs, 44.1% indicated persons aged 26 through 35 were most commonly involved in this industry.

**Figure 59**  
**Demographic Characteristics Of Persons Involved In**  
**Interstate Drug Distribution / Trafficking**  
**As Perceived By Multi-Jurisdictional Drug Task Forces**



Interstate drug distribution is a somewhat organized industry. Of the MJTFs indicating interstate drug distribution is a major or moderate problem, the majority indicated this industry is organized more than other industries. Almost three-quarters (70.0%) indicated the industry is somewhat organized, 15.0% indicated it is very organized, and 15.0% indicated it is neither organized nor disorganized (Figure 60).

**Figure 60**  
**Organization Levels Associated With**  
**Interstate Drug Distribution / Trafficking**  
**As Perceived By Multi-Jurisdictional Drug Task Forces**



An upward trend is apparent in the interstate drug distribution / trafficking industry. Of the MJTFs indicating this industry is a major or moderate problem in their jurisdictions, 85.0% responded it is slightly or greatly increasing (Figure 61). These MJTFs also consider the purity of distributed / trafficked drugs to be increasing. Of the MJTFs indicating interstate drug distribution / trafficking is a major or moderate problem, 65.0% indicated purities of transported drugs are increasing somewhat or greatly (Figure 62).

Figure 61  
Trends Of Interstate Drug Distribution / Trafficking  
As Perceived By Multi-Jurisdictional Drug Task Forces

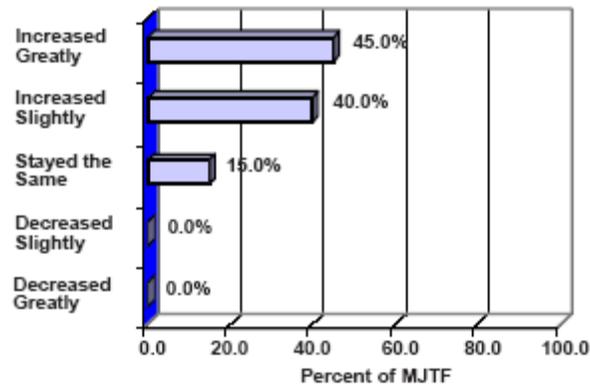
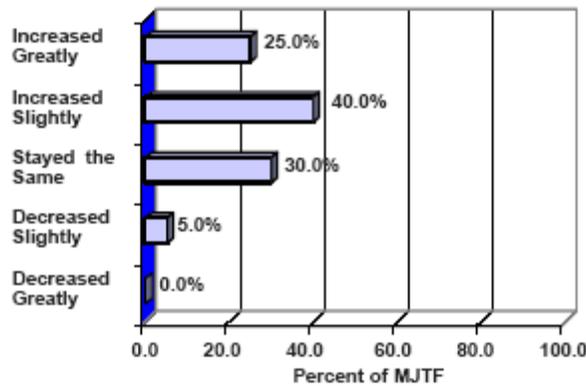


Figure 62  
Purity Trends Of Interstate Drug Distribution / Traffic  
As Perceived By Multi-Jurisdictional Drug Task Forces



### *Distribution and Point-of-Sale Drug Trafficking*

A large portion of Missouri's illicit drug industry is devoted to distributing and selling these products to individuals who intend to use them for their own consumption. Distribution and point-of-sale trafficking patterns vary depending on the type of illicit drug involved. Due to that fact, distribution and point-of-sale patterns for each major illicit drug used in Missouri are presented separately.

#### *Marijuana*

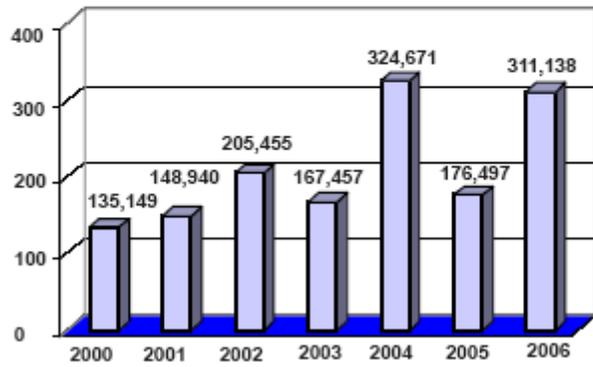
Marijuana is one of the most widely distributed and sold drugs in Missouri. According to the DEA, locally cultivated marijuana provides the bulk of the drug distributed and sold in the State. Most traffickers prefer to distribute and sell cultivated marijuana, especially sinsemilla, although they do distribute wild marijuana.

The National Drug Intelligence Center reports marijuana traffickers also distribute and sell bulk quantities of foreign marijuana, especially that grown in Mexico, Colombia, and Jamaica, and transported through Southwestern United States. Mexican and Colombian marijuana entering Southwestern U.S. cities (e.g., San Diego and Phoenix) is trafficked to Kansas City, and from there, to other Missouri areas to be distributed throughout the U.S. St. Louis is a destination city for Jamaican marijuana trafficked through Miami.

Analyses of marijuana quantities seized by multi-jurisdictional drug task forces indicate this industry is substantial, but law enforcement efforts to remove the drug's availability are increasing dramatically (Figure 63). In fiscal year 2005, 176,497 ounces of marijuana were seized compared to 324,671 ounces in Fiscal Year 2004.

This is a decrease of 45.6%. In fiscal year 2006, 311,138 ounces of marijuana were seized an increase of 43.3% from the previous year.

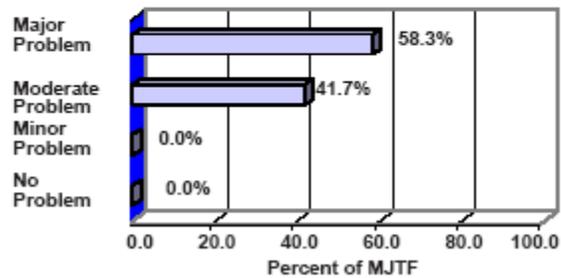
**Figure 63**  
**Ounces Of Marijuana Seized By**  
**Multi-Jurisdictional Drug Task Forces**  
**FY 2000 Through FY 2006**



A regional analysis of multi-jurisdictional task force program monitor reports indicates marijuana distribution and point-of-sale trafficking occurs in all regions of Missouri. Sale of marijuana charges accounted for 36.7% of all sale charges filed in arrests made by task forces in the Non-MSA, 36.2% of all sale charges filed in the St. Louis MSA, and 10.4% of all sale charges filed in Springfield MSA counties. The Kansas City / Joplin MSA and St. Joseph MSA were ranked next, where 15.9% of all sale charges filed by task forces in these areas were for sale of marijuana. This was followed by the least arrests in the Columbia MSA (0.8%).

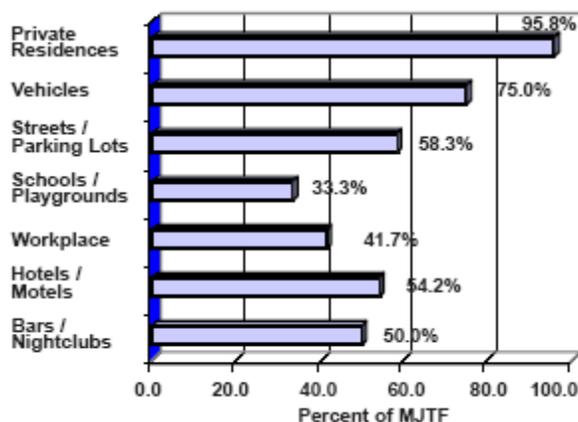
Point-of-sale marijuana distribution is a major or moderate problem throughout Missouri. All twenty-four of the multi-jurisdictional drug task forces responding to an industry profile survey, indicated marijuana distribution and point-of-sale was a major or moderate problem in their jurisdictions (Figure 64).

**Figure 64**  
**Seriousness Of Marijuana Point-Of-Sale Distribution**  
**As Perceived By Multi-Jurisdictional Drug Task Forces**



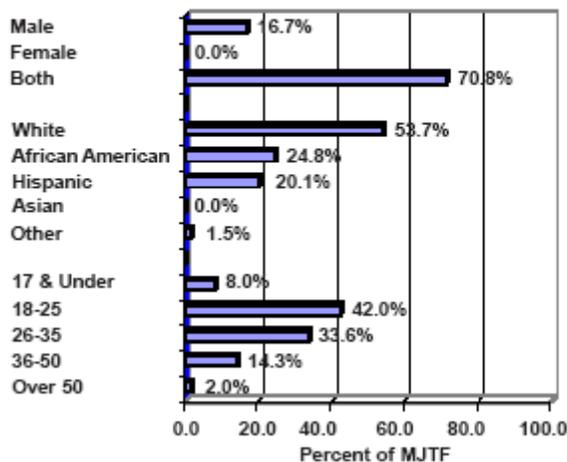
In this survey, MJTFs also indicated marijuana was sold primarily from private homes and residences or from vehicles. Of the MJTFs indicating this industry was a major or moderate problem, 95.8% identified private residences / homes as locations of marijuana sales (Figure 65). Other sites where marijuana sales take place include vehicles (75.0%), streets / parking lots (58.3%), and hotels / motels (54.2%).

Figure 65  
Location Of Marijuana Point-Of-Sale Distribution  
As Perceived By Multi-Jurisdictional Drug Task Forces



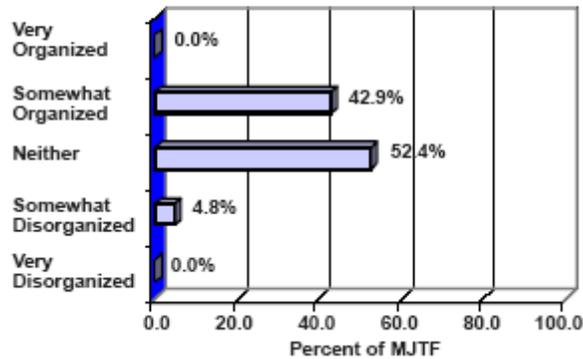
Marijuana point-of-sale distribution is conducted by persons of both sexes, most races, and all age groups. Of the MJTFs indicating this industry is a major or moderate problem, 70.8% indicated persons of both sexes are involved while 16.7% indicated only males were involved (Figure 66). These MJTFs also indicated whites are most commonly involved (53.7%) followed by African Americans (24.8%) and Hispanics (20.1%). Almost one-half (42.0%) of the responding MJTFs identified persons aged 18 through 25 as participating in this industry and 33.6% stated persons ages 26 to 35 are involved.

Figure 66  
Demographic Characteristics Of Persons Involved In  
Marijuana Point-Of-Sale Distribution  
As Perceived By Multi-Jurisdictional Drug Task Forces



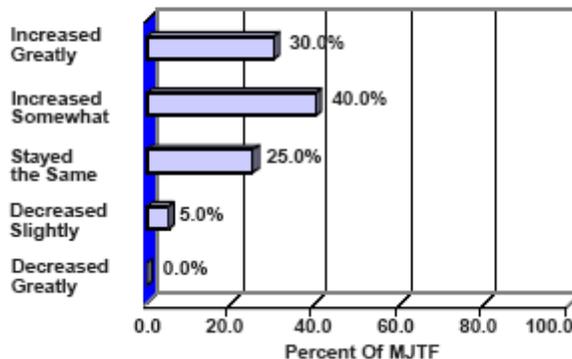
The extent of organization of marijuana distributors / sellers varies from individuals acting completely on their own to somewhat organized groups. Of the MJTFs indicating marijuana point-of-sale distribution is a major or moderate problem, over one-half (52.4%) indicated sellers were neither organized nor disorganized (Figure 67). MJTFs indicated gangs are associated with sale of marijuana and 42.9% specified some organized crime is involved in marijuana point-of-contact sale.

Figure 67  
 Organization Levels Associated With  
 Marijuana Point-Of-Sale Distribution  
 As Perceived By Multi-Jurisdictional Drug Task Forces



Growth of this industry remains constant in most of the State but is increasing in some areas. Of the MJTFs indicating this industry is a major or moderate problem, close to one-half (40.0%) responded marijuana point-of-sale distribution is increasing somewhat (Figure 68). Another 30.0% of these MJTFs indicated this industry is greatly increasing.

Figure 68  
 Trends Of Marijuana Point-Of-Sale Distribution  
 As Perceived By Multi-Jurisdictional Drug Task Forces



### Cocaine / Crack Cocaine

Cocaine is not produced in any significant amounts in the U.S. Instead, cocaine is extracted from the Erythroxylon coca bush in remote laboratories primarily in Columbia, Peru, and Bolivia. The drug is then smuggled overland through Mexico or by sea and air transport along eastern Pacific and western Caribbean maritime routes. According to the NDIC, cocaine smuggled overland through Mexico enters the U.S. through Texas, California, and Arizona ports of entry (POE). From these POE, cocaine is transported to Atlanta, Chicago, Dallas, Houston, and New York. Cocaine smuggled via Caribbean maritime routes enters the U.S. in Miami and is transported to Atlanta, New York, and Philadelphia. Cocaine is smuggled throughout the U.S. from various distribution cities. The NDIC also reports a large portion of powder cocaine ending up in the Midwest, including Missouri, is distributed from Chicago, Houston, and Phoenix.

Analyses of cocaine and crack quantities seized in multi-jurisdictional drug task force investigations or purchased in sting operations indicate distribution of these drugs is second only to marijuana. In fiscal year 2006, task forces seized 14,232 ounces of cocaine (Figure 69) and 5,919 ounces of crack cocaine (Figure 70). Compared to earlier fiscal years 2005 and 2006 showed substantial seized amounts. Crack cocaine seizures only rose substantially in 2006. In prior years, only very small amounts of crack cocaine were seized.

Figure 69  
Ounces Of Cocaine Seized  
By Multi-Jurisdictional Drug Task Forces  
FY 2000 Through FY 2006

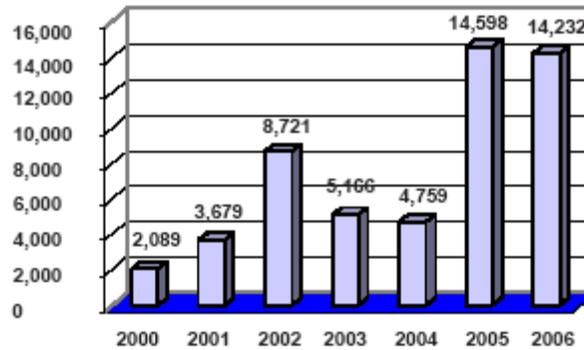
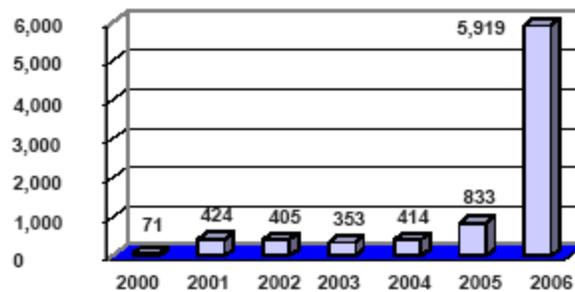


Figure 70  
Ounces Of Crack Seized  
By Multi-Jurisdictional Drug Task Forces  
FY 2000 Through FY 2006



A regional analysis of multi-jurisdictional task force data indicate cocaine and crack cocaine point-of-sale trafficking equally impacts large and small MSAs in Missouri. Cocaine sale charges accounted for 60.5% of all sale charges filed in arrests made by task forces in the St. Louis MSA. This was followed by Non-MSAs (18.1%), Springfield (12.6%), Joplin (6.7%), Kansas City (1.3%), Columbia (0.4%), and St. Joseph MSA counties. Crack cocaine sale charges accounted for 62.4% of all sale charges filed in arrests made by task forces in the St. Louis MSA. This was followed by Non-MSA counties (29.1%), St. Joseph (3.6%), Columbia (3.2%), Kansas City (0.8%), Joplin (0.6%) and Springfield MSAs (0.3%).

In an industry profile survey completed by twenty-four multi-jurisdictional task forces, 95.8% reported cocaine and crack distribution / point-of-sale was a moderate or major problem in their jurisdictions (Figure 71). From these results it is evident that distribution and sale of cocaine / crack is widespread throughout the State. In the survey, MJTFs also indicated cocaine / crack was sold at many different locations. Of the MJTFs indicating this industry was a major or moderate problem, 87.0% identified cocaine / crack sales occur in private residences (Figure 72). This location was followed by vehicles (69.6%), streets / parking lots (65.2%), hotels / motels (47.8%), and bars / nightclubs (47.8%).

Figure 71  
 Seriousness Of Cocaine / Crack Point-Of-Sale Distribution  
 As Perceived By Multi-Jurisdictional Drug Task Forces

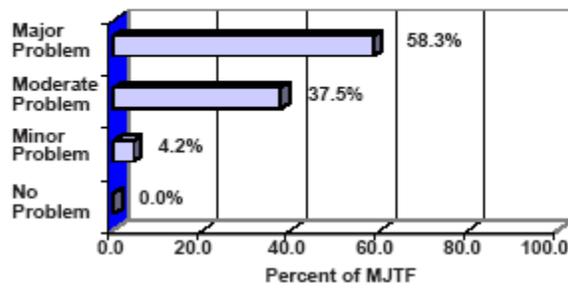
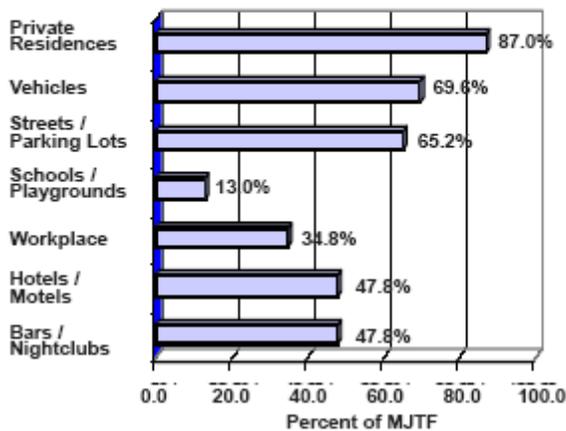
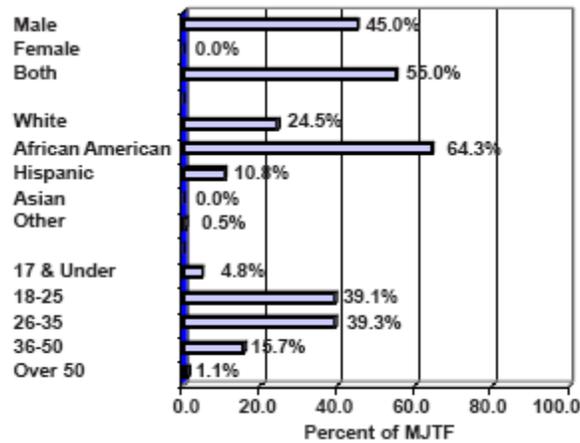


Figure 72  
 Locations Of Cocaine / Crack Distribution And  
 Point-Of-Sale Trafficking  
 As Perceived By Multi-Jurisdictional Drug Task Forces



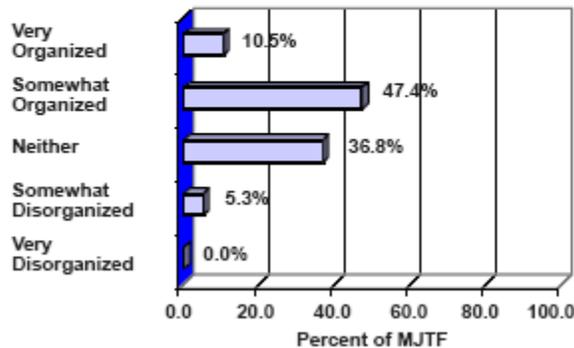
African Americans and whites of both sexes and between the ages of 18 and 35 are the more common participants in point-of-sale distribution of cocaine and crack. Almost two-thirds (64.3%) of the MJTFs reported African Americans participate in this industry and 24.5% indicated whites participate (Figure 73). Over one-half (55.0%) of the MJTFs indicated both males and females are involved in cocaine / crack cocaine point-of-sale distribution. Over one-third (39.3%) of the MJTFs identified participants in this industry between the ages of 26 and 35. Another 39.1% of the MJTFs indicated persons aged 18 through 25 participate in the industry.

