Missouri
Statistical
Analysis Center

NATURE AND EXTENT OF THE ILLICIT DRUG PROBLEM IN MISSOURI

2011

Department of Public Safety
and
Statistical Analysis Center

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FOREWORD

On behalf of the State of Missouri and the Missouri Department of Public Safety, it is my pleasure to present the results of an analysis of the illicit drug problem in Missouri. This report focuses on three primary issues: illicit drug use, impact of illicit drug use, and the illegal drug industry in the State.

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.”

John M. Britt
Director
Missouri Department of Public Safety

INTRODUCTION

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 illicit drug problem in the State. 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.

A study was conducted by DPS and the Missouri Statistical Analysis Center (SAC) to provide baseline information to evaluate JAG funded programs targeted at illicit drug enforcement and prevention of use. This report provides results of this study and focuses 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 are assessed for marijuana, cocaine / crack cocaine, methamphetamine, heroin / opiates, hallucinogens, and other illicit drug use.

In order to make a statewide assessment of drug use, several analyses were conducted of drug treatment data stored in the Consumer Information Management Outcomes and Reporting (CIMOR)[1] system maintained by the Missouri Department of Mental Health (DMH). This system captures data on clients admitted to fifty-eight State-supported treatment facilities for alcohol and drug abuse dependency problems. As part of the CIMOR data collection effort, drugs which clients abuse (up to three: primary, secondary, tertiary) are captured. Patterns of illicit drug use, demographic profiles of users, and trends were analyzed with CIMOR data. In 2010, 29,922 clients were admitted for treatment of illicit drug use. A total of 46,142 illicit drugs were mentioned by these clients. Of these, 23,109 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[2] maintained by Department of Health and Senior Services (DHSS). This information system captures data on 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 2005 through 2009 where use of illicit drugs was mentioned as part of their diagnosis.

Data from two statewide surveys were also analyzed to identify the extent of drug use in Missouri. The Missouri Department of Elementary and Secondary Education (DESE) High School Drug Survey[3] was used to identify marijuana, cocaine, methamphetamine, and heroin use by Missouri high school seniors. Trends of use were analyzed from 1991 through 2007 for these four drugs. Data collected in a 2006 Prevalence of Drug Use Survey[4] conducted by the Missouri State Highway Patrol was used to identify citizens' perspectives of the extent of the drug problem and their awareness of use by family members, friends, or acquaintances.

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 were analyzed. Drug use also impacts the health care system in Missouri. 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)[5] arrest data. An analysis of DPS' Crime Laboratory Quarterly Report System[6] data describing drug cases processed by Missouri crime laboratories were analyzed to identify the impact criminal justice service agencies. Juvenile Court Information System[7] data describing

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 Department of Corrections (DOC) Offender Management Information System[8] data for clients incarcerated for drug violations. The relationship of crime and drug use was analyzed in a 2002 survey of jail inmates conducted by the Bureau of Justice Statistics[9].

Illicit drugs impact the State's health infrastructure and public health of Missouri citizens. Analysis of DHS hospital admission data[2] describing persons diagnosed with illicit drug-related health problems identified the impact on Missouri's hospital infrastructure. An analysis of Missouri Bureau of AIDS / HIV Prevention[10] data describing 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 contained in the Multi-jurisdictional Drug Task Force (MJDTF) Quarterly Report Information System[11] supported under the Edward Byrne Memorial Justice Assistance Grant (JAG). These reports request information on 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 DPS' Crime Laboratory Quarterly Report System[6]. Data in this system provides 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 the Missouri MJDTF Drug Industry Survey[12] 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 the foreign produced illicit drugs sold in Missouri and trafficked across the State's roadway system. The distribution and point-of-sale drug trafficking was 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 was also placed on research at the federal level to provide additional insights into drug industry problem areas. Most helpful were the National Drug Intelligence Center (NDIC) publications *National Drug Threat Assessment 2009*[13] and *Midwest High Intensity Drug Trafficking Area*[14]. Also, *Street Drugs*[15], 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 these problem areas based on Metropolitan Statistical Areas (MSAs). MSAs are developed by the U.S. Bureau of Census and were 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 which 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 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.

Prior to discussing findings of this assessment, it is worthwhile to describe Missouri's population and geographical characteristics. Missouri covers an area of 68,886 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.

It is estimated Missouri's 2010 population was over 5.9 million. Of the total population, over one-half live in the two largest MSAs, 33.9% in the St. Louis MSA and 19.9% in the Kansas City MSA. Five MSAs contain 16.3% of the population while the Non-MSA regions of the State account for 29.9% 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 2008[16], Missouri citizens were asked to rank several social issues facing the United States. These social concerns were ranked in the following order from most to least problematic: crime, drug abuse, health care, public education, problems relating to economy, homeland defense / security, illegal immigration, alcohol abuse, taking care of needed / elderly, and damage to the environment. The responses were analyzed based on their being ranked as one of the top three problem areas in the nation.

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. The Department of Mental Health[17] provides a list of contacts for place to receive treatment for the above abuses. You can contain this list at http://dmh.mo.gov/docs/ada/TreatmentPreventionProviderDirectory.pdf

Marijuana

Marijuana is one of the most abused drugs in the State. In 2009, the Missouri Department of Health and Senior Services recorded 24,370 illicit drug mentions during admissions of Missouri residents to instate hospitals for medical treatment. In the diagnosis of 5,897 patients, marijuana was mentioned as a factor. Of all illicit drugs diagnosed in 2009, marijuana accounted for 24.2%. It was the third most diagnosed drug associated with statewide hospital admissions in 2009.

Marijuana was the greatest contributing factor to people seeking treatment for illicit drug abuse and dependency. Department of Mental Health states that in 2010, 29,922 clients were admitted to State-supported facilities for use of one or more illicit drugs. A total of 23,109 primary drug mentions were made by these clients. There were 10,269 clients who indicated marijuana contributed to their drug abuse problem. As a result, marijuana accounted for 44.4% 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.

Marijuana is used by all demographic groups in Missouri. Of the 10,269 clients in treatment programs who indicated marijuana as a problem, 73.6% were male and 26.3% were female (Table 1). In addition, 65.0% were Caucasian, 30.1% were African American, and 5.0% were either American Indian or another race. The majority of clients were 17 years of age and older (83.4%) while 16.6% were 16 years of age or younger.

Indications that marijuana is the drug of choice by Missouri's youth compared to other illicit drugs. The

Table 1
Mentions Of Drugs In Drug Treatment Admissions
By Demographic Characteristics Of Clients And Drug Type
2010

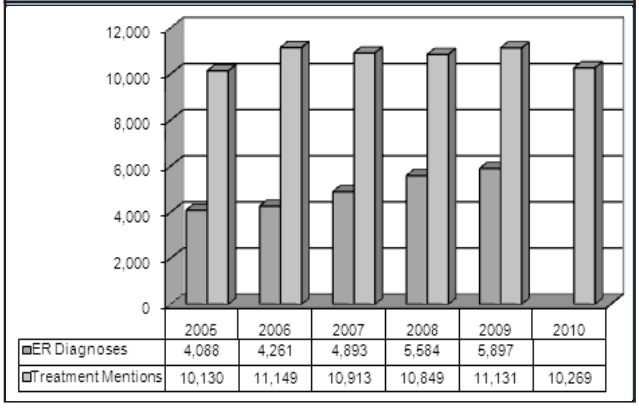
Gender	Marijuana	Cocaine	Methamphetamine	Heroin/Opiates	Hallucinogens
Male	73.6%	60.2%	55.8%	57.6%	54.0%
Female	26.3%	39.8%	44.2%	42.4%	46.0%
Race					
Cauacasian	65.0%	36.1%	95.2%	74.3%	58.6%
African American	30.1%	59.9%	1.5%	23.2%	38.5%
American Indian	0.0%	0.1%	0.3%	0.2%	0.0%
Other	4.7%	3.9%	3.0%	2.3%	2.9%
Age Group					
16 Years & Younger	16.6%	0.8%	1.0%	0.9%	3.6%
17 Years & Older	83.4%	99.2%	99.0%	99.1%	96.4%

average age of clients receiving treatment for illicit drug use in 2010 was 30.5 years. However, for the 10,269 clients with a marijuana problem, the average age was 26.4 years. Clients with a marijuana problem first used it at a younger age than clients first used other illicit drugs. The average age of clients' first use of marijuana was 14.4 years compared to 18.7 years for clients' first use of other illicit drugs.

A statewide survey conducted by the Missouri Department of Public Safety in 2006 indicates that marijuana was perceived by respondents to have the least amount of risk associated with its use compared to other drugs. Of the 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 who 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. The number of persons admitted to hospitals diagnosed with marijuana as a contributing factor has steadily increased since 2005 (Figure 1). Marijuana mentions increased 14.8% from 2006 to 2007, and 14.1% from 2007 to 2008, and 5.6% from 2008 to 2009. An examination of trends of persons seeking treatment in State-supported facilities for primary problems with marijuana indicate use of this drug increased from 2004 through 2006. Treatments of marijuana decreased in 2007 and 2008, but increased in 2009 by 2.6%. There was a 7.7% decrease in 2010 from 2009.

Figure 1
Marijuana Abuse Emergency Room Diagnoses And Treatment Admission Mentions
2005 Through 2010



	2005	2006	2007	2008	2009	2010
ER Diagnoses	4,088	4,261	4,893	5,584	5,897	
Treatment Mentions	10,130	11,149	10,913	10,849	11,131	10,269

A regional analysis was conducted based on hospital inpatients and outpatients receiving treatment for drug abuse in 2009. The greatest number of marijuana mentions given in hospital admissions in 2009 was found to be disproportionately greater in small, urban MSAs and Non-MSAs. Joplin MSA mentioned marijuana most (28.1%), followed by Non-MSA (26.5%), Kansas City MSA (25.0%), St. Louis MSA (23.3%), Springfield MSA (20.0%), Columbia (17.39%), and St. Joseph (16.8%) counties.