**Figure 73**  
**Demographic Characteristics Of Persons Involved In**  
**Cocaine / Crack Point-Of-Sale Distribution**  
**As Perceived By Multi-Jurisdictional Drug Task Forces**



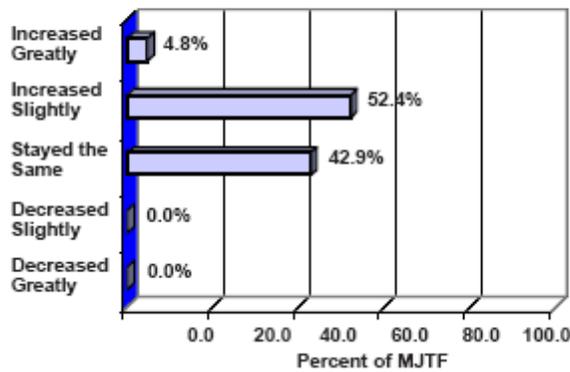
Cocaine and crack cocaine distribution / point-of-sale trafficking is an organized industry to some degree. Of the MJTFs indicating this industry is a major or moderate problem, 57.9% indicated participants are very or somewhat organized (Figure 74).

**Figure 74**  
**Organization Levels Associated With**  
**Cocaine / Crack Point-Of-Sale Distribution**  
**As Perceived By Multi-Jurisdictional Drug Task Forces**



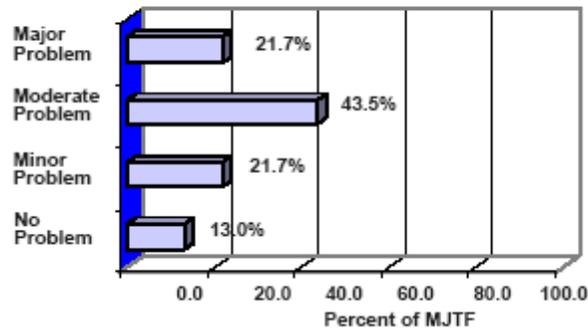
Over one-half of MJTF respondents to the drug industry survey indicated cocaine and crack cocaine distribution / point-of-sale trafficking is slightly increasing in their jurisdictions. Of the respondent MJTFs, 57.2% indicated this industry has increased greatly or increased slightly. Another 42.9% perceived this industry as staying constant (Figure 75).

**Figure 75**  
Trends Of Cocaine / Crack Point-Of-Sale Distribution  
As Perceived By Multi-Jurisdictional Drug Task Forces



Crack cocaine is produced by boiling a solution of dissolved powdered cocaine, ammonia or baking soda, and water until a solid separates from the solution. The solid is then dried forming crystals of crack cocaine that are 75 to 90% pure cocaine. Heating crack cocaine produces vapors that are smoked. Normally, crack processing is conducted late in distribution. Of the MJTFs indicating cocaine / crack cocaine point-of-sale distribution was a major or moderate problem, 65.2% indicated crack processing also was a problem (Figure 76). Also, 93.3% of MJTFs indicated powder cocaine is being commonly processed into crack cocaine (Figure 77). Of the MJTFs indicating cocaine / crack cocaine point-of-sale distribution was major or moderate problem in their area, 93.3% identified homes as common crack cocaine processing sites and 80.0% identified apartments as processing sites (Figure 78).

**Figure 76**  
Seriousness Of Crack Cocaine Processing  
As Perceived By Multi-Jurisdictional Task Forces



**Figure 77**  
Form Of Cocaine Processed Into Crack  
As Perceived By Multi-Jurisdictional Drug Task Forces

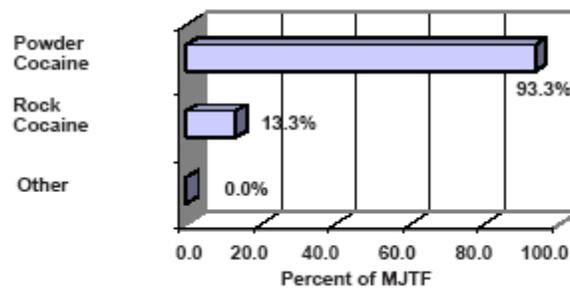
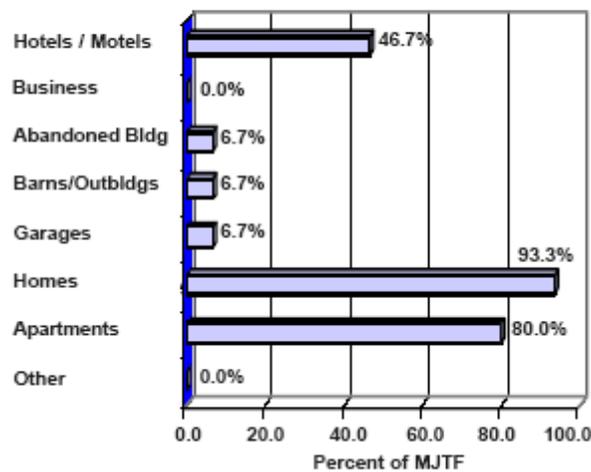
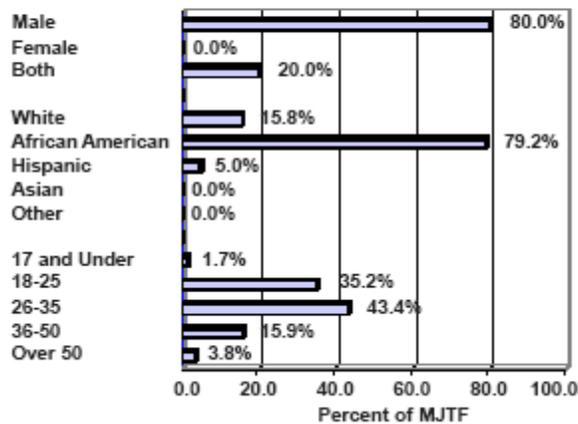


Figure 78  
Locations Used For Crack Cocaine Processing  
As Perceived By Multi-Jurisdictional Drug Task Forces



In Missouri, cocaine is processed into crack cocaine by young to middle-aged African Americans of both sexes. Of the MJTFs indicating this industry as a major or moderate problem, 80.0% identified males as participants in crack cocaine processing and 20.0% indicated both males and females process crack cocaine (Figure 79). Of the respondent MJTFs, 79.2% identified African American participants, and 43.4% indicated persons aged 26 through 35 are involved.

Figure 79  
Demographic Characteristics Of Persons  
Involved In Crack Cocaine Processing  
As Perceived By Multi-Jurisdictional Drug Task Forces



Generally, cocaine is processed into crack by individuals although some gangs are associated with this industry in Missouri. Of the MJTFs indicating this industry is a major or moderate problem, one-third (33.3%) stated gangs are involved in crack processing (Figure 80). Of the responding MJTFs 46.2% indicated participants in crack processing are somewhat organized (Figure 81).

Figure 80  
Gang Involvement In Crack Cocaine Processing  
As Perceived By Multi-Jurisdictional Drug Task Forces

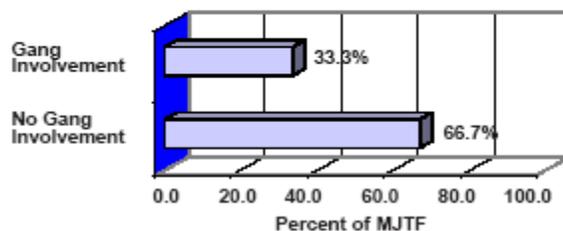
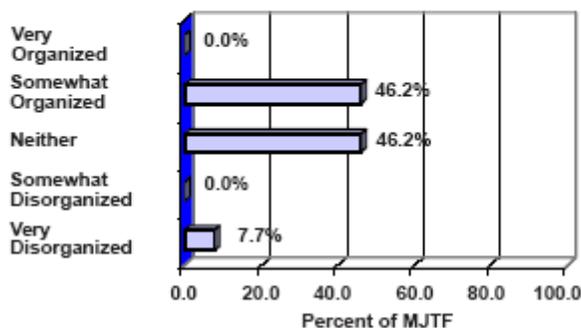
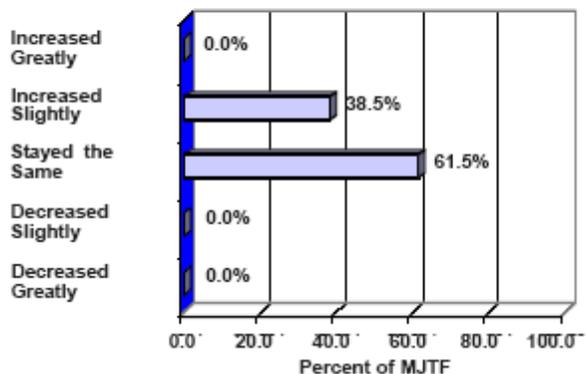


Figure 81  
Organization Levels Associated With  
Crack Cocaine Processing  
As Perceived By Multi-Jurisdictional Drug Task Forces



Crack cocaine processing is increasing in some parts of the State. Of the MJTFs indicating this industry is a major or moderate problem, 38.5% responded it increased slightly (Figure 82). However, 61.5% of the MJTFs indicated the industry is not changing in their jurisdictions.

Figure 82  
Trends Of Crack Cocaine Processing  
As Perceived By Multi-Jurisdictional Drug Task Forces

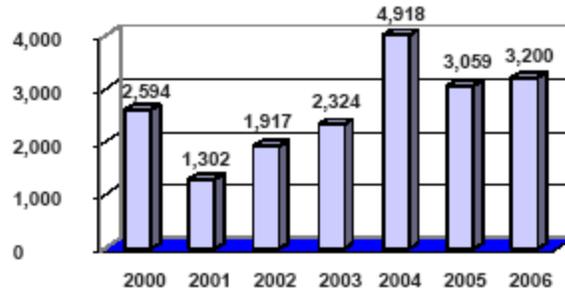


### *Methamphetamine*

The distribution and point-of-sale of methamphetamine, along with its related industry (methamphetamine clandestine laboratories), are two of the most widespread illicit drug industries in the State. According to the NDIC, Missouri is one of several Central U.S. states that is a primary market area for the drug. Also, methamphetamine manufactured in Missouri is distributed regionally and to other parts of the country. The NDIC has reported increased trafficking of methamphetamine produced in Southern California and Mexico to Kansas City and St. Louis by Mexican criminal groups.

Analyses of methamphetamine seized by multi-jurisdictional task drug force investigations indicate distribution of this drug is significant in Missouri and has grown in the past several years. In fiscal year 2004 multi-jurisdictional drug task forces seized 4,918 ounces of methamphetamine (Figure 83). This was an increase of 111.6% from the previous year. After a decrease in 2005, seizures of methamphetamine increased again in fiscal year 2006 when 3,200 ounces were seized.

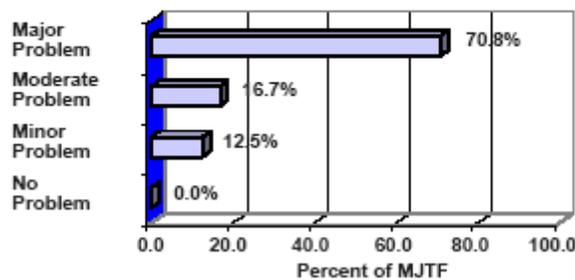
Figure 83  
Ounces Of Methamphetamine Seized  
By Multi-Jurisdictional Drug Task Forces  
FY 2000 Through FY 2006



A regional analysis of multi-jurisdictional drug task force data indicates methamphetamine distribution and point-of-sale trafficking occurs throughout the State but is most significant in the St. Louis area and rural Missouri. Of all methamphetamine sale charges filed by task forces, 41.7% were filed in the St. Louis MSA and 35.1% were filed in Non-MSAs. These regions were followed by Joplin (10.9%), Kansas City (5.4%), Springfield (5.0%), Columbia (1.5%), and St. Joseph (0.5%) MSAs.

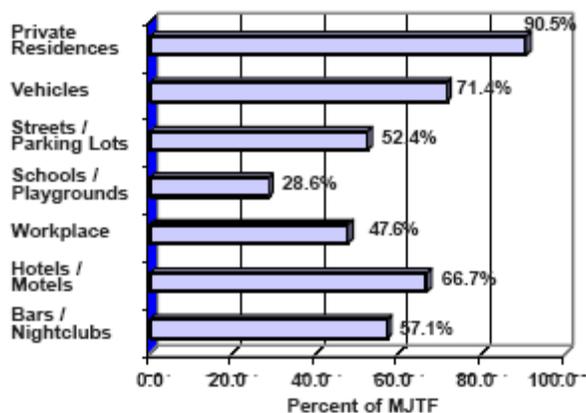
In a drug industry profile survey of multi-jurisdictional drug task forces, respondent MJTFs indicated methamphetamine point-of-sale distribution is a major (70.8%) or moderate problem (16.7%) in their jurisdiction (Figure 84). These data illustrate the widespread problem of this industry in Missouri.

Figure 84  
Seriousness Of Methamphetamine Point-Of-Sale Distribution  
As Perceived By Multi-Jurisdictional Drug Task Forces



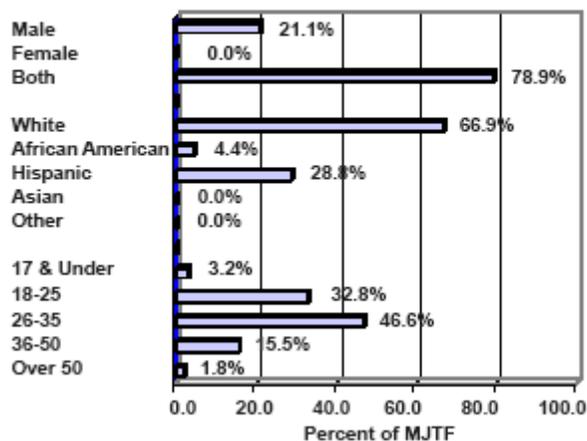
An analysis of responses from the surveyed MJTFs indicates methamphetamine is distributed in many locations. A majority of respondents identified private residences (90.5%) as point-of-sale locations for this drug (Figure 85). MJTFs also perceived methamphetamine sales are commonly made from vehicles (71.4%), hotels / motels (66.7%), bars and nightclubs (57.1%), and streets / parking lots (52.4%).

Figure 85  
Locations Of Methamphetamine Point-Of-Sale Distribution  
As Perceived By Multi-Jurisdictional Drug Task Forces



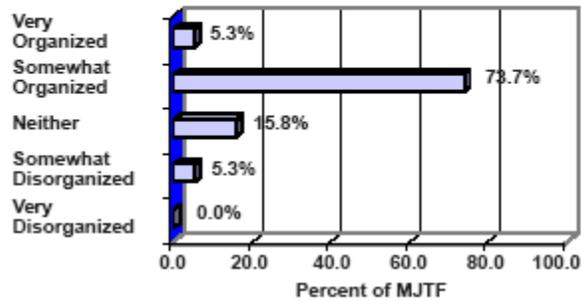
The industry survey also indicates both males and females are involved in distributing and selling methamphetamine. Of the MJTFs indicating this industry is a major or moderate problem, 78.9% stated participants are of both sexes (Figure 86). The respondents also indicated whites (66.9%) are the primary group involved in this industry. However, several respondents reported involvement by Hispanics (28.8%) and African Americans (4.4%). All age groups are involved in this industry although most participants are between the ages of 18 and 35. Young adults between the ages of 26 and 35 were the most frequently mentioned group (46.6%) followed by persons aged 18 through 25 (32.8%).

Figure 86  
Demographic Characteristics Of Persons Involved In  
Methamphetamine Point-Of-Sale Distribution  
As Perceived By Multi-Jurisdictional Drug Task Forces



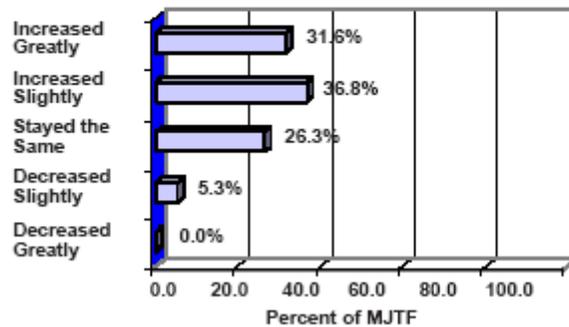
The level of organization associated with this industry probably reflects that methamphetamine originates from somewhat disorganized to very organized clandestine laboratory operators. Of the MJTFs identifying this industry as a major or moderate problem, 79.0% indicated participants are somewhat organized to very organized. Only 5.3% of the respondent MJTFs perceived this industry as somewhat disorganized (Figure 87).

Figure 87  
 Organization Levels Associated With  
 Methamphetamine Point-Of-Sale Distribution  
 As Perceived By Multi-Jurisdictional Drug Task Forces



Point-of-sale distribution of methamphetamine is increasing throughout the State. Of the MJTFs indicating this industry is a major or moderate problem, 68.4% responded point-of-sale distribution is slightly or greatly increasing (Figure 88). Another 26.3% of the respondent MJTFs did not indicate a change in this industry.

Figure 88  
 Trends Of Methamphetamine Point-Of-Sale Distribution  
 As Perceived By Multi-Jurisdictional Drug Task Forces



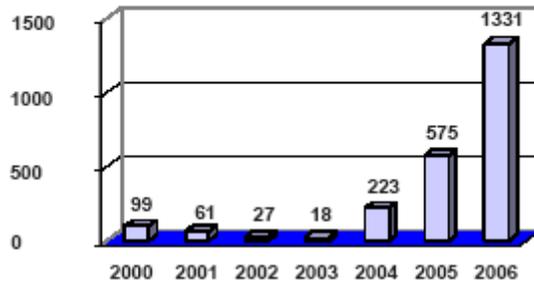
### Heroin / Opiates

Like cocaine, heroin and its derivatives are imported into Missouri and distribution / point-of-sale is limited to specific regions of the State. Most heroin entering the U.S. originates from South America and Mexico, but it also is from Southwestern and Southeastern Asia. The NDIC reports points of entry (POE) on the U.S. and Mexican border are most commonly used to smuggle heroin into the U.S. Mexican and South American produced heroin is transported directly to other states or to Los Angeles for additional distribution. Asian heroin is usually smuggled into the U.S. via eastern seaboard or west coast cities via commercial air carriers and then transported to regional distribution centers. Asian heroin entering Missouri generally is distributed through Chicago.

A regional analysis of multi-jurisdictional drug task force data indicated heroin distribution and point-of-sale trafficking mostly impacts the St. Louis MSA. Of all heroin sale charges filed by task forces, 91.7% were filed by St. Louis MSA task forces. Following this region were Non-MSAs (3.6%), St. Joseph (2.4%), and Springfield (2.4%). No heroin sale charges were filed by task forces in other MSAs.

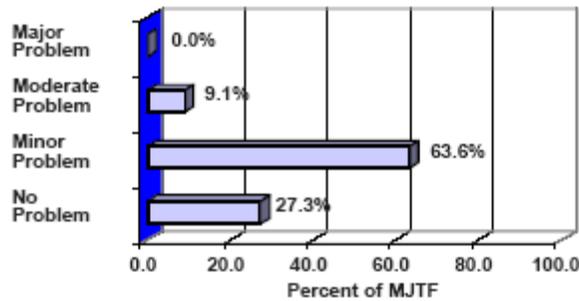
Analyses of heroin / opiate quantities seized by multi-jurisdictional drug task forces indicate distribution of these drugs is limited in Missouri compared to marijuana, cocaine / crack cocaine, or methamphetamine. Since Fiscal Year 2004 the amount of seized heroin has increased but the greatest amount of heroin was seized in Fiscal Year 2006 when 1,331 ounces of heroin / opiates were seized (Figure 89).

**Figure 89**  
**Ounces Of Heroin / Opiates Seized**  
**By Multi-Jurisdictional Drug Task Forces**  
**FY 2000 Through FY 2006**

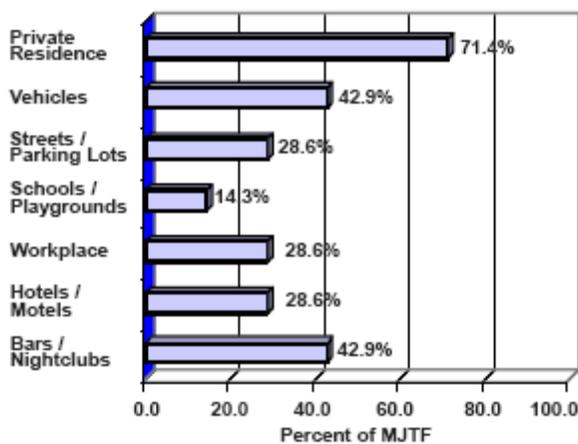


An analysis of industry profiles conducted by multi-jurisdictional drug task forces indicates heroin distribution and point-of-sale is a problem in only some parts of the State. Of the surveyed MJTFs, only 9.1% responded this industry is a major or moderate problem (Figure 90). The surveyed MJTFs also indicated sales of these illicit drugs occur at several common locations. Of the MJTFs indicating this industry is a major or moderate problem, 71.4% indicate sales of heroin / opiates are conducted in private residence (Figure 91). Heroin sales also were noted by MJTFs to occur in vehicles (42.9%) and bars / nightclubs (42.9%).