Table 2
Proportion Of Missouri High School Seniors Who Used Marijuana In Past 30 Days
1997 Through 2009

1997	**28.0%**
1999	**26.0%**
2001	**24.0%**
2003	**22.0%**
2005	**18.0%**
2007	**19.0%**
2009	**24.2%**

A statewide survey conducted by the DESE substantiates marijuana use by youth. This survey indicated the proportion of Missouri high school seniors who used marijuana in the past 30 days declined from the high of 28% in 1997 to 18% in 2005 but increased again in 2007 to 19.0% An increase also occurred in 2009 with a 24.2% rise from 2007 (Table 2).

Cocaine

According to the National Survey on Drug Use and Health 2009[18] there were 1.6 million current cocaine users ages 12 and older. This is a decrease from 2008 with 1.9 million current cocaine users. In 2006 the estimated user of cocaine was at a high with 2.4 million.

Cocaine is a significantly abused drug in Missouri. In 2009, the DHSS recorded 24,370 illicit drug mentions during medical treatment admissions of Missouri residents to instate hospitals. In the diagnosis of 3,474 patients, cocaine was mentioned as a factor. Of all

illicit drugs diagnosed in 2009, cocaine accounted for 14.3% of the total. It was the second most diagnosed drug associated with statewide hospital admissions in 2009.

Cocaine was a contributing factor for many persons seeking treatment for illicit drug abuse and dependency. Department of Mental Health states that in 2010, 29,922 clients were admitted to State-supported facilities for use of one or more illicit drugs. A total of 23,109 primary drug mentions were made by these clients. Cocaine was indicated by 2,708 clients as a contributor to their drug abuse problem. As a result, cocaine accounted for 11.7% of all primary drug mentions.

A disproportionately high number of females used cocaine compared to other major types of illicit drugs. In 2010, over one-third (39.8%) of the 2,708 clients having a cocaine dependency problem admitted to State-supported treatment programs were female (Table 1). Of the 2,708 clients, 59.9% were African American while 36.1% were Caucasian. Nearly all clients were 17 years of age or older (99.2%). Only 0.8% were 16 years of age or younger.

Compared to other illicit drugs, cocaine is a drug of choice by older adults in Missouri. The average age of clients receiving treatment for cocaine in 2010 was 30.5 years as compared to the 31.4 years for clients receiving treatment for other illicit drugs. In addition, clients with a cocaine problem first used it at an older age than clients first used other illicit drugs. The average age of clients' first use of cocaine was 24.7 years compared to 18.7 years for clients' first use of any illicit drug.

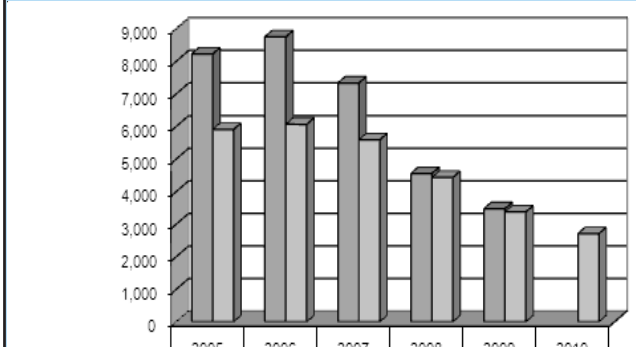
In the statewide survey of prevalence of drug use conducted by the DPS, respondents who have a friend, relative, or acquaintance who uses or sells any illegal drugs, 17.8% know they use or sell cocaine. In addition, 11.9% of the respondents have a friend, relative, or acquaintance who uses or sells crack. The 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 that use of this drug may be on the decline. As seen in Figure 2, the number of persons admitted to hospitals diagnosed with a cocaine problem decreased 16.2% in 2007 (7,332), 37.9% in 2008 (4,555), and 23.7% in 2009 (3,474). The number of people seeking treatment in State-supported facilities for primary problems with cocaine also indicates a trend of decreasing cocaine use. Compared to the previous year, persons seeking cocaine treatment decreased 20.7% in 2008 (4,432), 23.9% in 2009 (3,373), and 19.7% in 2010 (2,708).

A regional analysis conducted of patients obtaining treatment for drug abuse at Missouri hospitals in 2009 found cocaine use to be proportionately greater in large urban MSAs. The greatest proportion of cocaine mentions in hospital admissions was in Columbia MSA counties (27.2%) followed by St. Louis MSA (18.8%) counties. Kansas City MSA counties had the next greatest proportion of cocaine mentions (18.1%) followed by Joplin (7.5), St. Joseph MSA (6.9%), Non-MSA (6.6%), and Springfield MSA (6.3%) counties.

An analysis of cocaine ingestion methods by clients receiving drug abuse treatment in 2010 at State-supported facilities indicated 80.8% smoked cocaine. Of these clients, another 13.0% inhaled it, 3.5% ingested it orally, and 2.7% injected it. Because crack cocaine is typically smoked, these proportions suggest the most common form of cocaine used by clients in treatment was crack cocaine.
A statewide survey conducted by the DESE indicates cocaine is used by a significant proportion of youth. The proportion of Missouri high school seniors who

Figure 2
Cocaine Abuse Emergency Room Diagnoses And Treatment Admission Mentions 2005 Through 2010



	2005	2006	2007	2008	2009	2010
ER Diagnoses	8,225	8,750	7,332	4,555	3,474	
Treatment Mentions	5,907	6,064	5,588	4,432	3,373	2,708

Table 3 Proportion Of Missouri High School Seniors Who Used Cocaine In Past 30 Days 1995 Through 2009	
1995	2.0%
1997	4.0%
1999	7.0%
2001	2.0%
2003	2.0%
2005	2.1%
2007	3.6%
2009	2.4%

used cocaine in the past 30 days increased from 2.0% in 1995 to 4% in 1997 (Table 3). In 1999, the proportion rose significantly to 7.0%, but in 2001 and 2003 it decreased back to 2.0%. The proportion of high school seniors who used cocaine in the past 30 days increased to 3.6% in 2007 and lowered again in 2009 to 2.4%.

Methamphetamine

Methamphetamine and amphetamine are frequently abused in Missouri. A total of 24,370 illicit drug mentions were recorded by the DHSS during admissions of Missouri residents to instate hospitals for medical treatment in 2009. In the diagnosis of 1,839 patients, methamphetamine and amphetamine were mentioned as a factor in 7.6% of all illicit drugs diagnosed in 2009. These drugs were the fourth most diagnosed drugs associated with statewide hospital admissions in 2009.

Methamphetamine and amphetamine were a contributing factor for people seeking treatment for illicit drug use. Department of Mental Health states that a total of 29,922 clients were admitted for use of one or more illicit drugs to State-supported facilities in 2010 and 23,109 primary drug mentions were made by these clients. Methamphetamine and amphetamines contributed to the drug abuse problem of 4,073 clients, or 17.6% of all primary drug mentions.

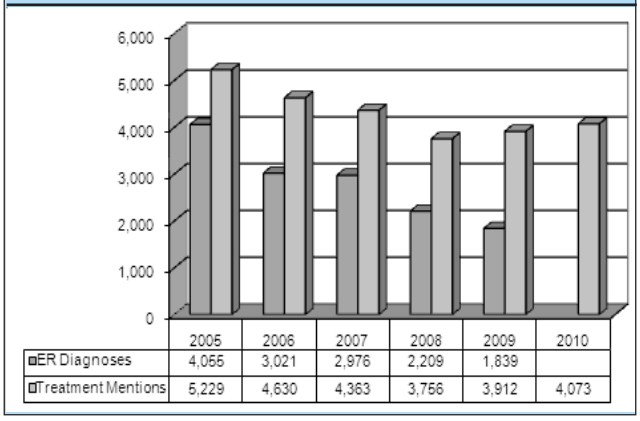
Of the 4,073 clients in treatment programs with methamphetamine or amphetamine problems, 55.8% were male and 44.2% were female (Table 1). Indications are methamphetamine and amphetamines are disproportionately used by Missouri's Caucasian adult population. Of the total clients, 95.2% were Caucasian, 1.5% were African American, and 3.3% were other races. Clients age 17 years and older accounted for 99.0% of all clients.

The average age of people seeking drug treatment for methamphetamine and amphetamine abuse in 2010 was slightly older than the average age of clients receiving treatment for other illicit drugs. The average age of clients receiving treatment for illicit drugs in 2010 was 30.5 years while the average age of clients with a methamphetamine or amphetamine problem was 32.9 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 20.6 years compared to 18.7 years for clients' first use of any illicit drug.

A statewide drug prevalence survey conducted by the DPS indicates methamphetamine is widely abused in Missouri. 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, or great risk physically or in other ways. Of the respondents, 99.0% believe regular methamphetamine use poses a great risk to users.

Methamphetamine and amphetamine use appears to be decreasing. The number of persons admitted to hospitals diagnosed with methamphetamine or amphetamine as a contributing factor declined from 4,055 in 2005 to 3,021 in 2006, a decrease of 25.5% (Figure 3). In the next three years methamphetamine and amphetamine continues to decrease. Use of these drugs decreased 1.5% from 2006 to 2007, followed by a 25.8% decrease in 2008 (2,209), and 16.7%

Figure 3
Methamphetamine Abuse Emergency Room Diagnoses And Treatment Admission Mentions
2005 through 2010



	2005	2006	2007	2008	2009	2010
ER Diagnoses	4,055	3,021	2,976	2,209	1,839	
Treatment Mentions	5,229	4,630	4,363	3,756	3,912	4,073

decrease in 2009. The number of persons seeking primary drug treatment in State-supported facilities also indicates a decrease in the use of methamphetamine and amphetamines in recent years. Admissions decreased 11.5% to 4,630 in 2006, and 13.9% to 3,756 in 2008 (Figure 3). However, in 2009 the number of methamphetamine and amphetamine admissions increased to 3,912, an increase of 4.2%.