**Figure 90**  
**Seriousness Of Heroin / Opiates Point-Of-Sale Distribution**  
**As Perceived By Multi-Jurisdictional Drug Task Forces**



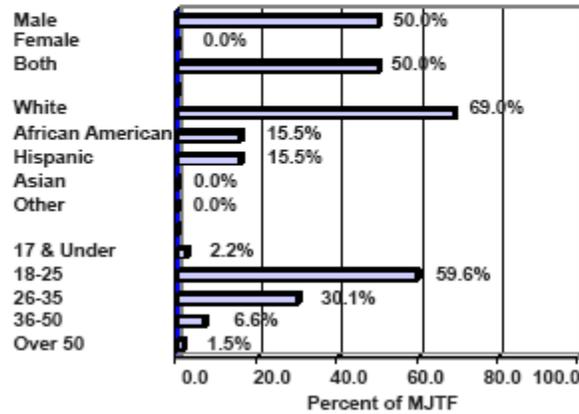
**Figure 91**  
**Locations Of Heroin / Opiates Point-Of-Sale Distribution**  
**As Perceived By Multi-Jurisdictional Drug Task Forces**



Persons involved with heroin / opiates point-of-sale distribution typically are young white adults of both genders. Of the MJTFs identifying this industry as a major or moderate problem, 50.0% indicated both males and females are involved in heroin trafficking (Figure 92). In addition, 69.0% indicated whites are involved in

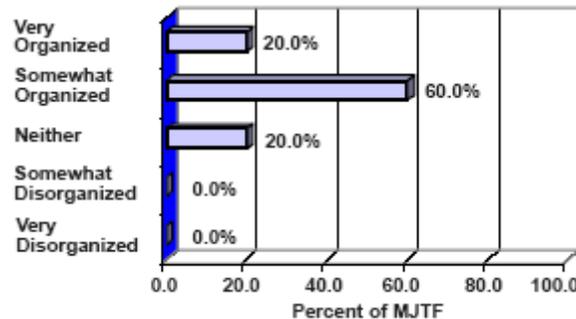
this industry. Persons aged 18 through 25 were identified as industry participants by 59.6% of the MJTFs and persons aged 26 through 35 were identified as participants by 30.1% of the task forces.

**Figure 92**  
**Demographic Characteristics Of Persons Involved In**  
**Heroin / Opiates Point-Of-Sale Distribution**  
**As Perceived By Multi-Jurisdictional Drug Task Forces**



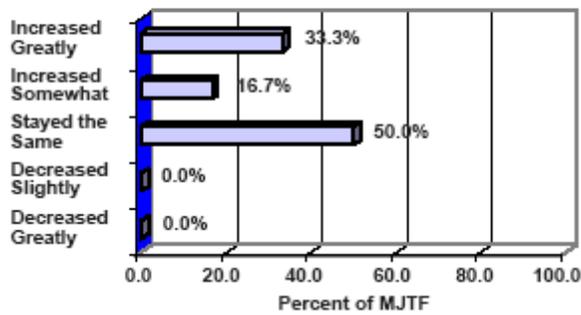
Multiple levels of organization are associated with heroin / opiates point-of-sale distribution. Of the MJTFs identifying this industry as a major or moderate problem, 80.0% indicated heroin / opiates trafficking is somewhat to very organized (Figure 93). Another 20.0% of the MJTFs stated this industry is neither organized nor disorganized.

**Figure 93**  
**Organization Level Associated With**  
**Heroin / Opiates Point-Of-Sale Distribution**  
**As Perceived By Multi-Jurisdictional Drug Task Forces**



While heroin / opiates point-of-sale distribution is limited regionally, this industry is increasing in some regions and remaining constant in others. Of the MJTFs indicating heroin / opiates point-of-sale distribution is a major or moderate problem, 50.0% have experienced some or great increases in their jurisdictions (Figure 94). However the other half (50%) of the MJTFs indicated the growth of industry is remaining constant in their jurisdictions.

Figure 94  
Trends Of Heroin / Opiates Point-Of-Sale Distribution  
As Perceived By Multi-Jurisdictional Drug Task Forces

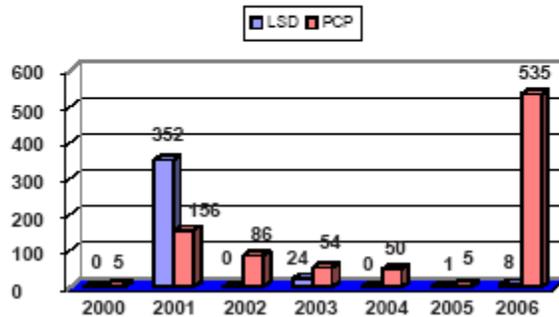


### Hallucinogens

LSD (lysergic acid diethyl amide) and PCP (phencyclidine) are the more commonly abused hallucinogens in Missouri. The NDIC reports LSD is produced by a small network of chemists located in California and the Pacific Northwest. To a lesser extent, LSD is produced throughout the country by individuals. It typically is sold in crystal, tablet, or liquid forms. Liquid LSD is ingested in sugar cubes, gelatin squares, or blotter paper available in single to multi-thousand dosage units. The NDIC reports PCP is produced by California street gangs. PCP encountered in Missouri is sold as PCP laced cigarettes, cigars, or marijuana. It also is found in liquid, tablet, and powder forms in the State.

Analyses of LSD and PCP quantities seized by multi-jurisdictional drug task forces indicate distribution of these drugs is not a significant industry in Missouri. In fiscal year 2001, task forces seized 352 ounces of LSD and 156 ounces of PCP (Figure 95). Since that year, hallucinogen seizures have decreased and only in fiscal year 2006 was a significant seizure of 535 ounces of PCP reported.

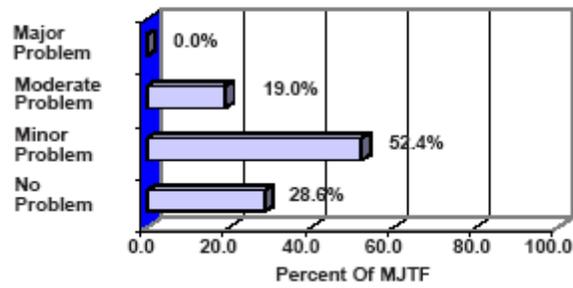
Figure 95  
Ounces Of LSD And PCP Seized By  
Multi-Jurisdictional Drug Task Forces  
FY 2000 Through FY 2006



A regional analysis of multi-jurisdictional drug task force data indicate hallucinogen distribution and point-of-sale trafficking impacted just one MSA. Of all fiscal year 2006 hallucinogen sale charges filed by task forces, 100% were filed in the St. Louis MSA.

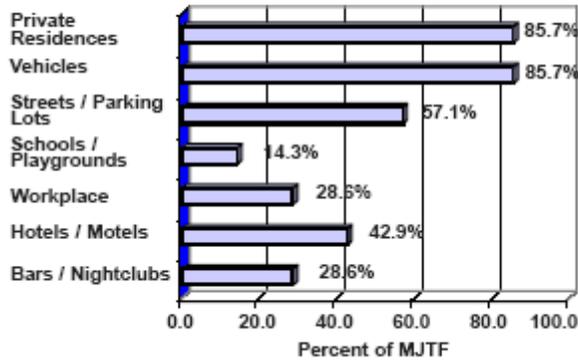
The point-of-sale distribution of hallucinogens was perceived as a moderate problem only in several regions of Missouri. Of the MJTFs responding to a drug industry survey, only 19.0% identified hallucinogen point-of-sale distribution as a moderate problem (Figure 96). Another 81.0% of the task forces reported hallucinogen distribution and point-of-sale was minor or not a problem in their jurisdictions.

Figure 96  
 Seriousness Of Hallucinogen Point-Of-Sale Distribution  
 As Perceived By Multi-Jurisdictional Drug Task Forces



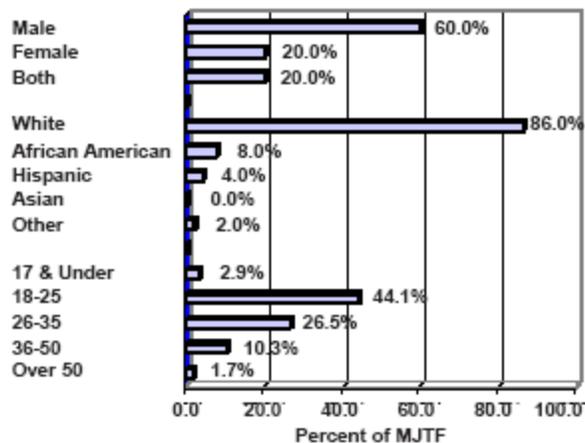
Hallucinogens are sold primarily from private residences or vehicles. Of the MJTFs that indicated hallucinogen point-of-sale distribution is a minor or moderate problem, 85.7% stated hallucinogens are sold out of private residences and vehicles (Figure 97).

Figure 97  
 Locations Of Hallucinogen Point-Of-Sale Distribution  
 As Perceived By Multi-Jurisdictional Drug Task Forces



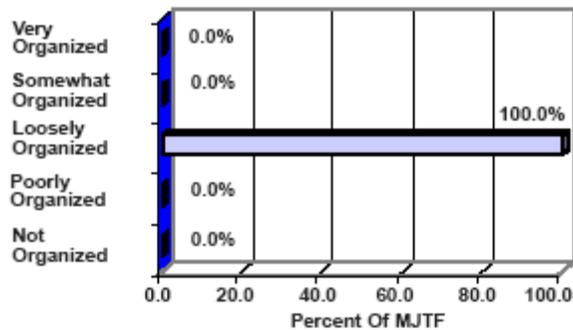
Participants in hallucinogen point-of-sale distribution are commonly white, young to middle aged adults. Of the MJTFs indicating hallucinogen point-of-sale distribution as a moderate or minor problem, 60.0% said only males are involved in the industry, but 20.0% indicated both males and females participate (Figure 98). Over three-quarters (86.0%) of the MJTFs indicated participants are white and nearly three-fourths (70.6%) indicated participants are between the ages of 18 and 35.

Figure 98  
 Demographic Characteristics Of Persons Involved  
 In Hallucinogen Point-Of-Sale Distribution  
 As Perceived By Multi-Jurisdictional Drug Task Forces



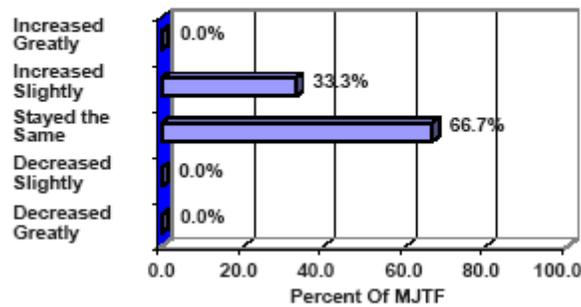
All of the MJTFs identified hallucinogen point-of-sale distribution as loosely organized (Figure 99). Although it is not known if organization patterns are drug specific, it is conceivable that one organizational level is found for LSD sale and one for PCP sale.

Figure 99  
 Organization Levels Associated With  
 Hallucinogen Point-Of-Sale Distribution  
 As Perceived By Multi-Jurisdictional Drug Task Forces



Two distinct trends are apparent for hallucinogen point-of-sale distribution in Missouri. Of the MJTFs indicating this industry is a moderate or minor problem, one-third (33.3%) responded it increased slightly (Figure 100). However, the other two-thirds (66.7%) of the MJTFs indicated hallucinogen sales remained constant. Although not known empirically, this bimodal distribution may reflect point-of-sale trends of LSD compared to PCP.

Figure 100  
Trends Of Hallucinogen Point-Of-Sale Distribution  
As Perceived By Multi-Jurisdictional Drug Task Forces

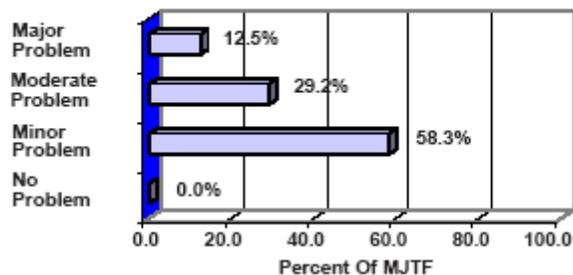


### Ecstasy

MDMA (3,4 methylenedioxyamphetamine) or Ecstasy has been on the increase for the past few years. As noted by the NDIC, ecstasy is a stimulant with mild hallucinogenic properties and is taken orally in tablet or capsule form. The emergence of high-energy, all-night dance clubs known as raves has increased use of ecstasy because user's energy is increased and sensory perceptions are heightened, enhancing their rave experience. These clubs are becoming particularly popular with teenagers and young adults. According to the DEA, clandestine laboratories in rural areas of the Netherlands and Belgium produce approximately 80 percent of this drug consumed worldwide. Other countries where MDMA laboratories have been found include Canada, Australia, Germany, and several Eastern European countries. Ecstasy is smuggled into New York, Los Angeles, and Miami on commercial airline carriers from Europe, Canada, and Mexico. From these U.S. cities, it is distributed to other states, including Missouri, by couriers on domestic commercial flights or mail / packages services.

In an industry profile survey completed by multi-jurisdictional drug task forces, 41.7% of the respondents reported ecstasy was a major or moderate problem (Figure 101). Another 58.3% of the MJTFs indicated this industry was a minor problem. These results suggest distribution and sale of ecstasy is restricted to certain areas of the State.

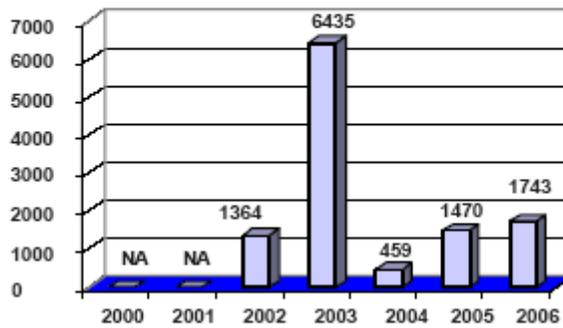
Figure 101  
Seriousness Of Ecstasy Point-Of-Sale Distribution  
As Perceived By Multi-Jurisdictional Drug Task Forces



A regional analysis of multi-jurisdictional drug task force data also indicates ecstasy point-of-sale trafficking most impacts the St. Louis MSA. Of all ecstasy charges filed by task forces, 56.3% were filed in the St. Louis MSA. This region was followed by Kansas City (18.8%), Springfield (18.8%), and Non-MSA counties (6.3%). No ecstasy charges were filed by task forces in other Missouri MSAs

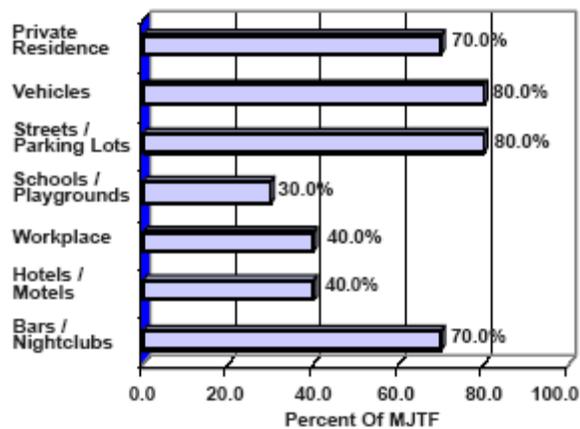
Analysis of ecstasy seized by MJTFs indicated point-of-sale distribution of this drug is not as significant as point-of-sale of marijuana, cocaine / crack cocaine, or methamphetamine. In fiscal year 2003, 6,435 ounces of ecstasy was seized, but seizures have been much less in subsequent years (Figure 102).

Figure 102  
Doses Of Ecstasy Seized By Multi-Jurisdictional  
FY 2000 Through FY 2006



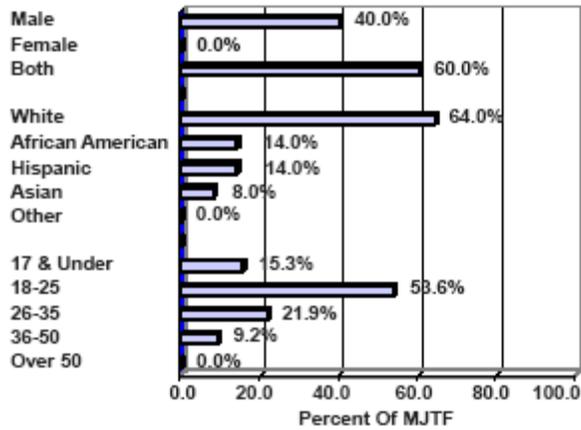
As indicated by MJTFs in a drug industry survey, ecstasy is most commonly sold from vehicles and on streets / parking lots. Of the task forces that indicated ecstasy is a major or moderate problem in their jurisdictions, 80.0% stated ecstasy is sold from vehicles and 80.0% indicated the drug is sold on streets or parking lots. Also, of these MJTFs, 70.0% indicated ecstasy point-of-sale distribution occurs in bars / nightclubs and private residences (Figure 103).

Figure 103  
Locations Of Ecstasy / Designer Drug Point-Of-Sale  
Distribution As Perceived By Multi-Jurisdictional  
Drug Task Forces



Not surprisingly because of the popularity of ecstasy use in rave clubs, the majority of MJTF survey respondents reported it is predominately distributed by white adults between the ages of 18 and 25. Of the MJTFs indicating ecstasy point-of-sale distribution is a major or moderate problem, 60.0% identified both males and females as industry participants, 64.0% identified whites as participants, and 53.6% identified persons aged 18 through 25 as persons involved (Figure 104).

Figure 104  
 Demographic Characteristics Of Persons Involved In  
 Ecstasy / Designer Drug Point-Of-Sale Distribution  
 As Perceived By Multi-Jurisdictional Drug Task Forces



Ecstasy point-of-sale distribution appears to have some level of organization in the State. Of the MJTFs noting this industry as a major or moderate problem, 60.0% indicated it is somewhat or highly organized (Figure 105). Ecstasy point-of-sale distribution also appears to be becoming a greater problem in Missouri. Over one-half (55.5%) of the MJTFs that indicated ecstasy distribution / point of sale is a moderate or major problem stated the industry is slightly or greatly increasing (Figure 106).

Figure 105  
 Organization Levels Associated With  
 Ecstasy / Designer Drug Point-Of-Sale Distribution  
 As Perceived By Multi-Jurisdictional Drug Task Forces

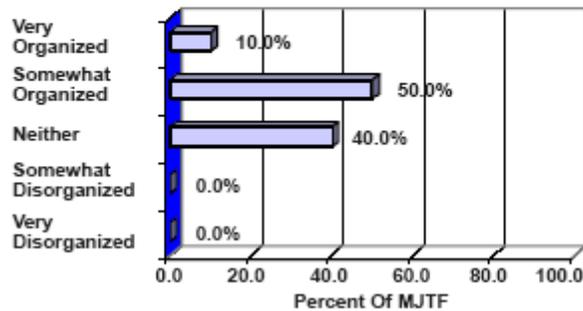
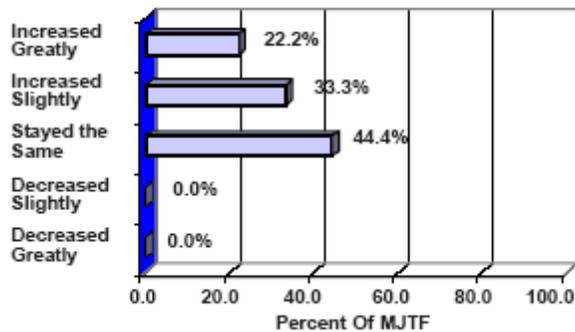


Figure 106  
 Trends Of Ecstasy / Designer Drug Point-Of-Sale Distribution  
 As Perceived By Multi-Jurisdictional Drug Task Forces

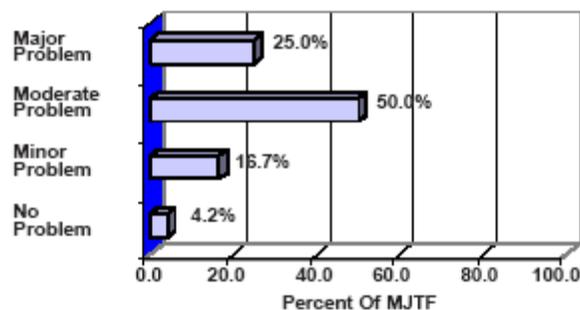


*Pharmaceuticals*

Pharmaceutical drugs include narcotics, depressants, and stimulants that are available by medical prescription. Illicit use and distribution and point-of-sale of pharmaceuticals is becoming a problem in some parts of the State. The NDIC reports most abused pharmaceutical drugs are illegally obtained by forged prescriptions, improper prescribing, and theft. However, pharmaceuticals are increasingly being obtained from Mexico or Internet pharmacies supplied by sources in Mexico or other foreign countries.