A regional analysis of patients obtaining treatment for drug abuse at Missouri hospitals in 2009 indicates the greatest number of methamphetamine mentions given in hospital admissions occurs in small urban MSAs and Non-MSAs. Joplin MSA patients sought treatment for methamphetamine most often (22.9%). Patients in Springfield MSA counties were next (11.9%), followed by patients in Kansas City MSA (11.2%), Non-MSA (10.1%), St. Joseph MSA (9.0%), Columbia MSA (4.4%), and St. Louis MSA (2.1%) counties.

An analysis was conducted of methamphetamine and amphetamine ingestion methods used by clients receiving drug abuse treatment in 2010 at State-supported facilities. Of the 4,073 clients having a problem with these drugs, 43.7% smoked methamphetamine or amphetamines, 40.7% injected the drugs, 10.2% inhaled them, 4.8% took methamphetamine or amphetamine orally, and 0.7% used other ingestion methods.

A statewide survey conducted in 2009 by the DESE indicates 4.8% of Missouri high school seniors have used methamphetamine one or more times during their life.

Heroin / Opiates

Heroin and opiate use is a serious problem in Missouri. In 2009, a total of 24,370 illicit drug mentions were recorded by the DHSS during hospital admissions of Missouri residents for medical treatment. In the diagnosis of 24,370 patients, heroin and opiates were mentioned as factors, and of all illicit drugs diagnosed in 2009, heroin and opiates accounted for 44.5% (10,837). These drugs were the 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. Department of Mental Health states that in 2010, 29,922 clients admitted to State-supported facilities had 23,109 primary drug mentions. Heroin and opiates contributed to the drug abuse problem of 4,955 clients, or 21.4% of all primary drug mentions (Table 1). Of the 4,955 clients in treatment programs with a heroin or opiate problem, 57.6% were male and 42.4% were female. In addition, 74.3% were Caucasian, 23.2% were African American, and 2.5% were American Indian or another race. Clients aged 17 years and older accounted for 99.1% of all clients while those 16 years or younger accounted for 0.9% of all clients. According to the National Institute on Drug Abuse[19], the average age of heroin related deaths is 35. Caucasian males make up the biggest portion of heroin related deaths. Following Caucasian males are African males with the second biggest portion of heroin related deaths.

The average age of clients receiving treatment for heroin or opiates in 2010 was 31.5, only slightly older than that of clients receiving treatment for all drugs (30.5). However, clients with a heroin or opiate problem first used it at a much older age than clients first used other illicit drugs. The average age of clients' first use of heroin or opiates is 22.1 years compared to 18.7 years for clients' first use of all illicit drugs.

A statewide survey of drug use prevalence conducted by the DPS indicates many citizens are aware of persons that abuse heroin. 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. The 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 that use of these drugs has continually increased in recent years. The number of persons admitted to hospitals diagnosed with heroin or opiates as a contributing factor increased, 4.8% in 2007, 20.1% in 2008, and 6.4% in 2009 (Figure 4). The number of persons receiving treatment in State-supported facilities for primary problems with heroin and opiates has also increased in recent years. In 2007, admissions rose 59.5% over 2006 admissions. Heroin and opiate treatments admissions continued to increase in 2008 (+16.7%) and 2009 (+27.4%). The number of persons receiving treatment for heroin or opiates increased 11.7% in 2010 to 4,955.

A regional analysis of persons obtaining illicit drug abuse treatment in 2009 at Missouri hospitals indicated the greatest number of heroin / opiate mentions given in hospital admissions in 2009 occurred in rural Non-MSAs and small urban MSAs. Springfield MSA patients mentioned heroin / opiates most often (50.5%). Patients in St. Louis MSA counties were next (49.9%), followed by Columbia MSA (42.7%), Non-MSA (44.6%), Kansas City MSA (35.9%), Joplin MSA (30.1%), and St. Joseph MSA (26.3%) counties.

Heroin and opiates ingestion methods used by clients receiving drug abuse treatment in 2010 at State-supported facilities were also analyzed. Of the 4,955 clients having a problem with these drugs, 49.5% injected heroin or opiates, 24.2% took the drugs orally, 22.3% inhaled heroin or opiates, 1.3% smoked them, and 2.7% used other ingestion methods.

A statewide survey conducted in 2009 by the DESE indicates a small but significant number of Missouri high school seniors have used heroin one or more times during their life. The proportion of seniors who used heroin increased to 3.1% in 2005 from 1.0% in 2003. This proportion has continued to increase as 4.8% of seniors in 2009 had used heroin one or more times in their lifetime.

Hallucinogens

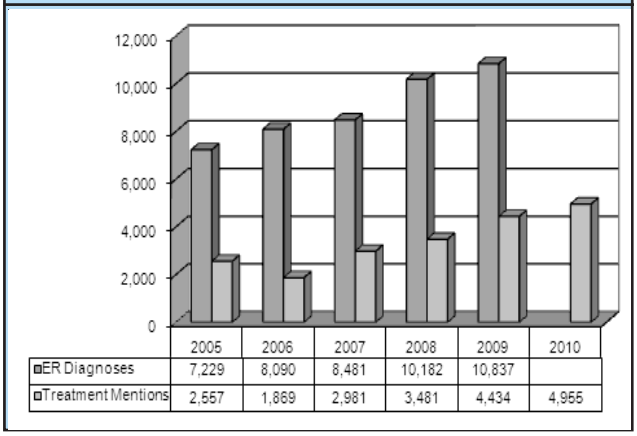
Hallucinogens are abused in Missouri less than other illicit drugs discussed in this section. In 2009, a total of 24,370 illicit drug mentions were recorded by the DHSS during admissions of Missouri residents to instate hospitals. In the diagnosis of 102 patients, hallucinogens were mentioned as a factor. Of all illicit drugs diagnosed in 2009, hallucinogens accounted for 0.4% 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. Department of Mental Health states that in 2010, 23,109 primary drug mentions were made by 29,922 clients admitted for use of one or more illicit drugs to State-supported facilities. Hallucinogens contributed to the drug abuse problem of 589 clients, or 2.5% of all primary drug mentions.

The average age of clients receiving treatment for illicit drugs in 2010 was 30.5 years while the average age of the 589 clients with a hallucinogen problem was 31.3 year. The average age of clients' first use of hallucinogens was 22.2 years compared to the average age of clients' first use of other drugs was 18.7 years.

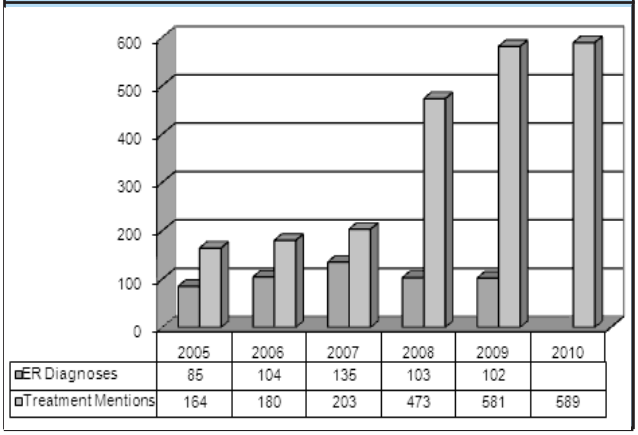
The number of persons admitted to hospitals diagnosed with hallucinogens as a contributing factor has remained fairly constant during recent years, staying around 100 mentions each year (Figure 5). In 2007, however, hallucinogens peaked at 135 mentions. The number of persons admitted to State-supported facilities for treatment of primary problems with hallucinogens began an upward swing in 2006 that has continued through 2010. The greatest increases

Figure 4
Heroin / Opiates Abuse Emergency Room Diagnoses And Treatment Admission Mentions
2005 Through 2010



	2005	2006	2007	2008	2009	2010
ER Diagnoses	7,229	8,090	8,481	10,182	10,837	
Treatment Mentions	2,557	1,869	2,981	3,481	4,434	4,955

Figure 5
Hallucinogens Abuse Emergency Room Diagnoses And Treatment Admission Mentions
2005 Through 2010



	2005	2006	2007	2008	2009	2010
ER Diagnoses	85	104	135	103	102	
Treatment Mentions	164	180	203	473	581	589

have been in the last two years. Compared to each previous year, hallucinogen mentions increased 133% in 2008 (473) and 22.8% in 2009 (581). In 2010 there was another increase of 1.4% (589).

A regional analysis of persons admitted to hospitals for illicit drug problems in 2009 indicated hallucinogen mentions given in hospital admissions in 2009 was found to be about the same in small and large urban MSAs and Non-MSAs. All MSAs recorded less than 1% of all patients admitted to hospitals for mentions of hallucinogens.

An analysis was conducted based on how hallucinogens were ingested by clients receiving drug abuse treatment in 2010 at State-supported facilities. Of the 589 clients having a problem with these drugs, 56.5% orally ingested them, 39.9% smoked them, 1.7% injected them, 1.9% inhaled them, and 0.0% administered these drugs by other means.

Other Illicit Drugs

Other specific illicit drugs are abused in Missouri less than those previously discussed except for hallucinogens. This general group of drugs includes inhalants, sedatives (including barbiturates), and tranquilizers (including benzodiazepines). In 2009, a total of 24,370 illicit drug mentions were recorded by the DHSS during admissions of Missouri residents to instate hospitals. In the diagnosis of 549 patients, drugs in this group were mentioned as a factor, or 2.3% of the total mentions. Barbiturates were mentioned as a factor in the diagnosis of 469 patients, or 1.9%, of all recorded illicit drug mentions.