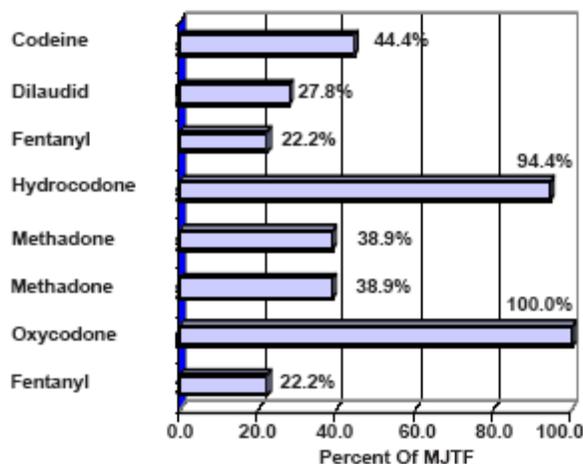
Three-fourths (75.0%) the MJTFs responding to a drug industry survey indicated point-of-sale distribution of pharmaceutical drugs is a major or moderate problem in their jurisdictions (Figure 107). All MJTFs identified pharmaceutical drugs and OxyContin as the drugs being illegally distributed.

**Figure 107**  
**Seriousness Of Illegal Pharmaceutical Drugs**  
**Point-Of-Sale Distribution**  
**As Perceived By Multi-Jurisdictional Drug Task Forces**



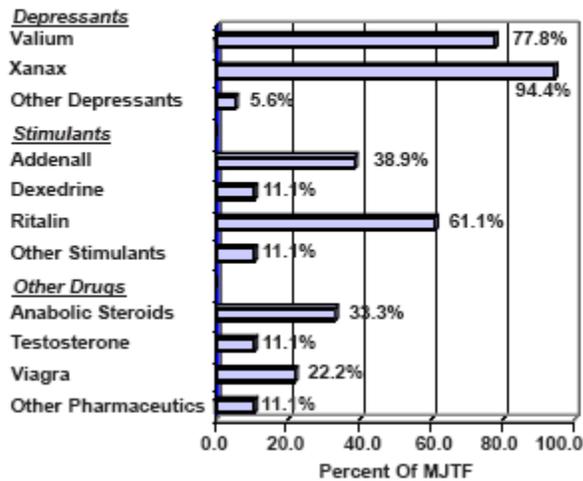
Although many types of pharmaceutical narcotics are distributed illegally in the State, certain ones are more widely distributed. Of the MJTFs that indicated pharmaceutical point-of-sale distribution is a major or moderate problem, 100.0% identified oxycodone (e.g., OxyContin, Percocet, Percodan) as the most illegally distributed pharmaceutical narcotic, and 94.4% identified hydrocodone (e.g., Lorcet, Lortab, Tussionex, Vicodin) as the next most illegally distributed pharmaceutical narcotic (Figure 108). As reported by the NDIC, OxyContin is frequently abused as a heroin substitute because it offers a reliable strength and dosage level. The drug has euphoric effects, mitigates pain, and decreases withdrawal effects associated with heroin abstinence. OxyContin is produced to be taken orally in tablet form, but abusers often chew the tablets or crush tablets and inhale the powder. It also is dissolved in water and injected by abusers.

**Figure 108**  
**Types Of Illegal Narcotics Point-Of-Sale Distribution**  
**As Perceived By Multi-Jurisdictional Drug Task Forces**



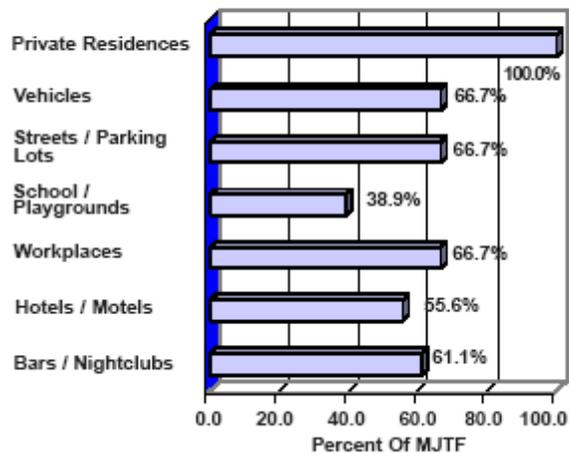
Commonly abused depressants include benzodiazepines alprazolam (i.e., Xanax) and benzodiazepine diazepam (i.e. Valium). The euphoric effects of depressants and countering stimulant effects are the primary reasons for illicit use of these drugs. Of the MJTFs that perceived pharmaceutical point-of-sale distribution as a major or moderate problem, 94.4% indicated Xanax is the most common depressant illegally distributed (Figure 109). Stimulants are legitimately prescribed to treat attention disorders, obesity, and narcolepsy. Because these drugs increase user's concentration, alertness, and energy, they are commonly misused. Dextroamphetamine (e.g., Adderall, Dexedrine) and methylphenidate (e.g., Ritalin, Methylin, Concerta) are the more commonly abused stimulants. Over one-half (61.1%) of the MJTFs that perceived point-of-sale distribution of pharmaceutical drugs as a major or moderate problem indicated Ritalin is the most common stimulant illegally distributed.

Figure 109  
Types Of Illegal Depressants, Stimulants, And Other Pharmaceutics Point-Of-Sale Distribution  
As Perceived By Multi-Jurisdictional Drug Task Forces



Locations of point-of-sale of pharmaceuticals occur primarily in individual's homes. All MJTFs noting this industry as a major or moderate problem identified residences as locations for illegal distribution of pharmaceuticals (Figure 110). Other pharmaceutical point-of-sale locations perceived by MJTFs include vehicles (66.7%), on streets / parking lots (66.7%), and at workplaces (66.7%).

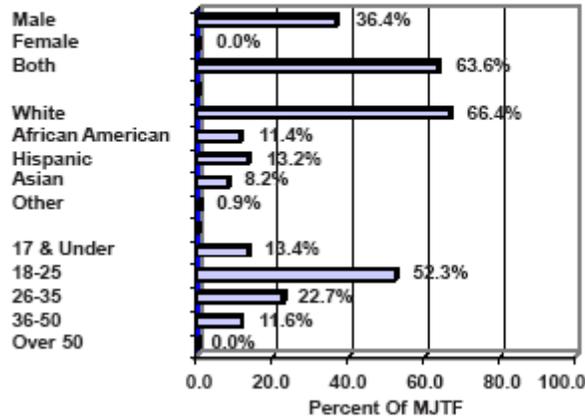
Figure 110  
Locations Of Illegal Pharmaceutical Point-Of-Sale Distribution  
As Perceived By Multi-Jurisdictional Drug Task Forces



Most distributors of illegal pharmaceutical drugs are white males and females aged 18 and older. Of the MJTFs noting this industry as a major or moderate problem, 63.6% identified both males and females participate in

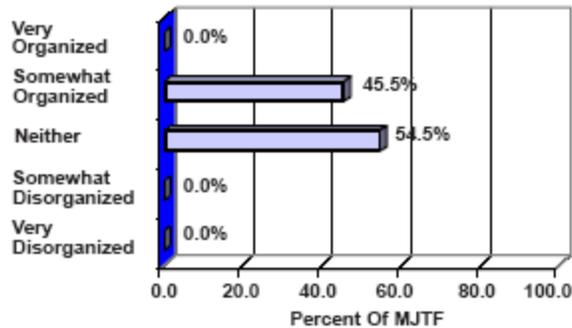
point-of-sale distribution of pharmaceutical drugs (Figure 111). In addition, 66.4% noted whites are involved in the industry and 75.0% of the respondent MJTFs perceived persons aged 18 through 35 illegally distribute pharmaceuticals drugs.

**Figure 111**  
**Demographic Characteristics Of Persons Involved In Illegal Pharmaceutical Drugs Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces**



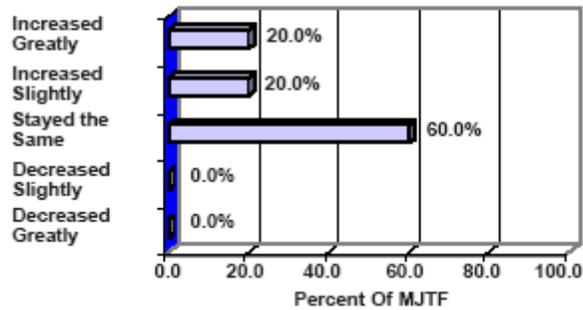
Point-of-sale distribution of pharmaceutical drugs is becoming an organized industry. Of the respondent MJTFs noting this industry as a major or moderate problem, less than half (45.5%) indicated industry participants are somewhat organized (Figure 112). Another 54.5% of the MJTFs indicated the industry is neither organized nor disorganized.

**Figure 112**  
**Organization Levels Associated With Illegal Pharmaceutical Drugs Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces**



This industry does not appear to be increasing or decreasing in Missouri. Of the MJTFs that perceive point-of-sale distribution of pharmaceutical drugs as a major or moderate problem, 40.0% noted it is increasing and 60.0% said the trends of illegal pharmaceutical drug point-of sale distribution is staying the same (Figure 113).

Figure 113  
Trends Of Illegal Pharmaceutical Drug  
Point-Of-Sale Distribution  
As Perceived By Multi-Jurisdictional Drug Task Forces



### *New Illicit Drugs*

Over time, new illicit drugs and support industries appear in Missouri. State crime laboratories were asked to identify new illicit drugs found in cases they processed. A discussion of new drugs identified by crime laboratories in Fiscal Years 2004 and 2005 follows.

### Club Drugs

Club drugs are commonly sold and abused at dance clubs and raves by adolescents and young adults. Included in this new group of drugs are GHB (gamma-hydroxybutyrate), ketamine, Rohypnol, BZP (N-benzylpiperazine), MDMA (discussed in Ecstasy section), and TFMPP (1-(3-trifluoromethylphenyl) piperazine).

Because GHB and Rohypnol have sedative properties, they have been used to facilitate sexual assaults. Victims are quickly rendered unconscious when they unknowingly ingest GHB or Rohypnol that has been added to their drinks by an offender. Once consciousness is regained, victims have no memory of assault and only a sense they were sexually violated.

With the exception of the prescription form of gamma-hydroxybutyrate (Xyrem), GHB is an illegal substance produced in domestic and foreign laboratories. The NDIC reports GHB is known to be produced in parts of Florida, Nevada, Texas, Oregon, and the Midwest. Foreign produced GHB is produced in Canada, Mexico, Europe, and Israel. Rohypnol is sold legally in several foreign countries but not the U.S. The drug is commonly smuggled into the U.S. from Mexico where prescriptions are not required for purchase. Rohypnol is taken orally as tablets or crushed into powder and snorted or dissolved in liquid for injection or oral ingestion.

Ketamine is legally used in veterinary medicine as a rapidly acting preoperative anesthetic and for emergency surgeries. In addition to its analgesic properties, ketamine is known to affect users as a stimulant, depressant, and hallucinogenic. It is produced legally in the U.S. as well as Belgium, China, Colombia, Germany, and Mexico. Because it is very difficult to produce in clandestine laboratories, ketamine is illicitly obtained by theft from domestic and foreign veterinary offices or smuggled from Mexico.

### Cathinone (Khat)

Cathinone is a Schedule 1 substance obtained from the fresh leaves of a flowering evergreen shrub native to Northeast Africa and the Arabian Peninsula. Leaves are chewed quickly, usually within 48 hours following harvest, because of the limited shelf life of the plant. Ingestion of the drug affects users by increasing their heart rate and blood pressure and reportedly sharpens their concentration and increases their energy. When chewed in moderation Khat alleviates fatigue and reduces appetite.

Khat users in the U.S. are typically immigrants from Somalia, Ethiopia, and Yemen. Khat is used casually and as part of religious ceremonies. Other demographic groups have been reported to use Khat and it is expected to

become increasingly available. Due to the less appealing nature of its effects and short period of potency, Khat's popularity will be limited.

### Salvia

Salvinorin A is a hallucinogen derived from the perennial herb Salvia Divinorum of the mint family native to Oaxaca, Mexico. While not native to the U.S., it has been grown indoors as well as outdoors in Hawaii and California. Salvinorin A is administered by smoking or chewing the plant or by ingesting tea brewed from Salvia Divinorum. The plant is typically purchased on the Internet from "head shops" in California, Hawaii, Missouri, New York, Washington, and Wisconsin. Although the drug is widely available, its popularity is not expected to significantly increase because of its antisocial hallucinogen effect on users.

### Alkyl Nitrites (Poppers and Snappers)

Poppers are small bottles filled with liquid alkyl nitrates. Once used to ease chest pain (angina) alkyl nitrites are now used recreationally as an inhalant.

Nitrates often are considered a special class of inhalants. Unlike most other inhalants, which act directly on the central nervous system, nitrates act primarily to dilate blood vessels and relax the muscles. While other inhalants are used to alter mood, nitrates are used primarily as sexual enhancers. Some people have been using Viagra along with "Poppers", where the combination has led to deaths.

## Violent Crime In Missouri

Crime and the threat of being victimized have a continuing impact on Missouri citizens. In a public opinion survey conducted by the MSHP in 2005, Missouri citizens were asked to rank nine social issues facing America in order of importance. These issues were analyzed based on their being ranked as one of the top three problem areas in the nation (i.e., ranked 1, 2, or 3). Homeland Defense & Security was considered the most important social issue followed by Health Care Concerns and Public Education.

In this survey respondents also were asked the extent to which they were concerned about being victimized by crime. Of the respondents 40.2% indicated they were seriously or moderately concerned about being victimized by crime in their residence or neighborhood. Also, respondents were concerned about being victimized by crime while traveling Missouri roadways. Of the total, 51.5% indicated they were seriously or moderately concerned. An even higher proportion were concerned about being involved in a traffic accident while traveling on Missouri roadways. Of the total, 51.5% indicated they were seriously or moderately concerned. One of the primary sources of data related to the occurrence of violent crime in Missouri is the Missouri Uniform Crime Reporting (UCR) Program. This information system contains data on the number of violent crimes reported to police as well as arrests made for violent crime incidents. In 2001, reporting to the UCR Program became mandatory for all Missouri law enforcement agencies. Law enforcement agencies' compliance to this mandate is nearly 100%. Prior to 2001, UCR statistics were based on a voluntary reporting standard and, as a result, did not contain complete statewide violent crime data. However, computational techniques were employed to *estimate* the actual amount of violent crime in Missouri. In addition, rates per 100,000 populations were used based on reporting agency crime and population data only. Caution is recommended when comparing UCR statistics from years before and after the mandate was initiated.

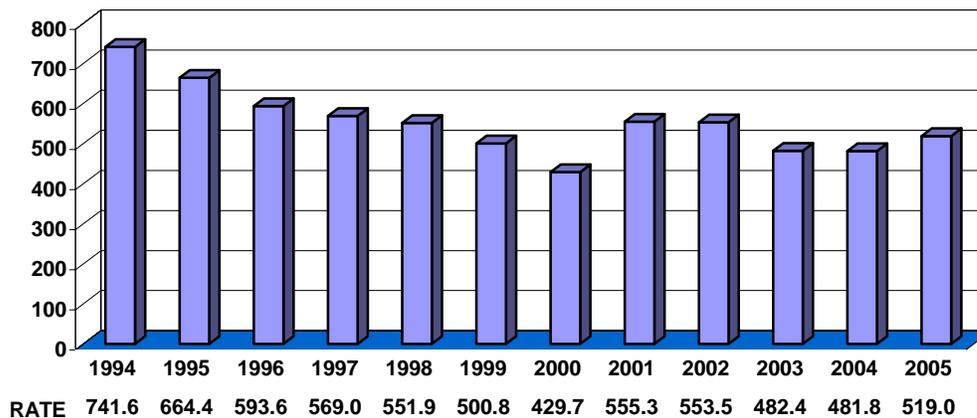
In the UCR Program, eight major offenses are used to measure the magnitude of crime. These offenses are included because of their frequency of occurrence and the fact they are most likely to be reported to law enforcement agencies. These eight offenses are: murder, forcible rape, robbery, aggravated assault, burglary, theft, motor vehicle theft, and arson. The first four make up the Violent Crime Index.

## Violent Crime

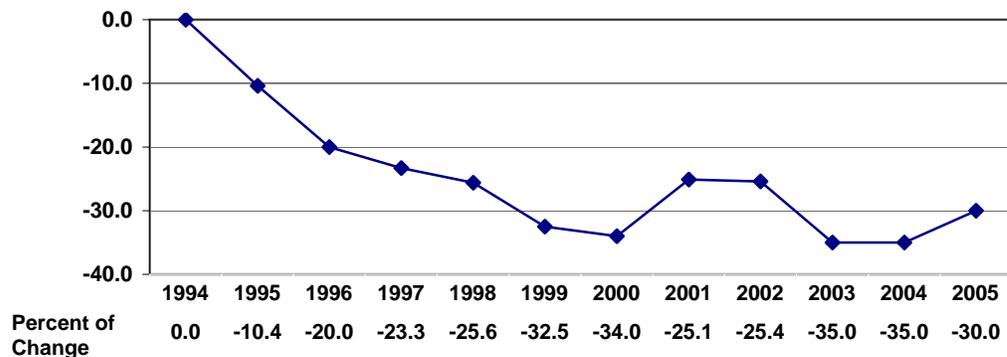
In 2005, 30,365 violent crime index offenses occurred in the State of Missouri. In other words, one violent crime was committed every 17.3 minutes.

On a per 100,000 population basis, 519.0 violent crime index offenses were committed in 2005. Comparing the 2004 violent crime rate with 2005 (481.8 vs. 519.0), Missouri experienced a 7.7% rise (Figure 114). Comparing annual rates of change in violent crime since 1994, Missouri has experienced a 30.0% decrease in violent crime on a per 100,000 population basis (Figure 115). Although there is a decrease, this critical social issue must continue to remain in focus of the public and private sector.

**Figure 114**  
**Missouri Violent Crime Rate**  
**1994 - 2005**



**Figure 115**  
**Missouri Violent Crime Rate**  
**Percent of Change**  
**1994 - 2005**



## Murder

Although murder is the least frequently occurring violent index offense, it is the most important since loss of life is involved. Since 1994, the murder rate has continued a declining trend through 2000. But in 2001 the murder rate slightly increased. Then continued a declining trend through 2003 (Figure 116). The murder rate increased from 6.3 in 2004 to 7.1 in 2005, a 12.7% rise. Comparing annual percents of change for this offense since base year 1994, Missouri has experienced a 33.0% decline (Figure 117).

Figure 116  
Missouri Murder Rate  
1994 - 2005

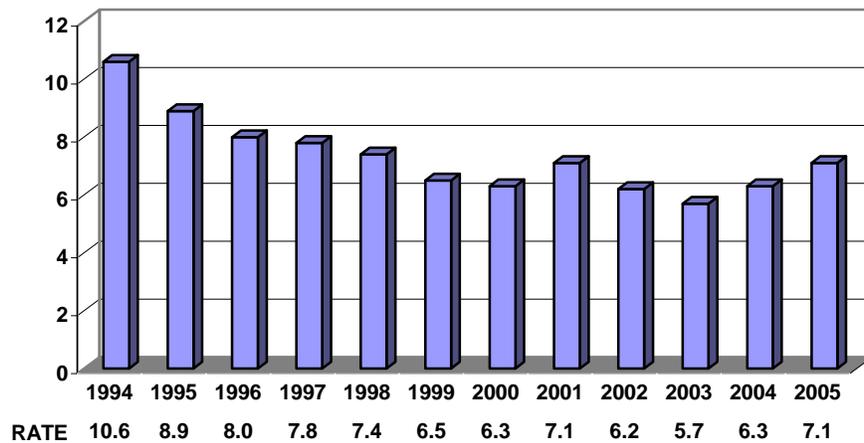
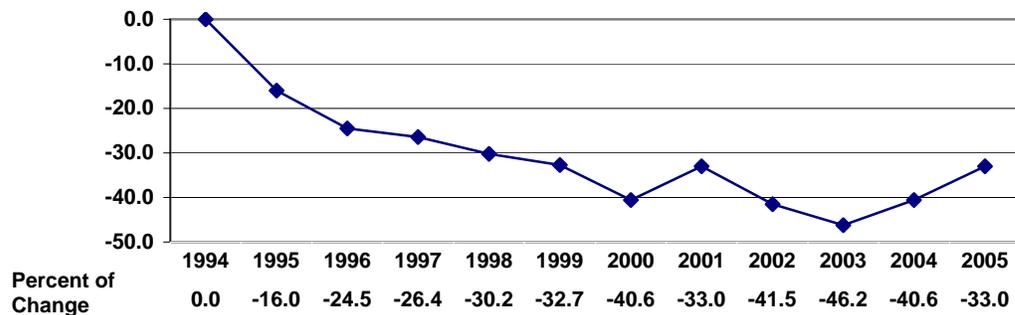


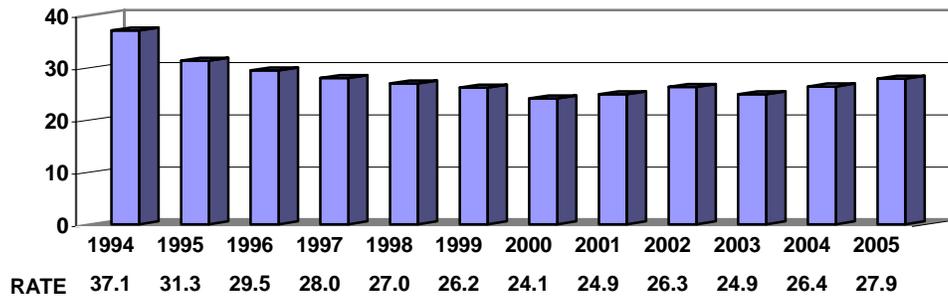
Figure 117  
Missouri Murder Rate  
Percent of Change  
1994 - 2005



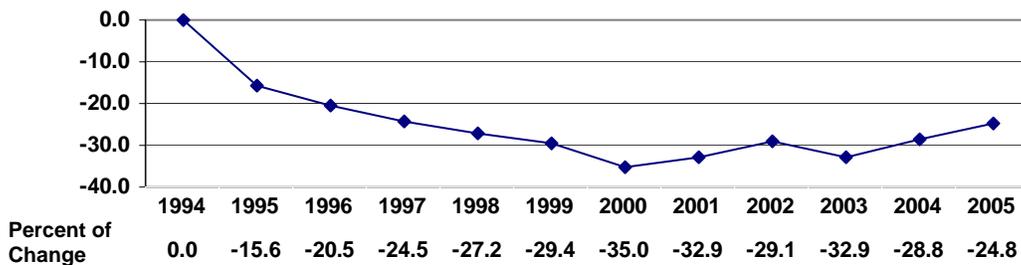
## Rape

In 1994, the rape offense rate per 100,000 populations was 37.1 (Figure 118). An examination of the long-term trends associated with this offense shows a steady decrease since that year, except for a small increase in 2002. In 2005 Missouri experienced a rise in rape offenses compared to 2004, realizing a 5.7% increase. When examining annual rape percents of change since base year 1994, Missouri experienced an overall 24.8% decrease in 2005 (Figure 119).

**Figure 118**  
**Missouri Rape Rate**  
**1994 - 2005**



**Figure 119**  
**Missouri Rape Rate**  
**Percent of Change**  
**1994 - 2005**



## Robbery

The robbery offense rate per 100,000 populations was 217.0 in 1994 (Figure 120). It is apparent from examination of the long-term trends of robbery offense rates per 100,000 populations that this offense continually decreased since that year. In 2005, Missouri experienced a rise in robbery offenses compared to 2004, and realized an 8.2% increase. When compared to base year 1994, Missouri has experienced an overall 43.5% decrease in 2005 (Figure 121).

Figure 120  
Missouri Robbery Rate  
1994 - 2005

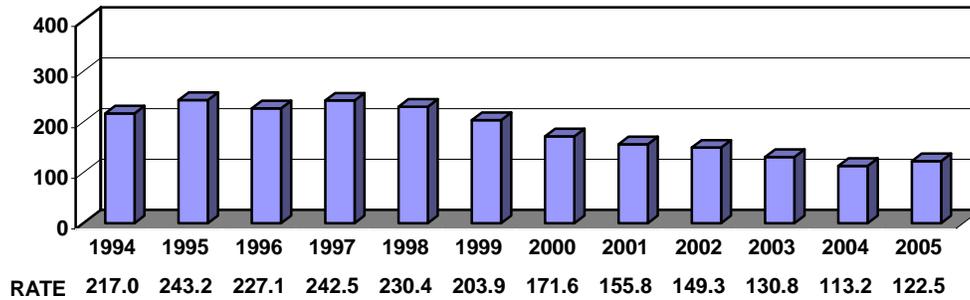
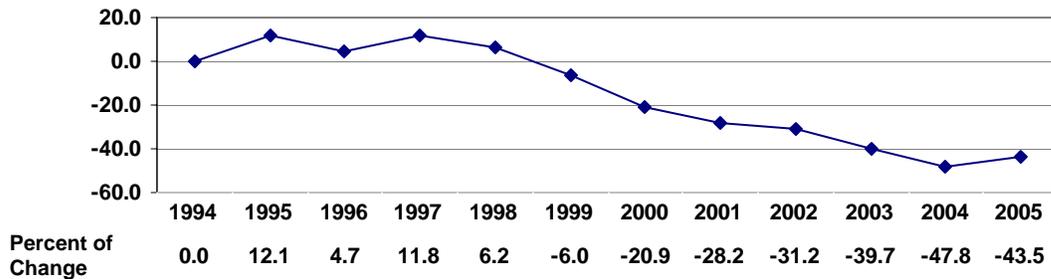


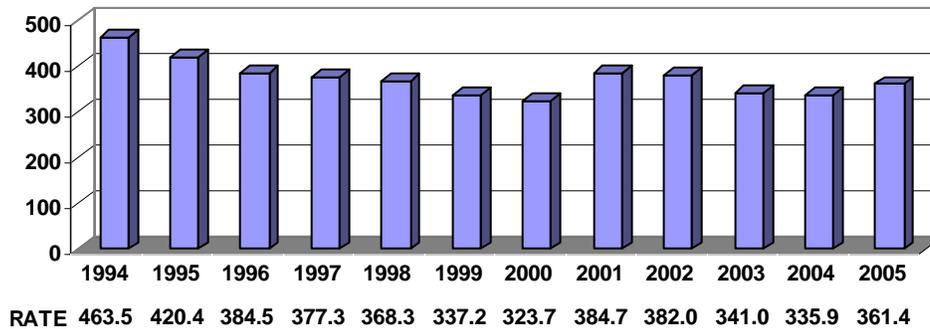
Figure 121  
Missouri Robbery Rate  
Percent of Change  
1994 - 2005



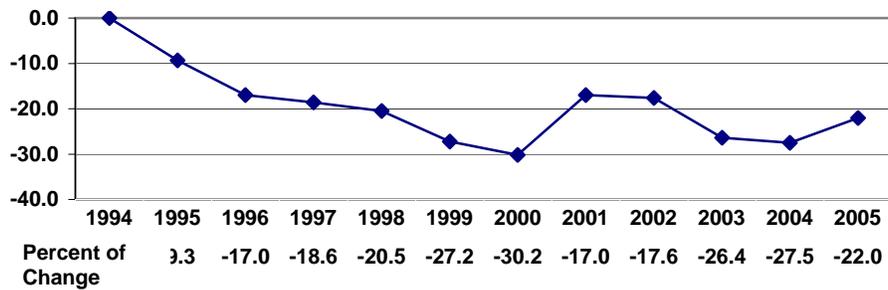
**Assault**

On a 100,000 populations base, Missouri experienced 361.4 aggravated assaults in 2005 (Figure 122). When examining long-term trends using 1994 as a base year, assaults decreased through 2000 and then increased in 2001 and 2002. In 2005, Missouri experienced a rise in aggravated assaults compared to 2004, realizing a 7.6% increase. However, compared to 1994, Missouri had a 22.0% decrease in this offense type in 2005 (Figure 123).

**Figure 122**  
**Missouri Aggravated Assault Rate**  
**1994 - 2005**



**Figure 123**  
**Missouri Aggravated Assault Rate**  
**Percent of Change**  
**1994 - 2005**



# SECTION III. Resource Needs

## Problem Areas and Responses

### Law Enforcement Programs (inclusive of Multi-Jurisdictional Drug Task Forces)

#### *Problem*

- Decreasing budgets and an increasing demand for law enforcement agency services requires adequate resources for illicit drug and violent crime problems throughout the State of Missouri
- Increase in Methamphetamine Laboratory discoveries
- Increase drug arrests
- Increase drug seizures
- Transportation of illicit drugs throughout the State of Missouri
- The Missouri Criminal Justice system continues to address crime and related issues in a “Reactive manner”
- The Missouri Criminal Justice system continues it’s reactive response in a status quo fashion
- The Missouri Criminal Justice system has not adopted an innovative and aggressive philosophy in their approach to crime and drug related issues
- The Missouri Criminal Justice system is not global in their project vision
- The Missouri Criminal Justice system continues to address crime and related issues in a “reactive manner”
- The Missouri Criminal Justice system continues it’s reactive response in a status quo fashion
- The Missouri Criminal Justice system has not adopted an innovative and aggressive philosophy in their approach to crime and drug related issues
- The Missouri Criminal Justice system is not global in their project vision

#### *Proposed Response*

- Maintain and develop programs to provide resources and manpower for Law Enforcement efforts supporting Multi-Jurisdictional Drug Task Forces, street level drug enforcement, Marijuana eradication and sting operations
- Implement and maintain current programs providing equipment to Law Enforcement
- Upgrade State and local criminal justice information systems to improve illicit drug and violent crime case processing
- Implement specialized training programs for informant handling, drug investigations, and evidence processing
- Promote cooperation between Federal, State and Local agencies to address the problems
- Focus and enhance Multi-Jurisdictional Drug Task Force programs, Interdiction programs, and single agency units to address the illicit drug problem in Missouri
- Implement specialized training programs for officer safety when encountering Methamphetamine Labs, including protective clothing and equipment
- Implement specialized training for handling and disposal of hazardous substances from Meth Labs
- Implement data collection, analysis, and evaluation components for CJ/LE strategic planning and contract administration
- Continue efforts to upgrade criminal information systems to capture data needed to perform illicit drug and violent crime strategic planning
- Promote a criminal justice philosophy that’s far reaching and global in perspective
- Promote inner agency and other organizational partnerships
- Promote innovative “outside the box” thinking
- Promote new strategies and methodologies in dealing with drug and crime related problems
- Promote a criminal justice philosophy that’s far reaching and global in perspective

- Promote inner agency and other organizational partnerships
- Promote innovative “outside the box” thinking
- Promote new strategies and methodologies in dealing with drug and crime related problems

## **Prosecution and Court Programs**

### ***Problem***

- The top two social concerns of Missouri citizens are drug abuse and crime
- Decreasing budgets and increased demand for Law Enforcement services
- Increased filing of drug related charges throughout Missouri state court systems
- Increase in enforcement and prosecution programs resulting in an increase of drug related charges
- Proposed Response
- Continue efforts to upgrade state and local criminal justice information systems to improve illicit drug and violent crime case processing
- Address defendant’s needs through effective case management
- Develop and continue current court delay reduction programs to relieve the back log of court cases and expedite court process.
- Implement court supervised drug treatment programs which would be alternatives to incarceration
- Continue to provide alternative sentencing programs
- Implement data collection, analysis, and evaluation components for CJ/LE strategic planning and contract administration.
- Increased arrests and prosecution arising from increased use of illicit drugs
- Increase demand for manpower and resources
- Child abuse has been increasing at an alarming rate
- Missouri was ranked 8th in child abuse and neglect fatalities in the United States in 1997
- Funding is limited for specialized investigators and prosecutors
- Funding is limited for specialized training for investigators and prosecutors
- Funding is limited for specialized equipment needed for child abuse and neglect investigations

### ***Proposed Response***

- Maintain and enhance current community policing programs in Missouri designed to increase community and Law Enforcement partnerships
- Develop and implement new public awareness and crime prevention programs targeting drug abuse and crime
- Continue to implement Community Oriented Programs across the state of Missouri
- Implement data collection, analysis, and evaluation components for CJ/LE strategic planning and contract administration
- Promote cooperation and communication between Law Enforcement and communities
- Continue efforts to upgrade state and local criminal justice information systems to improve illicit drug and violent crime case processing
- Increase support, training and technology for court services
- Promote the enhancement of Prosecutorial and defense programs statewide
- Provide offender based education, and life skills training
- Implement data collection, analysis, and evaluation components for CJ/LE strategic planning and contract administration.
- Promote specialized investigative and prosecutorial units to investigate child abuse and neglect cases
- Promote and increase specialized training for child abuse and neglect investigations and prosecution
- Increase specialized equipment needed for child abuse and neglect investigations

## **Prevention and Education Programs**

### ***Problem***

- Increased arrests and prosecution arising from increased use of illicit drugs and violent crime
- Increased youth participation in the use and sale of illicit drugs
- Increased youth participation in the use of alcohol

### ***Proposed Response***

- Develop and continue juvenile treatment and intensive supervision programs within the Missouri Division of Youth Services
- Develop and continue adult drug treatment programs with the Missouri Department of Corrections
- Implement data collection, analysis, and evaluation components for CJ/LE strategic planning and contract administration
- Address defendant's needs through effective case management
- Implement court supervised drug treatment programs which would be alternatives to incarceration

## **Planning, Evaluation, and Technology Improvement Programs**

### ***Problem***

- Untimely, inadequate, and incomplete reporting of criminal histories due to current reporting methods
- A need for uniform reporting standards
- Increase in drug arrests throughout Missouri causing back log for crime laboratories
- Inadequate manpower and resources

### ***Proposed Response***

- Continue efforts to upgrade State and local criminal justice information systems
- Implement data collection, analysis, and evaluation components for CJ/LE strategic planning and contract administration.
- Upgrade State and local criminal justice information systems to improve illicit drug and violent crime case processing
- Provide resources and equipment for the enhancement of over burdened crime laboratories throughout the state of Missouri to expedite the prosecution of drug offenders
- Provide funding for state-of –the-art equipment and supplies for analysis for narcotic and violent crime evidence
- Increase support, training, and technology for prosecution of drug cases
- Promote innovative analysis techniques
- Maintain an acceptable turn around time for evidence processing
- Implement data collection, analysis, and evaluation components for CJ/LE strategic planning and contract administration.

# **SECTION IV. Priorities and the National Drug Control Strategy**

## **Strategic Plan Implementation Status**

Following is an overview of the 2006 / 2007 four-year Strategic Plan.

Implementation of the 2006 / 2007 JAG funding year began with the review of project applications by a grant review committee consisting of the DPS - CJ / LE Program staff and individuals from the criminal justice and private sector. Approximately 59 requests for funding were reviewed within the approved project categories as described below. The grant evaluation process was competitive in nature, and only those grant applications determined to coordinate with the goals and objectives of the statewide strategy were considered for funding. Thirty-five (35) grant awards were made to state and local recipients. The federal award to the State of Missouri, during this report period, was \$4,182,382. Following is a brief summary on each category funded through the DPS - CJ / LE Program during the 2006 / 2007 funding cycle.

### ***Law Enforcement Programs***

Funding for Multi-Jurisdictional Drug Task Force projects was the largest funding category for the DPS - CJ / LE Program during funding year 2006 / 2007. The DPS - CJ / LE Program awarded \$5,627,035.91 to 29 multi-jurisdictional/multi-agency enforcement groups throughout the state. Of the 114 counties in the state of Missouri, 96 are active participants/members of the multi-jurisdictional enforcement effort.

The focus of this category is the multi-jurisdictional, multi-agency counter-drug enforcement effort. During this reporting period, the DPS - CJ / LE Program began placing more emphasis on the collaboration and partnerships required to breed success within the multi-jurisdictional approach to drug enforcement. By placing greater emphasis on the establishment of a comprehensive Memorandum of Understanding/Agreement between all partners of the multi-jurisdictional enforcement group, a more comprehensive understanding of responsibilities and expectations exist. Additionally, greater emphasis is now placed on the establishment of a Board of Directors, responsible for the collective decision making process of each multi-jurisdictional enforcement group.

During 2006 / 2007, the illicit drug methamphetamine continued to be a priority for an aggressive law enforcement strategy, designed to slow or halt the spread of this drug. As the scope of the methamphetamine problem extends beyond the capabilities of a single entity, many partnerships have been forged in response to this threat to public safety, public health and the environmental sovereignty of our state. Through local, state and federal collaborations and a continued aggressive response, we anticipate the rise in methamphetamine related activity to peak and eventually decline.

During the past three fiscal years, the following statistics were collected for the 29 DPS - CJ / LE Programs funded Multi-Jurisdictional Enforcement Task Forces in the State of Missouri. The following statistics are an example of the data collected through the Quarterly Report. More detailed information can be reviewed in Section III and IV of this report.

	<u>FY 2004</u>	<u>FY 2005</u>	<u>FY 2006</u>
Arrested with one or more drug charges	6,389	6,670	7,430
Arrested with no drug charges	1,095	1,374	1,263
<b>Total drug arrests</b>	<b>7,484</b>	<b>9,044</b>	<b>8,693</b>
Search warrants served	1,164	1,254	1,252
Consent searches performed	4,046	4,452	4,080
Methamphetamine labs seized/destroyed:	1,432	1,827	3,769
New drug distribution Organizations identified:	128	148	145
<b><u>OUNCES OF DRUGS SEIZED</u></b>	<b><u>FY 2004</u></b>	<b><u>FY2005</u></b>	<b><u>FY 2006</u></b>
Marijuana	324,671.30	176,497.13	311,137.66
Methamphetamine	4,917.76	3,058.79	3,200.06
Cocaine	4,759.00	14,597.60	14,232.00
Crack	414.45	833.03	5,919.25
Heroin	222.76	575.33	1,331.40
LSD	0.11	0.96	8.48
PCP	50.44	5.30	535.16
Ecstasy	12.94	36,612.80	29.35
Psuedoephedrine	24,448.70	6,508.65	3,282.01
Anhydrous Ammonia (gallons)	8,292.44	611.61	9,744.00
Other Drugs	658.96	1,531.29	39,815.20
<b>Total value of all drugs seized</b>	<b>\$228,390,962</b>	<b>\$91,837,766</b>	<b>\$93,864,662</b>

**Top five drug arrest charge codes**

<u>FY 2004</u>	<u>FY 2005</u>	<u>FY 2006</u>
Poss/Marijuana	Sale/Methamphetamine	Poss/Marijuana
Sale/Methamphetamine	Poss/Marijuana	Poss/Methamphetamine
Poss/Methamphetamine	Poss/Methamphetamine	Sale/Methamphetamine
Poss/Paraphernalia	Poss/Crack	Poss/Paraphernalia
Poss/Crack	Sale/Paraphernalia	Poss/Crack

\*The above statistical data is obtained from the Quarterly Reports submitted by the multi-jurisdictional enforcement groups receiving JAG Program funding between July 1, 2003 and June 30, 2006.

***Prosecution and Court Programs***

During the 2006 / 2007 funding cycle, this approved purpose area provided funding assistance to three (3) projects for an award of \$169,699.76. These programs are designed to improve the criminal and juvenile justice system's response to domestic and family violence, including spouse abuse, child abuse, and abuse of the elderly.

***Prevention and Education Programs***

During the 2006 / 2007 funding cycle, this approved purpose area provided funding assistance to one (1) project for an award of \$348,284.95.

***Corrections and Community Corrections Programs***

No funding assistance provided to this approved purpose area during the 2006 / 2007 funding cycle.

***Drug Treatment Programs***

No funding assistance provided to this approved purpose area during the 2006 / 2007 funding cycle.

***Planning, Evaluation, and Technology Improvement Programs***

During the 2006 / 2007 funding cycle, this approved purpose area provided funding assistance to two (2) projects for an award of \$438,647.62. The enhancement of the states ability to collect accurate criminal history record information, in a timely manner, remains a top priority for the State of Missouri. The ultimate goal of this approved purpose area is to provide the financial mechanism that will enable the State to collect the required criminal records data from all criminal justice entities and provide the appropriate storage mechanism within the Missouri Criminal Records Repository. In addition, local criminal justice agencies must be automated for criminal justice reporting to the state central repository if the reports are to be timely, accurate and complete.

***Missouri Department of Public Safety – Administration***

During the 2006 / 2007 funding cycle, the Missouri Department of Public Safety utilized \$370.74 of the Edward Byrne Memorial State Justice Assistance Grant Program funds for administrative cost associated with the management and coordination of the JAG Program. This approved purpose area provided financial assistance to one (1) administrative project. The Missouri Department of Public Safety is able to support, in part or in whole, the Ten Print Matchers (V3 TP and TPLC), the DPS CJ / LE Program staff and supporting DPS staff.

# **SECTION V. Selected Programs**

## **Program Description and Evaluation Methods**

The Edward Byrne Memorial Justice Assistance Grant Program provides criminal justice authorities with substantial support in their endeavors to address Missouri's illicit drug and violent crime problems. The U.S. Department of Justice, Bureau of Justice Administration (BJA) administers this program at the federal level and the Missouri Department of Public Safety (DPS) administers it at the state level. In Missouri, this program is known as the Criminal Justice / Law Enforcement Program (CJ/LE) and will be referred to as CJ/LE throughout this report.