Drugs in this group were a less significant contributing factor for people seeking treatment for illicit drug use compared to marijuana, cocaine, or heroin and opiates. Department of Mental Health states that in 2010, 23,109 primary drug mentions were made by 29,922 clients admitted for use of one or more illicit drugs to State-supported facilities. These drugs contributed to the abuse problem of 59 clients, or 0.3% of all primary drug mentions.

The number of persons admitted to hospitals diagnosed with illicit drugs as a contributing factor increased from 2005 through 2008 and then deceased in 2009 (Figure 6). Most recently, the number of other drugs diagnosed in hospital admissions decreased 45.2% from 2008 (1,001) to 2009 (549). The number of persons seeking treatment in State-supported facilities for primary problems with these drugs appears to have reached a peak in 2006 and has remained fairly constant since. In 2006, the number of persons seeking treatment for other illicit drugs was 1,034, or 138.2% from 2005. But in 2007 the number of persons seeking treatment decreased 54.0% to 476 mentions. The numbers of persons has remained at similar levels through 2008 (506) and 2009 (526) but decreased by 88.7% in 2010 to 59 mentions.

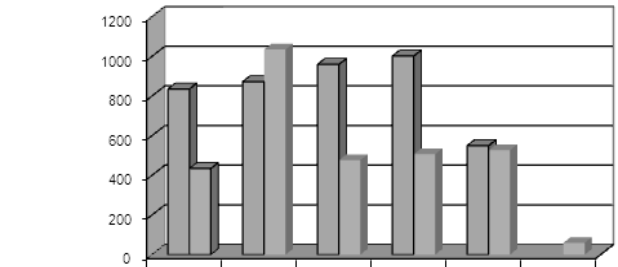
The number of other drug mentions given in hospital admissions in 2009 was found to be disproportionately greater in small MSAs and Non-MSAs. Patients in St. Joseph MSA counties mentioned other drugs most often (36.5%). This was followed by Non-MSA (2.6%), Kansas City MSA (1.9%), Columbia MSA (1.9%), Joplin MSA (1.5%), Springfield MSA (1.2%) and St. Louis MSA (1.0%) counties.

A statewide survey conducted in 2009 by the DESE indicated of all high school seniors, 12.0% had used ecstasy, 4.5% had used illicit steroids, and 9.9% had used inhalants at least once in their lifetime.

IMPACT OF ILLICIT DRUG USE

Illicit drug use has 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

Figure 6
Other Drug Abuse Emergency Room Diagnoses And Treatment Admission Mentions
2005 Through 2010



	2005	2006	2007	2008	2009	2010
ER Diagnoses	836	872	959	1,001	549	
Treatment Mentions	434	1034	476	506	526	59

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 such as AIDS.

Criminal Justice System

Since 2006, drug arrests in Missouri have continued to decrease (Figure 7). In 2007, the number of arrests decreased 12.0% from 2006. This was followed by an 8.4% decrease in 2008 (36,933) and a 2.7% decrease in 2009 (35,949), as compared to each previous year. Likewise, the drug arrest rate has continued to decrease since 2006 (Figure 8). In 2007, the drug arrest rate decreased to 693.7 per 100,000 population, a 12.0% decrease from the previous year. The arrest rates decreased 7.9% in 2008 (638.9) and 3.1% in 2009 (618.9). The arrest rate continued to decrease in 2010 (578.8) by 6.5%.

The number of possession and sale / manufacture drug arrests made by law enforcement agencies is indicative of the demand for illicit drugs. In 2010, 33,349 drug arrests were made by Missouri law enforcement agencies. Of these arrests, 28,542, or 85.6%, were for drug possession. Another 4,807 arrests (14.4%) were for sale or manufacture of drugs.
To support drug enforcement by the criminal justice system, a substantial number of cases were tested by Missouri crime laboratories to identify illicit drugs. An analysis of cases processed by Missouri crime laboratories identifies what proportion of their case

Figure 7
Number of Missouri Drug Offense Arrests
2005 Through 2010

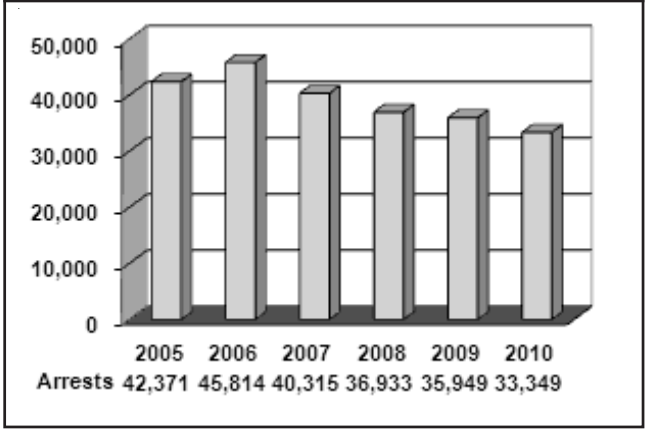
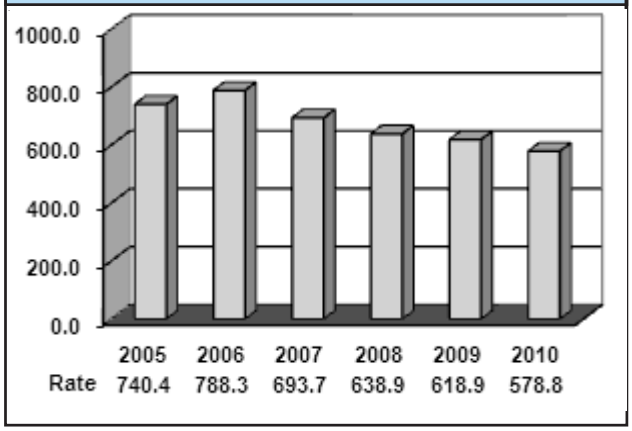