Program evaluation is an essential CJ/LE responsibility required by its enabling legislation. To meet this responsibility, BJA has provided states with guidelines, technical training, and support for assessing CJ/LE projects. In Missouri, the DPS has contracted with the Missouri State Highway Patrol (MSHP), Statistical Analysis Center (SAC) to administer the evaluation component of the CJ/LE program and play a major role in development of Missouri's Drug and Violent Crime Strategy.

The following is a description of the 2006 - 2007 Evaluation Plan developed by SAC and approved by DPS. These evaluations are mostly administrative or process in nature.

## ***PROSECUTION AND COURT PROGRAMS***

These programs are designed to improve the criminal and juvenile justice system's response to domestic and family violence, including spouse abuse, child abuse, and abuse of the elderly.

### **Efficiency evaluations designed for:**

St. Louis City Community Crime Strike force  
St. Louis City Circuit Attorney's Office Domestic Violence Investigator  
Washington / Ste. Genevieve County Special Investigator

**ST. LOUIS CITY COMMUNITY CRIME STRIKE FORCE:** This project continues to support a special unit with the St. Louis Circuit Attorney’s Office to focus on suppression, law enforcement activities, and crime prevention techniques in areas with specific crime problems, known as “Hot Blocks”. The goal of the project is to increase community safety and reduce criminal activity. This goal will be achieved by: 1) Effectively utilize Circuit Attorney’s Office resources to make greatest impact on residents’ safety; 2) Collaborate with St. Louis Metro Police Department with response and prevention of crime in areas with specific crime problems; 3) Enhance prosecution and implement deterrence strategies; 4) Establish strong law enforcement presence in high crime rate areas; and 5) Provide community education and foster communication with residents.

**EVALUATION DESIGN:** The grantee will be evaluated on the following criteria:

- Overall project management, training, and services employed to support the project.
- Number of “Hot Block” areas identified in city of St. Louis and number of offenders prosecuted for crimes in these areas.
- Number of collaborative responses made by St. Louis Circuit Attorney’s Office and St. Louis Metro Police Department.
- Number of prosecution enhancement and deterrence strategies implemented.
- Number of law enforcement responses made to “Hot Block” neighborhoods.
- Pre- and post program comparative crime rates for “Hot Block” areas.
- Number of community crime education activities performed.
- Other major work effort and activities performed under auspices of the project.

The grantee is required to submit semi-annual and annual progress status reports on this project. Status reports should describe work completed and work in progress, as well as any impediments preventing the project from being successfully completed at the end of the contract period. The annual status report should cover the total grant period and address all evaluation criteria items described above.

**ST. LOUIS CITY CIRCUIT ATTORNEY’S OFFICE DOMESTIC VIOLENCE INVESTIGATOR:** This project supports a misdemeanor domestic violence investigator to work with the St. Louis Attorney’s Office domestic violence attorney. The goal of this project is to increase community safety and reduce domestic violence in the City of St. Louis. This goal will be achieved by two objectives: 1) Effort will be focused on personal services for victims by the investigator who will assure the sharing of resource information and available support thus encouraging participation and subsequently reducing the number of cases dismissed for failure to prosecute; and 2) Enhance investigation, evidence collection and trial preparation for prosecution.

**EVALUATION DESIGN:** The grantee will be evaluated on the following criteria:

- Overall project management, training, and services employed to support the project.
- Number of domestic violence cases prosecuted by the St. Louis City Attorney’s Prosecutor’s Office. At the end of the contract period, the rate of change in domestic violence cases prosecuted compared to a like period prior to the grant project.
- Number of domestic violence cases investigated and directly prosecuted by the domestic violence team.
- Number of non-domestic violence cases investigated and prosecuted by the domestic violence team.
- Number of domestic violence victims provided information of support services.
- Hours expended on domestic violence investigation, evidence collection, and trial preparation.
- Other major work effort and activities performed under auspices of the project.

The grantee is required to submit semi-annual and annual progress status reports on this project. Status reports should describe work completed and work in progress, as well as any impediments preventing the project from being successfully completed at the end of the contract period. The annual status report should cover the total grant period and address all evaluation criteria items described above.

**WASHINGTON AND STE. GENEVIEVE COUNTY SPECIAL INVESTIGATOR PROGRAM:** This program continues support of a special investigator to collaborate with the Washington County Prosecutor, Washington County Sheriff's Office, Ste. Genevieve Sheriff's Office, and East Central Missouri Children's Advocacy Center to investigate crimes involving children in these two counties. The goals of the program are: 1) Improve the criminal justice system's response to serious child abuse cases and domestic violence incidents through collaborative agency efforts; and 2) Increase prosecution rates of child abuse and domestic violence offenders. The objectives of the program are: 1) Coordinate a multidisciplinary team investigating child abuse cases; and 2) Increase training of child abuse protocol to county criminal justice agencies.

**EVALUATION DESIGN:** The grantee will be evaluated on the following criteria:

- Overall project management, training, and support services employed to implement the program.
- Hours expended by Special Investigator on child abuse and child involved domestic violence cases.
- Hours expended by team agencies on child abuse and child involved domestic violence cases.
- Number of serious child abuse cases and domestic violence incidents investigated.
- Prosecution rate of serious child abuse cases and domestic violence incidents involving children.
- Conviction rate of serious child abuse cases and domestic violence incidents involving children.
- Other major work efforts and activities performed under auspices of the project.

The grantee is required to submit semi-annual and annual progress status reports on this project. Status reports should describe work completed and work in progress, as well as any impediments preventing the project from being successfully completed at the end of the contract period. The annual status report should cover the total grant period and address all evaluation criteria items described above.

***PREVENTION AND EDUCATION PROGRAMS***

These programs utilize equipment, techniques, or methodologies to address various problems in the state. To increase safety to citizens, proper supplies and reference materials will be provided through these programs.

**Efficiency evaluations designed for:**

MO Department of Natural Resources Clandestine Drug Lab Collection Station

**STATE OF MISSOURI - DEPARTMENT OF NATURAL RESOURCES CLANDESTINE DRUG LABORATORY COLLECTION STATION:**

This project supports the Department of Natural Resources, Environmental Emergency Response Section, Environmental Services Program to expand and enhance an existing project of responding to methamphetamine clandestine laboratory's clean up requests. The goal of this project is to increase safety and reduce risk of injury to the staff, the public, and the environment exposed to clandestine laboratories. This goal will be achieved by three objectives: 1) Provide proper supplies and reference material to Missouri law enforcement, fire service, and other emergency response officials; 2) Provide supplies for processing and disposal of clandestine drug lab materials to clandestine drug laboratory collection stations; and 3) Provide on-site responses to clandestine methamphetamine laboratory incidents, when requested by law enforcement, fire station, and other emergency officials.

**EVALUATION DESIGN:** The grantee will be evaluated on the following criteria:

- Overall project management, training, and services employed to support the project.
- Amount and type of supplies purchased specifically to reduce methamphetamine laboratory related injuries of emergency responders.
- Number of injury and non-injury related laboratory incidents responded to.
- Amount and type of supplies purchased specifically for processing and disposal of clandestine drug laboratory materials from clandestine drug laboratory collection stations.
- Number of requests for on-site assistance to clandestine methamphetamine laboratory incidents, by type of requestor (law enforcement, fire service, and other emergency response officials).
- Number of on-site responses to requests for assistance to clandestine methamphetamine laboratory incidents, by type of requestor (law enforcement, fire service, and other emergency response officials).
- Other major work effort and activities performed under auspices of the project.

The grantee is required to submit semi-annual and annual progress status reports on this project. Status reports should describe work completed and work in progress, as well as any impediments preventing the project from being successfully completed at the end of the contract period. The annual status report should cover the total grant period and address all evaluation criteria items described above.

***PLANNING, EVALUATION, AND TECHNOLOGY IMPROVEMENT PROGRAMS***

Local criminal justice agencies must be automated if their reporting to the State Central Repository is to be timely, accurate, and complete. When local agencies are automated and linked to the State Repository, they are able to search federal criminal files, state and federal wanted files, and other databases. Criminal justice databases are important tools when fighting crime and protecting citizens. A grant task force has been assigned to provide guidance and advice in administration of the Criminal Records Improvement Project. It is comprised of representatives from Department of Public Safety, Office of State Courts Administrator, Missouri Department of Corrections, Office of Prosecution Services, Sheriff's Association, Police Chief's Association, and Missouri State Highway Patrol Criminal Records and Identification Division.

**Efficiency evaluation designed for:**

MSHP Missouri Criminal History Improvement Program  
MSHP Administrative Data Analysis And Problem Identification

**MSHP MISSOURI CRIMINAL HISTORY IMPROVEMENT PROGRAM:** This continuing project is designed to enhance the capabilities of Missouri's Criminal History Records System (CHRS) and coordinate efficient reporting to CHRS by responsible criminal justice agencies. This program is part of the National Criminal History Improvement Program (NCHIP) who's goal is to assist states with improving criminal history record completeness, automation, and accuracy, and development of programs to support the National Instant Check System (NICS). The goal of the Missouri program is to improve reporting of criminal history to the criminal history repository. Program objectives are: 1) Maintain staffing levels required to support and enhance each agency's criminal reporting system; 2) Provide staffing levels to install each agency's respective reporting system at both local and state level offices; and 3) Provide required training to each agency mandated to report criminal history.

**EVALUATION DESIGN:** The grantee will be evaluated on the following criteria:

- Overall project management, training, and support services employed to implement the program.
- Number of system enhancements and / or modifications made to CHRS interfaces between criminal justice agencies, including MSHP, MOPS, OSCA, and MPCA.
- Number of user-group meetings and presentations made by MSHP personnel at prosecutor conferences.
- Number of maintenance service calls made by OSCA personnel to support MOCIS, ACMS, and JIS users and number of associated trips.
- Proportion of State court caseload managed by JIS as compared to historic proportions.
- Other major work efforts and activities performed under auspices of the project.

The grantee is required to submit semi-annual and annual progress status reports on this project. Status reports should describe work completed and work in progress, as well as any impediments preventing the project from being successfully completed at the end of the contract period. The annual status report should cover the total grant period and address all evaluation criteria items described above.

**MSHP ADMINISTRATIVE DATA ANALYSIS AND PROBLEM IDENTIFICATION PROGRAM:**

This project involves establishing a series of policies, procedures, systems, and reporting recommendations. The State of Missouri will effectively manage the Edward Byrne Memorial Justice Assistance Grant Program by analyzing drug and violent crime environment in the State; assessing effectiveness of existing programs; and offering data and interpretive analysis support for development of new programs. The Missouri State Highway Patrol, coordinating their activities with Department of Public Safety's State Administrative Agency program staff, will complete the following project goals: 1) Provide base-line information to properly assess Missouri's illicit drug and violent crime problems; 2) Support successful administration of Missouri's Edward Byrne Memorial Justice Assistance Grant Program by providing needed research, evaluation, and data processing services; 3) Enhance capabilities of Missouri's criminal justice information systems deemed mission critical in supporting statewide illicit drug and violent crime problem analysis as well as for grant administration; and 4) Enhance Missouri's UCR data collection application and output report application.

EVALUATION DESIGN: The grantee will be evaluated on the following criteria:

- Overall project management, training, and support services employed to implement the project.
- Assistance provided in successful development and / or modification of Missouri's drug and violent crime strategy required under the Edward Byrne Memorial Justice Assistance Grant Program including, but not limited to, conducting a statewide illicit drug and violent crime problem analysis.
- Number of research services provided to DPS, Missouri criminal justice authorities, and other public officials.
- Assistance provided in development and implementation of evaluation criteria and information systems for programs supported under the Edward Byrne Memorial Justice Assistance Grant Program. Publication of a report describing all approved research designs.
- Technical assistance provided in maintenance of UCR summary-based information system input, file maintenance, and output software.
- Technical assistance provided for UCR training and report requirements, quality assurance reviews / audits, and assistance to local agencies in reporting procedures.
- Number of CHRS training programs developed on CHRS fingerprint and case disposition processing.
- Quality control procedures and programs developed and employed to monitor CHRS fingerprint and case disposition reporting compliance.
- Number of seminars and conferences attended in support of the Byrne Program.
- Other major work effort and activities performed under auspices of this project.

The grantee is required to submit semi-annual and annual progress status reports on this project. Status reports should describe work completed and work in progress, as well as any impediments preventing the project from being successfully completed at the end of the contract period. The annual status report should cover the total grant period and address all evaluation criteria items described above.

**LAW ENFORCEMENT PROGRAMS  
MULTI-JURISDICTIONAL TASK FORCE PROJECTS AND  
QUARTERLY PROGRESS REPORT AUTOMATED INFORMATION SYSTEM**

The Multi-Jurisdictional Task Force Program continues to be a critical component to drug enforcement efforts throughout the State. This concept takes a multi-agency approach where resources and manpower can be combined to cover a larger geographic area. Agents working for the task force are commissioned to work within any jurisdiction participating in the program. Cooperation and communication within these units is the key to being successful in their enforcement efforts. Cooperative agreements are developed for all agencies involved in the task force as well as entering into agreements with federal agencies.

**Efficiency evaluation designed for:**

Jackson County Drug Abatement Response Team (DART)

**Quarterly Progress Report Automated Information System designed for:**

Bootheel Drug Task Force  
Buchanan County Drug Strike Force  
Clay County Drug Task Force  
East Central Drug Task Force  
Lake Area Narcotics Enforcement Group (LANEG)  
Combined Ozarks Multi-Jurisdictional Enforcement Team (COMET)  
Franklin County Drug Task Force  
Jackson County Multi-Jurisdictional Drug Task Force  
Jasper County Drug Task Force  
Jefferson County Municipal Enforcement Group  
Kansas City Multi-Jurisdictional Task Force  
Lafayette County Narcotics Unit Task Force  
Mid-Missouri Multi-Jurisdictional Drug Task Force  
Mid-Missouri Unified Strike Team and Narcotics Unit (MUSTANG)  
Mineral Area Drug Task Force  
Nitro Drug Task Force  
North Missouri (NOMO) Drug Task Force  
Northeast Missouri (NEMO) Narcotics Task Force  
North County MEG Multi-Jurisdictional Drug Task Force  
Platte County Multi-Jurisdictional Enforcement Group  
Southeast Missouri (SEMO) Drug Task Force  
South Central Drug Task Force  
Southwest Missouri Drug Task Force  
Southwest Missouri Major Crimes Task Force  
St. Charles County Regional Drug Task Force  
St. Louis City Metro Multi-Jurisdictional Undercover Drug Program  
St. Louis County Multi-Jurisdictional Drug Task Force  
West Central Missouri Drug Task Force

**JACKSON COUNTY DRUG ABATEMENT RESPONSE TEAM (DART):** This project continues support to the DART, a multi-jurisdictional initiative to identify and shut down drug houses and street level narcotics operations in the thirteen municipal jurisdictions in Jackson County. The goal of this program is to eliminate illegal drug activity in the Jackson County community by coordinating and utilizing several sources. Through these efforts, the quality of life in the target area is restored and protected. Suspected drug activity can be anonymously reported to DART members who then communicate the information to law enforcement for investigation. DART also coordinates street level investigations, buy / bust and reverse sting operations, property fire and housing code inspections of suspected drug houses, and notification of drug activity and its consequences to property owners. Property owner seminars, community presentations, and citizen training given on recognition of drug activities are provided by DART members.

**EVALUATION DESIGN:** The grantee will be evaluated on the following criteria:

- Overall project management and support services employed to implement the project.
- Number of citizen reports of drug activity received by DART.
- Number of drug houses and drug distribution operations closed.
- Number of property owners trained on drug activity recognition.
- Number of buy / bust / reverse sting operations coordinated with Patrol officers, community police and prosecutors.
- Number of property fire hazard and building code inspections completed, and number of notifications of drug activity made to property owners.
- Number of community organizations given drug awareness presentations or training.
- Other major work efforts and activities performed under auspices of this project.

The grantee is required to submit semi-annual and annual progress status reports on this project. Status reports should describe work completed and work in progress, as well as any impediments preventing the project from being successfully completed at the end of the contract period. The annual status report should cover the total grant period and address all evaluation criteria items described above.

## Instructions for completing:

### Missouri Department of Public Safety Multijurisdictional Task Force Quarterly Progress Report

This instruction sheet is to aid Multijurisdictional Task Force (MJTF) grantees in completing the required quarterly progress report for the Missouri Department of Public Safety.

1. **Date Submitted** Self-explanatory
2. **Grant Name**
3. **Contact Person** As designated in MJTF contract with the Dept. of Public Safety
4. **Contact Person's Agency Name**
5. **E-Mail Address**
6. **Phone No.** Self-explanatory
7. **Quarterly Reporting Period**
8. **Number of law enforcement agencies involved in multijurisdictional task force (MJTF) work activities**

The total number of law enforcement agencies comprising the MJTF as well as any others participating in MJTF work activities during the reporting period. **(DO NOT duplicate statistical data that has been reported by another participating agency.)**

#### 9. Number of law enforcement officers participating in MJTF work activities

A) and B): Self explanatory.

#### 10. Investigations/Cases

A) The number of MJTF investigations/cases *active* at the start of the quarter. For the second and subsequent quarters, the number of "carried in" active cases should match those reported in Question 10 E) on the previous quarter's report. **Investigations/Cases** should be counted as those incidents involving task force action resulting in **post-response reports being written**. Until this occurs, tips and information received should be considered gathered intelligence, not individual cases.

B) The number of *new* investigations/cases initiated during the quarter.

C) The *total* number of MJTF cases active during the quarter. This number should be the sum of item A and item B.

D) The number of cases disposed of by the MJTF during the quarter.

E) The *total* number of cases *remaining active* at the end of the quarter. (Subtract item D from item C.)

NOTE: Enter this number on line **10. A)** of the next Quarterly Progress Report.

F) The number of MJTF cases with evidence submitted this quarter to a State crime lab.

#### 11. Arrest Activity

A) The number of people arrested and charged with one or more *drug* offenses.

B) The number of people arrested and charged with other criminal offenses *not* involving drugs.

For the *total* number of people arrested through MJTF actions during the quarter, add items A and B and enter the sum on the appropriate line.

C) All law enforcement charges associated with offenders arrested through MJTF actions during the quarter.

All charges proffered against offenders are to be listed. Total *charges* must equal or exceed the total number of persons arrested. For example, a drug user is arrested for possession of crack. After arrest, he assaults an officer. The quarterly report should indicate a charge for crack *possession* listed under 1) Drug

Paraphernalia/Possession and a charge for resisting arrest/assault against police listed under 3) Other Charges. Result: One arrested person is reported with two charges (illicit drug possession and assault) from this single incident.

(NOTE: There is no longer a need to total the charges by category at the top of each column.)

- 1) The number and type of charges related to drug *paraphernalia/possession* during the reporting period.
- 2) The number and type of charges related to drug *sales and/or manufacturing* during the reporting period.
- 3) The number and type of *non-drug charges* during the reporting period.

## **12. Informant Expenses, Drug Purchases and Free Samples**

- A) The number of drug buys made through MJTF activities during the reporting period.
- B) Dollar value of drugs purchased through drug buys during the reporting period.
- C) The number of reverse drug buys made through MJTF activities during the reporting period.
- D) Dollar value of reverse drug buys during the reporting period.
- E) The number of free drug samples received during the reporting period.
- F) The *estimated* dollar value of drugs received through free samples during the reporting period. Use the local street value of the drugs at the time they were received to make the estimate.
- G) The quantities and type of drugs acquired through drug buys, reverse drug buys, *and* free samples received during the reporting period. Enter the suspected drug type; do not wait for scientific lab examination results. Drug weights may be reported using various units of measure (kg., lb., oz, grams, etc.). For example, two kilos of cocaine are purchased from one distributor, another kilo is purchased from a second distributor in another case, five ounces are acquired through free samples, and eight grams are obtained from street buys during the quarter. In Section 12. E) 2) Cocaine, enter 3 in the "Kilograms" column, 5 in the "Ounces" column, and 8 in the "Grams" column.
- H) The total number of active informants paid during the reporting period.
- I) The total dollar amount expended acquiring information from active informants during the reporting period.

## **13. Tracking Drug Trafficking Organizations**

- A) The number of new Drug Trafficking Organizational and/or Link Analysis Charts completed during the period through MJTF work activities.
- B) The number of new drug trafficking organizations identified through MJTF operations during the reporting period.

## **14. Search Warrants**

- A) The number of search warrants *applied for* by the MJTF during the reporting period.
- B) The number of search warrants *authorized for service* by the MJTF during the reporting period.
- C) The number of search warrants *served* by the MJTF during the reporting period.

***In the narrative (item #18), please indicate the number of warrants served in each county of your jurisdiction.***

- D) The number of search warrants served by the MJTF during the reporting period *which resulted in drug and/or paraphernalia seizures.*
- E) The number of consent searches and "knock and talk" incidents involving the MJTF during the reporting period.

## **15. Marijuana Eradicated and Methamphetamine Drug Labs Destroyed**

- A) The quantities of marijuana destroyed *through eradication operations* during the reporting period. Enter the suspected marijuana type; do not wait for scientific lab examination results. Marijuana weight may be reported using various units of measure (kg., lb., oz, grams, etc.). For example, 50 lbs. of wild "ditchweed", 32 kilos of cultivated marijuana, and 10 sinsemilla plants are destroyed through eradication during the quarter. In Section

15. A) 1) Wild, enter 50 in the "Pounds" column. On line 2) Cultivated, enter 32 in the "Kilograms" column. On line 3) Sinsemilla, enter 10 in the "Plants" column.

NOTE: If a quantity of marijuana is seized for evidence and *not destroyed*, enter it in Section 16.

B) The number of methamphetamine drug labs destroyed during the reporting period. Please indicate the number of methamphetamine drug labs destroyed in each county (see question 18). NOTE: If there is some question as to whether or not the destroyed lab is a methamphetamine lab, please contact Mr. Eric Shepherd, Missouri Department of Public Safety, at (573) 751-5997.

#### 16. Drug Seizures

A) The estimated *dollar value* of all drugs *seized* during the quarter. Use the local street value of the drugs at the time they were seized. NOTE: Do not include marijuana destroyed through eradication operations as reported in Section 15.

B) The *quantities and type* of drugs *seized* during the reporting period. Enter the suspected drug type; do not wait for scientific lab examination results. Drug weights may be reported using various units of measure (kg., lb., oz, grams, etc.). For example, five kilos of cocaine are seized in three investigations/cases and 10 grams are seized in another during the quarter. In Section 16. B) 2) Cocaine, enter 5 in the "Kilograms" column and 10 in the "Grams" column.

#### 17. Property Seizures/Forfeitures

The *number and estimated dollar value* of property *seized or forfeited* during the quarter by type. Enter seizures and forfeitures separately. If property is seized and forfeited during the same reporting period, enter the quantity and dollar value of the property under both the "Seized during reporting period" and "Forfeited during reporting period" columns.

#### 18. Describe all work activities or areas of interest/concern not reported in the sections above. Also, please indicate the number of search warrants served and the number of methamphetamine drug labs destroyed in each county of your jurisdiction:

Indicate any other activity or information not reported elsewhere on this form that directly addresses any action and/or condition specified in your MJTF contract. In addition, include a description of any other activities that will assist the Department of Public Safety to properly review and evaluate the program. For example, it might be appropriate to describe (without *confidential* information or details) a lengthy intelligence operation which has not yet resulted in arrests or significant drug/asset seizures. Describe all special training programs completed by MJTF officers (SERT, polygraph, or criminal prosecution classes, for example). Please mention topics and areas of concern you would like to discuss at the next Dept. of Public Safety Task Force quarterly meeting. Also indicate the number of search warrants served and methamphetamine labs destroyed in each county of your jurisdiction for the reporting period.

#### 19. Signature of Officer in Charge and 20. Date:

Sections 19 and 20 are self-explanatory.

**Note: When completed, please return the original along with a copy to:**

**Criminal Justice / Law Enforcement Program  
Department of Public Safety  
PO Box 749  
Jefferson City, MO 65102**

If you have any questions on how to complete this form, contact Ms. Susan Kuebler at (573) 751-9000 ext. 2218



**12. Informant Expenses, Drug Purchases and Free Samples**

- A) No. of drug buys made: \_\_\_\_\_
- B) Dollar value of drug buys during this period: \$ \_\_\_\_\_
- C) No. of reverse drug buys made: \_\_\_\_\_
- D) Dollar value of reverse drug buys during this period: \$ \_\_\_\_\_
- E) No. of free samples received: \_\_\_\_\_
- F) Estimated dollar value of drugs received from free samples during this period: \$ \_\_\_\_\_

G) Drugs purchased and/or received from drug buys, reverse drug buys, and free samples (**Enter quantities at time of receipt**):

	Kilograms	Pounds	Ounces	Grams	Doses/Pills
1) Marijuana	_____	_____	_____	_____	_____
2) Cocaine	_____	_____	_____	_____	_____
3) Crack	_____	_____	_____	_____	_____
4) Methamphetamine	_____	_____	_____	_____	_____
5) Heroin/Opiates	_____	_____	_____	_____	_____
6) Hallucinogens - LSD	_____	_____	_____	_____	_____
7) Hallucinogens - PCP	_____	_____	_____	_____	_____
8) Ecstasy	_____	_____	_____	_____	_____
9) Pseudoephedrine/Ephedrine	_____	_____	_____	_____	_____
10) Anhydrous Ammonia	_____	_____	_____	_____	_____
11) Other illicit drugs	_____	_____	_____	_____	_____

- H) No. of active informants paid \_\_\_\_\_
- I) Total dollars expended on active informants \$ \_\_\_\_\_

**13. Tracking Drug Trafficking Organizations**

No. of new Drug Trafficking Organization Charts and/or Link Analysis Charts completed this identified this quarter \_\_\_\_\_

- No. of new Drug Trafficking Organizations quarter \_\_\_\_\_

**14. Search Warrants**

- A) No. of search warrants applied for during this period: \_\_\_\_\_
- B) No. of search warrants authorized during this period: \_\_\_\_\_
- C) No. of search warrants served during this period:\* \_\_\_\_\_
- D) No. of search warrants served resulting in drug and/or paraphernalia seizures: \_\_\_\_\_
- E) No. of consent searches conducted during this period: \_\_\_\_\_

\* Please indicate (in the narrative) the number of warrants served in each county of your jurisdiction.

**15. Marijuana Eradicated and Methamphetamine Drug Labs Destroyed** - Indicate the types of marijuana destroyed through eradication operations. Indicate the number of methamphetamine drug labs destroyed as a result of search warrants, consent searches, arrests, and/or other multijurisdictional task force actions.

**(Enter quantities at time of incident):**

A) Marijuana destroyed:	Kilograms	Pounds	Ounces	Grams	Plant
1) Wild	_____	_____	_____	_____	_____
B) No. of methamphetamine drug labs destroyed: _____					

**In the narrative, please indicate the county (or counties) the methamphetamine drug labs were destroyed and the number of labs destroyed in each county.**

**16. Drug Seizures** - Describe the types of drugs seized as a result of search warrants, consent searches, and arrests. (Exclude drug buys and free samples):

A) Estimated dollar value of all drugs seized, based on local street cost: \$ \_\_\_\_\_

B) Drugs seized **(Enter quantities at time of seizure):**

	Kilograms	Pounds	Ounces	Grams	Doses/Pills
1) Marijuana	_____	_____	_____	_____	_____
2) Cocaine	_____	_____	_____	_____	_____
3) Crack	_____	_____	_____	_____	_____
4) Methamphetamine	_____	_____	_____	_____	_____
5) Heroin/Opiates	_____	_____	_____	_____	_____
6) Hallucinogens - LSD	_____	_____	_____	_____	_____
7) Hallucinogens - PCP	_____	_____	_____	_____	_____
8) Ecstasy	_____	_____	_____	_____	_____
9) Pseudoephedrine/Ephedrine	_____	_____	_____	_____	_____
10) Anhydrous Ammonia	_____	_____	_____	_____	_____
11) Other illicit drugs	_____	_____	_____	_____	_____

**17. Property Seizures/Forfeitures:**

	Seized during reporting period		Forfeited during reporting period	
	Quantity	Est. Value	Quantity	Est. Value
A) Real Estate/Buildings and Homes	_____	_____	_____	_____
B) Real Estate/Land	_____	_____	_____	_____
C) Personal Property (Collector's items, stamp/coin collections, jewelry, etc.)	_____	_____	_____	_____
D) Motor Vehicles	_____	_____	_____	_____
E) Weapons	_____	_____	_____	_____
F) Currency (\$)		_____		_____
G) Other Assets - Describe:				
_____	_____	_____	_____	_____

18. Describe all work activities or areas of interest/concern not reported in the sections above. Also, please indicate the number search warrants served and the number of methamphetamine drug labs destroyed in each county of your jurisdiction.

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19. Signature of Officer in Charge \_\_\_\_\_ 20. Date \_\_\_\_\_

Rev. 6/01

**Instructions For Completing**  
**Missouri Department of Public Safety**  
**Multi-Jurisdictional Task Forces**  
**Tally Sheets**

These instructions are designed to aid you in filling out the Multi-Jurisdictional Task Forces (MJTF) tally sheets. Data entered then can be used to complete the MJTF quarterly progress report required by Department of Public Safety. **Use of these tally sheets is strictly optional.** If you currently have manual and/or automated systems available to complete the quarterly progress report, the tally sheets should not be used. However, if you do not, use of one or more, if not all, of the tally forms is recommended.

**1. Case Log Tally Sheet (used to complete question 10 on MJTF quarterly progress report)**

At the start of the reporting period, list all active investigations/cases carried in. As new investigations/cases are initiated, add them to this tally sheet. As investigations/cases are disposed of, annotate the appropriate entries on this sheet.

**Quarter:** Enter beginning and ending month and year of quarterly reporting period.

**Case No.:** Enter MJTF-related investigation/case number.

**Date initiated:** Enter month, day, and year investigation/case was originally initiated.

**Status:** Indicate whether case was carried in from a previous quarter or initiated in this quarter.

**Disposed of in Quarter:** Indicate whether or not case was disposed of this quarter.

**Date of Disposal:** If case was disposed of during this quarter, enter month, day and year of disposal.

*Instructions on how to use this tally sheet to complete the MJTF quarterly progress report.*

*10A Sum number of investigations/cases identified as carry-ins on tally sheet.*

*10B Sum number of investigations/cases identified as initiated on tally sheet.*

*10C Sum items 10A and 10B.*

*10D Sum number of investigations/cases identified as being disposed of on tally sheet.*

*10E Subtract 10D from 10C to arrive at number of investigations/cases carried out.*

**2. Drug Acquisition Tally Sheet (used to complete questions 12, 15A, and 16 on MJTF quarterly progress report)**

As drugs are acquired during reporting period as a result of MJTF work activities, they should be added to the tally sheet. If more than one type of drug is acquired in an investigation/case, they should all be listed.

**Quarter:** Enter beginning and ending month and year of quarterly progress report.

**Date of Activity:** Enter month, day, and year of drug acquisition.

**Case No.:** Enter MJTF-related investigation/case number.

**Type of Acquisition:** Indicate under what circumstances the drug was acquired. In marijuana eradication operations, if the marijuana is immediately destroyed, circle **4** for eradicated. If some marijuana is held for evidence, make a separate line entry using the same date of activity and case number and update the type of acquisition field with a **3** (seized).

**Drug Type:** Enter suspected drug type. Do not wait for scientific examination results. If drug type is marijuana, indicate if it was wild, cultivated, or sinsemilla.

**Quantity:** Indicate quantity of the drug acquired.

**Measure:** Indicate measure used to classify the quantity, such as kilograms, pounds, plants, etc.

**Est. \$ Value:** Indicate actual or estimated dollar value of drugs acquired.

*Instructions on how to use this tally sheet to complete the MJTF quarterly progress report.*

12A Sum number of drug buys by examining "Type of Acquisition" field on tally sheet.

12B Of those identified as drug buys, sum estimated dollar values.

12C Sum number of reverse drug buys by examining "Type of Acquisition" field on tally sheet.

12D Of those identified as reverse drug buys, sum estimated dollar values.

12E Sum number of free samples by examining type of acquisition field on tally sheet.

12F Of those identified as free samples, sum estimated dollar values.

12G Of those identified as drug buys, reverse drug buys, or free samples, identify quantities by drug type.

15A Of those identified as eradicated, sum quantities by marijuana type.

16A Of those identified as seized, sum estimated dollar values.

16B Of those identified as seized, identify quantities by drug type.

### **3. Informant Expenditure Tally Sheet (used to complete questions 12H and 12I on MJTF quarterly progress report)**

As informants are paid for services rendered as a result of MJTF work activities, they should be added to the tally sheet. At the end of the reporting period, sum the total number of informants being paid to answer question 12H. Please note, if an informant is paid on three separate occasions, count that informant only once. Sum total amount of money expended to answer question 12I.

**Quarter:** Enter beginning and ending month and year of quarterly reporting period.

**Date of Activity:** Enter month, day and year of transaction with informant.

**Case No.:** Enter MJTF-related investigation/case number.

**Officer No.:** Enter identification number of officer involved in transaction.

**Informant Name/Alias:** Enter name or alias of informant involved in transaction.

**Informant Number:** Enter a number assigned by the MJTF to each individual informant.

**NOTE:** Because the names or aliases of informants are listed on this tally sheet, it should be considered confidential material. Access to it should be limited, and it should be stored in a secure location.

*Instructions on how to use this tally sheet to complete the MJTF quarterly progress report.*

12H Using MJTF-assigned Informant Numbers, determine how many informants were utilized during reporting period and enter that number on question 12H.

12I Sum total amount of money provided to informants during reporting period.

### **4. Property Seizures/Forfeitures Tally Sheet (used to complete question 17 on MJTF quarterly progress report)**

**\* THE USE OF THIS TALLY SHEET IS MANDATORY AND IT MUST BE TURNED IN WITH THE QUARTERLY REPORT.**

As property is seized/forfeited during reporting period as a result of MJTF work activities, it should be added to the tally sheet. If more than one type of property is seized/forfeited in an investigation/case, they should be listed separately. If a piece of property is seized **and** forfeited during the same quarter, two separate entries should be made on the tally sheet based on date of activity.

**Quarter:** Enter beginning and ending month and year of quarterly reporting period.

**Date of Activity:** Enter month, day, and year that seizure/forfeiture took place.

**Case No.:** Enter MJTF-related investigation/case number.

**Type of Acquisition:** Indicate type of acquisition (seizure or forfeiture).

**Type of Forfeiture:** *Indicate type of forfeiture*

**Property Type:** Indicate type of property acquired.

**Quantity:** Indicate estimated quantity of acquisition.

**Estimated \$ Value:** Indicate estimated dollar value of acquisition.

*Instructions on how to use this tally sheet to complete the MJTF quarterly progress report.*

17A-17F *Examine "Type of Acquisition" field and identify property seized. Sum quantity and estimated dollar values by property type.*

17A-17F *Examine "Type of acquisition" field and identify property forfeited. Sum quantity and estimated dollar values by property type.*

17G *If property type seized or forfeited does not fit into 17A-17F property type categories, list and describe property, quantity, and estimated dollar value.*

**5. Work Productivity Tally Sheet (used to complete questions 11, 13, 14, and 15B on MJTF quarterly progress report)**

Enter data on all arrests, drug trafficking analysis, search warrants, consent searches, and methamphetamine drug labs destroyed as a result of MJTF work activities on this tally sheet. On this tally sheet you have the choice of entering activity by numbers (i.e., eight arrests would be entered using the value "8"), or by hash marks (i.e., eight arrests would be entered "IIII III"). At the end of the reporting period, sum numbers or hash marks and enter total number in the "Quarterly Total" block.

**Quarter:** Enter beginning and ending month and year of quarterly reporting period.

**11. No. of Persons Arrested:** Track number of persons arrested through MJTF operations.

*Note: Track persons arrested by MJTF and law enforcement charges made at time of arrest — **not** the prosecutor's or court's later charges or arrest results.*

A) **For DRUG Offenses:** Track number of persons arrested for one or more **drug** offenses.

B) **For OTHER Offenses:** Track number of persons arrested for **other** types of offenses (i.e., no drug charges).

NOTE: Sum of subcategories A) and B) under 11. should equal number entered on **the line for “Total No. of persons arrested”** on MJTF Quarterly Progress Report.

C) **Arrest Charges:** More than one charge may be associated with a given arrestee. List all charges associated with arrestees.

- 1) **Drug Paraphernalia/Possession** - Track all **drug paraphernalia/possession** charges by type of drug or paraphernalia.
- 2) **Drug Sales/Manufacture** - Track all **drug sales/manufacturing** charges by type of drug.
- 3) **Other Charges** - Track all **other** (non drug-related) charges by charge type.

**Drug Trafficking Organizations:** Enter number of new organizational and link analysis charts completed and number of new drug organizations discovered during reporting period.

- A) Track number of new organizational and link analysis charts completed by MJTF.
- B) Track number of new drug trafficking organizations identified through MJTF activities.

**14. Search Warrants:** Enter the following search-related activity resulting from MJTF operations:

- A) Track number of search warrants *applied for*.
- B) Track number of search warrants *authorized* for service.
- C) Track number of search warrants *actually served* **and in what county they were served**.
- D) Track number of search warrants served resulting in *drugs and/or paraphernalia seized*.
- E) Track number of *consent searches* (or “knock and talk” incidents) conducted.

**17. B) Number of Methamphetamine Drug Labs Destroyed:** Track number of meth labs discovered and destroyed through MJTF operations.

*Instructions on how to use this tally sheet to complete the MJTF quarterly progress report.*

11A *Enter “Quarterly Total” number of persons arrested for drug-related offenses.*

11B *Enter “Quarterly Total” number of persons arrested for non drug-related offenses.  
Enter “Quarterly Total” number of persons arrested.*

11C1a - 11C1l *Enter “Quarterly Total” number of drug paraphernalia/possession charges by drug type.*

11C2a - 11C2k *Enter “Quarterly Total” number of sales/manufacturing charges by drug type.*

11C3a - 11C3g *Enter “Quarterly Total” number of other (nondrug-related) charges by charge type.*

13A *Enter “Quarterly Total” number of Drug Trafficking Organizational and Link Analysis Charts completed.*

13B *Enter “Quarterly Total” number of Drug Trafficking Organizations identified.*

14A *Enter “Quarterly Total” number of search warrants applied for.*

14B *Enter “Quarterly Total” number of search warrants authorized for use.*

14C *Enter “Quarterly Total” number of search warrants actually served.*

14D *Enter “Quarterly Total” number of search warrants served resulting in drugs seized.*

14E *Enter “Quarterly Total” number of consent searches conducted.*

15B *Enter “Quarterly Total” number of meth labs destroyed through MJTF operations.*





**CONFIDENTIAL**  
**Multijurisdictional Task Forces**  
**Informant Expenditure Tally Sheet**  
**(refers to questions 12f and 12g)**

Quarter \_\_\_\_\_ to \_\_\_\_\_  
          mo   yr          mo   yr

<b>Date of Activity</b> (month,day,year)	<b>Case No.</b> (if available)	<b>Officer No.</b> (assigned by task force)	<b>Informant Name/Alias</b>	<b>Informant Number</b>	<b>Money provided</b>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____



**Multijurisdictional Task Force  
Work Productivity Tally Sheet**

(Numbers and letters in parentheses refer to where data would be entered on the Quarterly Report)

Quarter \_\_\_\_\_ to \_\_\_\_\_  
mo. yr. mo. yr.

**Quarterly  
Total**

**(11.) No. of Persons Arrested**

- A) For DRUG offenses
- B) For OTHER offenses

**(11.C) Arrest Charges:**

**1) Drug Paraphernalia/Possession -**

- a) Marijuana
- b) Cocaine
- c) Crack
- d) Methamphetamine
- e) Heroin/Opiates
- f) LSD
- g) PCP
- h) Paraphernalia
- i) Ecstasy
- j) Psuedoep/ephedrine
- k) Anhydrous Ammonia
- l) Other Illicit Drugs

**2) Drug Sales/Manufacture -**

- a) Marijuana
- b) Cocaine
- c) Crack
- d) Methamphetamine
- e) Heroin/Opiates
- f) Hallucinogens-LSD
- g) Hallucinogens-PCP
- h) Ecstasy
- i) Psuedoep/ephedrine
- j) Anhydrous Ammonia
- k) Other Illicit Drugs

**Multijurisdictional Task Force  
Work Productivity Tally Sheet (Con.)**

(Numbers and letters in parentheses refer to where data would be entered on the Quarterly Report)

**Quarter** \_\_\_\_\_ **to** \_\_\_\_\_  
**yr.**            **mo.**   **yr.**   **Total**

**Quarterly**

**mo.**

**(13.C) Arrest Charges (con.):**

**3) Other Charges -**

- a) Resisting Arrest/  
Assault against Police
- b) Murder
- c) Assault
- d) Child Endangerment
- e) Kidnapping
- f) Weapons
- g) Other

**(13.) Drug Trafficking Organizations:**

- A) Number of new Organization  
and/or Link Analysis Charts  
completed
- B) Number of new Drug  
Trafficking Organizations identified

**(14.) Search Warrants:**

- A) Number Applied for
- B) Number Authorized
- C) Number Served
- D) No. Served with Drugs/ Par. Seized
- E) No. of Consent Searches Made

**(15.B) No. of Meth. Drug Labs  
Destroyed:**

***CRIME LABORATORY PROJECTS AND  
QUARTERLY PROGRESS REPORT AUTOMATED INFORMATION SYSTEM***

A key to successful prosecution of drug offenders is analysis of evidence. Crime Laboratory Upgrade Programs provide state-of-the-art equipment, supplies, and manpower to regional crime labs throughout the State to reduce backlogs and increase turnaround in the analysis of evidence. This year this information system has been expanded so all Missouri crime laboratories report their activity regardless of whether they receive CJ/LE funding support. Data collected from all crime laboratories will be of invaluable assistance in conducting Missouri's problem analysis supporting development of its illicit drug and violent crime strategy.

**MCLUP Crime Laboratory Recipients**

Independence Crime Laboratory Upgrade  
Kansas City Crime Lab Upgrade  
Joplin-MSSU Regional Crime Lab Upgrade  
St. Charles County Criminalistic Laboratory  
St. Louis Metropolitan Crime Lab Upgrade  
St. Louis County Crime Lab Upgrade-Personnel Enhancement  
State of Missouri Highway Patrol Crime Lab Upgrade  
Truman State University Crime Lab Upgrade

**CLAP Crime Laboratory Recipients**

Kansas City Crime Lab Assistance Program  
Joplin-MSSU Regional Crime Lab  
Joplin-MSSU Regional Crime Lab Supplemental Accreditation Funds

**Quarterly Progress Report Automated Information System designed for:  
Non- Recipients**

Missouri State Highway Patrol Troop B Satellite Laboratory  
Missouri State Highway Patrol Troop C Satellite Laboratory  
Missouri State Highway Patrol Troop D Satellite Laboratory  
Missouri State Highway Patrol Troop E Satellite Laboratory  
Missouri State Highway Patrol Troop G Satellite Laboratory  
Missouri State Highway Patrol Troop H Satellite Laboratory

**INDEPENDENCE REGIONAL CRIME LAB UPGRADE:** This project supports the purchase of equipment that will be used daily in the Independence Crime Laboratory. These items are identified as: evidence drying locker, ultra violet/infrared (UV/IR) digital camera, 3 quadpro copy stands, 5 remote shutter release, 5 off shoe flash cords, 19-inch color monitor, and ergonomic office furniture to fully equip the latent fingerprint office furniture. The evidence drying locker will allow for proper storage of wet evidence in a safe environment that will eliminate the chance of cross contamination and destruction of biological evidence. The UV/IR digital camera will allow the investigator to photograph old and faded injuries not visible to normal digital cameras. The copy stand, remote shutter release, and off shoe flash cords will provide the investigator the tools that will improve capturing evidence and documenting crime scenes. The 19-inch color monitor and office furniture will be used to fully equip a latent fingerprint examiner's office that will improve latent fingerprint workflow. The existing office equipment is not designed for the job duties and tasks performed by a latent fingerprint examiner and will increase productivity and reduce office fatigue.

All of these items mentioned above will benefit the Independence Missouri Crime Lab by enhancing the ability to provide quality services to the citizens of the community and will be used for many years.

**EVALUATION DESIGN:** This project is supported through the Crime Laboratory quarterly status report automated information system.

**KANSAS CITY CRIME LAB UPGRADE:** This project supports proper seating, storage and lighting for laboratory examiners. Adjustable chairs, workspaces, and flexible lighting will maximize staff efficiency and comfort. Additional storage space is for examiners that share cubicles due to rotating shifts. By adding automated external defibrillators to the laboratory, staff survivability is dramatically increased. Video evidence is becoming increasingly prevalent giving the lab the capability to analyze video files. Video enhancement hardware and software not only enhances investigations but also collaborates with other evidence during an investigation. Due to ASCLD (American Society of Crime Laboratory Directors) mandates, all printed photographs become a part of the permanent case record. A replacement printer meets this requirement and expedites the processing of photographs. The main conference room of the laboratory is being renovated to accommodate for training purposes and modular units will be configured in a number of ways to allow large meetings or classrooms.

**EVALUATION DESIGN:** This project is supported through the Crime Laboratory quarterly status report automated information system.

**JOPLIN - MSSU REGIONAL CRIME LAB UPGRADE:** This project supports approximately fifty-five percent of the salary and fringe benefits of one laboratory analyst. This analyst will continue to process all items for which latent fingerprint examinations are requested. These examinations compare any identifiable latent prints with control prints. The analyst will evaluate latent fingerprint lifts generated by area criminal investigators and will compare appropriate prints with controls. When no controls are provided, questioned fingerprints will be searched through in-house Automatic Fingerprint Identification System (AFIS) database; unidentified fingerprints of suitable quality will then be submitted to the Missouri State Highway Patrol Laboratory in Jefferson City for AFIS examination (State database; Federal database on appropriate cases). The analyst will continue to process other impression evidence and analyze suspected marijuana cases submitted to the laboratory. The analyst will be available to aide local officers in crime scene investigations at the request of the jurisdictional agency.

**EVALUATION DESIGN:** This project is supported through the Crime Laboratory quarterly status report automated information system.

**ST. CHARLES COUNTY CRIMINALISTICS LABORATORY UPGRADE:** This project is a crime laboratory upgrade program for the purchase of equipment and supplies to enhance the overall existing level of services provided by the St. Charles County Criminalistic Laboratory (SCCCL).

EVALUATION DESIGN: This project is supported through the Crime Laboratory quarterly status report automated information system.

**ST. LOUIS METROPOLITAN CRIME LAB UPGRADE:** This project supports the purchase and installation of a gas chromatography/mass spectrometry to analyze drug samples in the crime lab.

EVALUATION DESIGN: This project is supported through the Crime Laboratory quarterly status report automated information system.

**ST. LOUIS COUNTY CRIME LAB UPGRADE - PERSONNEL ENHANCEMENT:** The Missouri Crime Laboratory Upgrade Program continues to afford the St. Louis County Police Department the opportunity to enhance personnel at the Police Crime Laboratory by funding the employment of a forensic scientist. The project allows this laboratory to handle an increasing volume of complex drug casework submissions for analysis and facilitates a reasonable turn-around time of most casework. The goal of the project is to reduce the turnaround time from the current 85 days waiting period to less than 50 to 65 working days. Ultimately the project should allow a thirty (30) day turnaround time. The past year has seen an increase in the turnaround time from previous years due to the loss of one forensic scientist who was assigned to the Chemistry Section. It is worth noting that the time required to hire and train a new chemist to become an independent forensic scientist is a reason for the lag turnaround time. The forensic scientist funded through this program also provides this laboratory the ability to examine and analyze evidence submitted from arson investigations. Additionally, the forensic scientist will handle the primary duties of training new forensic scientists in the Chemistry Section for drug analysis and fire debris analyses.

EVALUATION DESIGN: This project is supported through the Crime Laboratory quarterly status report automated information system.

**STATE OF MISSOURI HIGHWAY PATROL CRIME LAB UPGRADE:** This project supports analysis of evidence submitted by law enforcement agencies from all areas within the State. This evidence may be examined at any one of the six laboratories operated by the Patrol. The MCLUP funds are used to purchase new equipment and maintain consumables utilized during the analysis of evidence. The Missouri Association of Crime Laboratory Directors also utilizes a portion of this MCLUP fund to provide the most up-to-date training available in a variety of disciplines found in a forensic laboratory. This annual training assures each director that the criminalists are familiar with the latest methods and technologies utilized in forensic science.

EVALUATION DESIGN: This project is supported through the Crime Laboratory quarterly status report automated information system.

**TRUMAN STATE UNIVERSITY CRIME LAB UPGRADE:** This project supports analysis of evidence by identification of controlled substances, metabolites of controlled substances, and other drugs as requested. In addition, the project allows the laboratory to offer these services: qualitative and quantitative measurement of ethyl alcohol in blood, beverage, and other biological samples; development of techniques; comparison and identification of people from fingerprints; examination of spent cartridges and projectiles in firearm related cases; and chemical identification of unburned or partially burned gunpowder in firearm cases. Depression and chemical examinations will be conducted by documents to provide useful information. Laboratory examination of toolmarks, footwear, and the track of impressions compare suspect specimens. The laboratory also has the capability to examine fibers and hair samples by microscopic and infrared techniques, but only rarely receives this type of sample.

EVALUATION DESIGN: This project is supported through the Crime Laboratory quarterly status report automated information system.

**KANSAS CITY CRIME LAB ASSISTANCE PROGRAM:** This project supports personnel enhancements, including salaries for two criminologists instrumental in DNA analysis of crime scene evidence and methodologies validation. The criminologists are tasked with maintaining quality assurance of all lab DNA analyses. Capital equipment purchases will address advancements in digital imaging and photography to enhance the Chemistry Section and short-term and long-term project goals for the Laboratory. An outside business consultant will assist in processing mapping, assessment of staffing, communication, and technology within the Laboratory.

EVALUATION DESIGN: This project is supported through the Crime Laboratory quarterly status report automated information system.

**JOPLIN – MSSU REGIONAL CRIME LAB PROGRAM:** This project supports personnel enhancements, including the salaries for two forensic analysts and the lab director. The MSSU Regional Crime Laboratory provides forensic support to more than forty criminal justice agencies in Southwest Missouri (8 county area). Laboratory personnel accept and analyze a variety of forensic cases, assist with crime scenes and provide court testimony at the direction of the appropriate court system. The Laboratory assists the local criminal justice investigators in the evaluation and analysis of clandestine methamphetamine laboratories in our region.

EVALUATION DESIGN: This project is supported through the Crime Laboratory quarter status report automated information system.

**JOPLIN - MSSU REGIONAL CRIME LAB SUPPLEMENTAL ACCREDITATION FUNDS:** This project provides the resources for continued preparation for national accreditation. It is important to become an accredited laboratory to maintain status in the forensic community and enhance acceptance by the criminal justice system in Southwest Missouri. This ensures the laboratory will continue to receive federal grant funding for training, equipment upgrade, and other forensic laboratory improvements. The Missouri Southern State University Regional Crime Laboratory currently provides forensic support to more than forty criminal justice agencies in an eight county area.

EVALUATION DESIGN: The grantee is required to submit quarterly progress status reports on this project.

**Instructions for completing:**

**Missouri Department of Public Safety**

**Crime Laboratory**

**Quarterly Progress Report**

This instruction sheet is to aid the Crime Laboratory grantees in completing the required quarterly progress report for the Department of Public Safety.

**1. Date Submitted** Self-explanatory

**2. Grant Number**

**3. Grant Name**

**4. Project Director** As designated in Crime Lab contract with Dept. of Public Safety

**5. Program Agency Name**

**6. ORI**

**7. Person Completing Form**

**8. Phone No.** Self-explanatory

**9. Quarterly Reporting Period**

**10.** Indicate the appropriate number of completed cases for the reporting period a), b), and c). The total number of these three subcategories should equal to the number placed in **10**. For example: If you have 35 completed cases for the period, you would put "35" in **10**. Of those cases, 12 did not involve any tests for suspected illicit drugs (i.e. blood splatter analysis, ballistics test, latent print analysis, etc.), 6 were tested for suspected illicit drugs and none were found, and 17 were tested for suspected illicit drugs and some were detected. You would put "12" in **10a**, "6" in **10b**, and "17" in **10c**. The sum of these is equal to 35, and should be entered in **10**.

**11.** Self-explanatory

**12.** Of those completed cases in which one or more illicit drugs and/or precursors were identified through examinations, indicate the number of cases directly involving a clandestine laboratory where they were being produced. If more than one type of illicit drug was being produced, enter the case in all appropriate lab type subcategories. For instance, if a lab produced PCP and LSD, enter the case in both **12d** and **12e**. If other illicit drugs are found at the scene, but not produced by the clandestine laboratory, enter that activity in **13** under the appropriate drug type subcategory.

**13.** Of those completed cases in which one or more illicit drugs were identified through examinations, and did not involve clandestine laboratory production, list the cases by specific drug type. If more than one type of illicit drug was

identified, enter the case in all appropriate drug type subcategories. For instance, if in a possession case, marijuana and methamphetamine were detected, enter the case in both **13a** and **13d**.

**14.** Refer to the total number of completed cases involving the examination for one or more illicit drugs (sum of cases listed in **10b** and **10c**). Compute and enter the average amount of time it took to process these cases based on the date the case was received to the date it was considered completed.

**15.** Indicate any new illicit drugs identified through examinations. List the name of the new drug, the number of cases where it was detected, and a description of the new drug. The description should include the classification the drug falls into, such as hallucinogen, inhalant, etc.

**16.** Indicate any resurgence of older type drugs identified through examinations. List the name of the older drug, the number of cases where it was detected, and a description of the older drug. The description should include the classification the drug falls into, such as hallucinogen, inhalant, etc.

**17.** Indicate any grant fund equipment acquisition activity in the reporting period. Acquisition activity is defined as ordering, receiving, or making the equipment operational. List the date this activity took place. Also list the dates of the prior activity associated with the equipment acquisition, even though it may have been reported in a prior quarter. For instance, the equipment became operational in this quarter. List the date it became operational, as well as the dates ordered and received, even though they happened in a different quarter.

**18.** Indicate any other activity or information not reported elsewhere in this form which directly addresses any action and/or condition specified in your Crime Lab contract. In addition, include a description of any other activities which will assist the Department of Public Safety to properly review and evaluate your program.

**19. Signature of Project Officer**            Self-explanatory

**20. Date**

**NOTE: When completing this form, please make a copy for your records and return the original to:**

**Criminal Justice / Law Enforcement Program  
Department of Public Safety  
PO Box 749  
Jefferson City, MO 65102**

**If you have any questions on how to complete this form, contact Ms. Susan Kuebler at (573) 751-9000 ext. 2218.**

**Missouri Department of Public Safety  
Crime Laboratory  
Quarterly Progress Report**

1. Date Submitted \_\_\_\_\_ 2. Grant Number \_\_\_\_\_  
mo day yr

3. Grant Name \_\_\_\_\_

4. Project Director \_\_\_\_\_

5. Program Agency Name \_\_\_\_\_ 6. ORI \_\_\_\_\_

7. Person Completing Form \_\_\_\_\_ 8. Phone No.( ) \_\_\_\_\_

9. Quarterly Reporting Period \_\_\_\_\_ to \_\_\_\_\_  
mo yr mo yr

10. No. of cases in which all requested examinations were completed during reporting period \_\_\_\_\_

- a) No. of cases where no tests for illicit drugs were requested \_\_\_\_\_
- b) No. of cases where illicit drug exams were requested/tested and none were identified \_\_\_\_\_
- c) No. of cases where illicit drug exams were requested/tested and one or more drugs were identified \_\_\_\_\_

11. No. of active cases pending at the end of the reporting period \_\_\_\_\_

12. Identify the number of cases completed during the reporting period in which the following illicit drugs and/or precursors were detected while being produced in a Clandestine Laboratory operation

<u>Lab Type</u>	<u>No.of Cases</u>
a) Methamphetamine Final product only	_____
b) Methamphetamine Precursors only	_____
c) Methamphetamine Precursors and Final product	_____
d) LSD	_____
e) PCP	_____
f) Other Clandestine Labs	_____

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**13. Identify the number of cases completed during reporting period, that were not directly related to Clandestine Lab operation production, by types of illicit drugs**

<u>Drug Type</u>	<u>No. of Cases</u>
a) Marijuana	_____
b) Cocaine Powder	_____
c) Crack	_____
d) Methamphetamine	_____
e) Heroin/Opiates	_____
f) LSD	_____
g) PCP	_____
h) Other Illicit Drugs	_____

**14. Of all cases completed during the reporting period where illicit drugs were suspected, what was the average processing time (in days)?**

**NOTE:** Processing time is from the date case was received to date it was considered complete \_\_\_\_\_

**15. Were any new illicit drugs identified in the cases completed during the reporting period?**

- No
- Yes

If yes, please list

<u>Name</u>	<u>No. of cases</u>	<u>Description</u>
_____	_____	_____
_____	_____	_____

**16. Did you notice any resurgence of older type drugs in the cases completed during the reporting period?**

- No
- Yes

If yes, please list

<u>Name</u>	<u>No. of cases</u>	<u>Description</u>
_____	_____	_____
_____	_____	_____

**17. Equipment (Please list the types of laboratory equipment being acquired with grant funds during the reporting period)**

<u>Equipment Name</u>	<u>Quantity</u>	<u>Date</u>		
		<u>Ordered</u> mo day yr	<u>Received</u> mo day yr	<u>Operational</u> mo day yr
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**18. Describe all work activities or areas of interest/concern not reported in the sections above**

**19. Signature of Project Officer** \_\_\_\_\_ **20. Date** \_\_\_\_\_

## **SECTION VI. Coordination Efforts**

It is recognized illicit drug use and distribution are linked to other types of criminal behavior contributing to social problems facing the State of Missouri. These only can be addressed through coordination of efforts and resources at all levels. For this reason, the Missouri Department of Public Safety (DPS) assists in coordinating programs between federal, state, and local law enforcement agencies. For enforcement purposes, departments are strongly encouraged to develop cooperative agreements with federal agencies such as the Drug Enforcement Agency (DEA), Federal Bureau of Investigation (FBI), Bureau of Alcohol, Tobacco, and Firearms, (ATF), U.S. Postal Inspection, U.S. Attorney's Offices, and the National Guard. In addition, every attempt is made by the Department of Public Safety to coordinate CJ/LE programs with other resources coming to the state of Missouri such as High Intensity Drug Trafficking Area (HIDTA), Missouri Sheriff Methamphetamine Relief Team (MOSMART), Residential Substance Abuse Treatment Program (RSAT), Office of State Courts Administrator (OSCA), and Department of Defense Property Program (DOD). These programs are coordinated with the CJ/LE program to prevent duplication of efforts and to build a comprehensive enforcement strategy.

### **Coordinating Programs / Projects:**

#### **1033 Excess Property Program**

We are continuing to see an increase in the number of agencies that are registering to participate in the program, along with an increase the number of agencies that are processing the requests. The local agencies are experiencing financial and manpower cutbacks that have lead to the agencies needing to find alternative means to receive equipment. The electronic screening process for the program has assisted the participating agencies in locating property by means of the Internet based web site for the Defense Reutilization and Marketing Services (DRMS). Once the property is located and approved for the agency to receive, they can now have the property shipped to their agency by a private common carrier, once they have established an account with that carrier. This has greatly reduced the manpower travel time and costs for the agency. More training to the local agencies is needed to continue to increase the number of participating agencies and to increase the number of items requested, which will in turn increase the total dollar amount of property issued.

Due to some re-structuring within the Defense Logistic Agency the Defense Information Systems Agency (DISA) was down sized and the Used Computer Program was moved into the 1033 Excess Property Program. These items range from desktop systems, laptops and docking stations, printers and servers. Due to budget cuts within the State Of Missouri the Department Of Public Safety, Office of the Director, lost the capability to use the Missouri Department Of Corrections Computers For Schools Program to restore the operating systems on the machines. We have gained some manpower assistance from the Missouri National Guard Counter-Drug Program to work in the 1033 Excess Property Program so that we can restore the operating systems at our own Transitional Distribution Center prior to issuing the IT equipment out to the participating local agencies. This equipment is assisting law enforcement agencies in capturing crime statistics data, along with managing records, and inter-agency networking via the Internet.

#### **Local Law Enforcement Block Grant Program**

The Local Law Enforcement Block Grant (LLEBG) Program, which is now supported by Edward Byrne Memorial Justice Assistance (JAG) Program funds, in its ninth year of funding, has become an essential funding mechanism for law enforcement. Requiring as little as 10% match, this program is essential for small law enforcement agencies with limited resources, whose funding requests support the program objective of reducing crime and improving public safety. Originating in the HR728 Local Government Law Enforcement Block Grant Act of 1995, and authorized

under the Omnibus Fiscal Year 1996 Appropriations Act (Public Law 104-134), this program continues to enhance the strategy and efforts of DPS - CJ / LE Program.

During the 2006 / 2007 reporting period, DPS made 123 grant awards to law enforcement agencies across the state. The total award amount for this period was \$761,917.47. Short-term contracts are awarded in amounts up to \$10,000 for purchase of equipment directly related to daily law enforcement functions and officer safety that will enable Missouri law enforcement to meet their local needs. Funds are most commonly used to purchase items such as lightbars, P25 compliant mobile and portable radios, in-car cameras, vehicle cages, flashlights, safety vests, ballistic vests, handcuffs, and trauma kits. The Local Law Enforcement Block Grant contracts, administered by the Missouri Department of Public Safety, are awarded only to law enforcement agencies through their respective city or county.