Figure 8
Rate Of Missouri Drug Offense Arrests
Per 100,000 Population
2005 Through 2010



load resulted in detection of illicit drugs. In 2010, 22,319 cases were processed in thirteen State crime laboratories. Of these cases, 20,992 (94.1%) resulted in detection of one or more illicit drugs. In 5.9% of the cases, no tests were made for illicit drugs or, if tests for illicit drugs were performed, none were found. Illicit drug case loads processed by Missouri crime laboratories have fluctuated over the past few years. Crime laboratory cases with identified illicit drugs increased 4.5% in 2004 from 2003 but since have decreased continually. Most recently, the number of cases with identified illicit drugs decreased 5.6% from 2008 to 2009 and has continued to decline in 2010 (Figure 9).

In 2010, 23,162 drug mentions were made in the 22,319 crime laboratory cases which resulted in detection of one or more illicit drugs. Marijuana was the most frequent drug type mentioned, accounting for 37.0% of the total mentions (Figure 10).
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 conducted for juveniles receiving a final court referral disposition. Of the 37,401 disposed referrals in 2009, dangerous drug violations were associated with 2,498, or 6.7% (Figure 11). Of these dangerous drug law violation referrals, 86.7% were associated with possession of dangerous drugs and 13.3% were related to sale and distribution.

Dangerous drug referrals handled by the Missouri juvenile court system fluctuated from 2002 through 2006 but have decreased in the most recent years

(Figure 12). Compared to each previous year, juvenile court referrals decreased 5.7% in 2007 and 9.7% in 2008. However in 2009, the dangerous drug referrals increased 1.1% since 2008. 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 Missouri, a substantial amount of State penal institutions' resources and facilities have been devoted to incarcerating drug law violators. Of the 9,529 custody clients in 2010, 27.0% were incarcerated as a result of being convicted on one or more drug law violations. An examination of trends associated with incarcerating drug law violators indicates a significant decrease of drug law violators since 2007. Incarcerated drug violators decreased 31.5% from 6,153 in 2007 to 2,556 in 2008. The number of violators remained at about the same number in 2009 (2,627) as in 2008. In 2010, there were 2,657 new admissions, just thirty more than in 2009.

Figure 9
Cases Processed By Missouri Crime Laboratories With Identified Drugs
2004 Through 2010

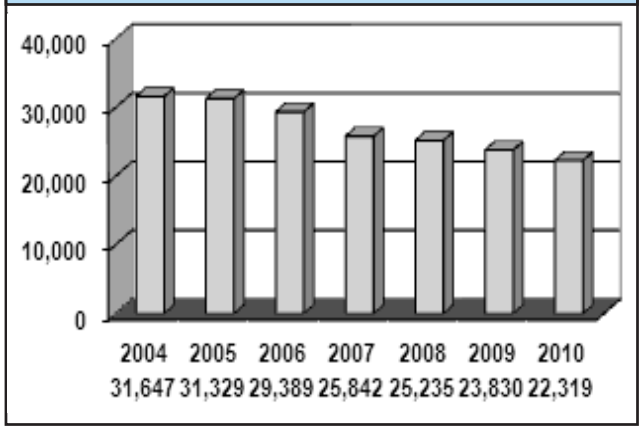
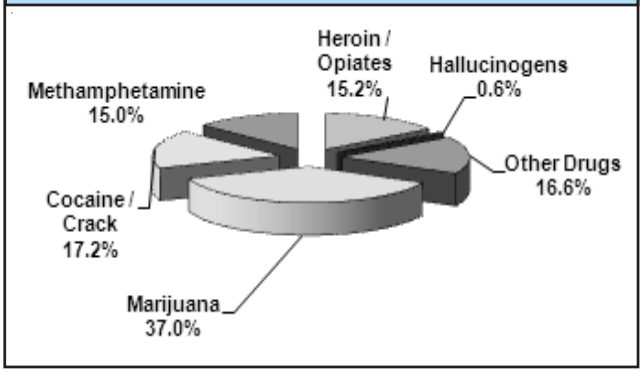


Figure 10
Illicit Drugs Identified In Missouri Crime Laboratory Cases By Drug Type
FY 2010



Health Care System

In many cases, illicit drug use results in adverse physical and psychological reactions causing the person to require medical treatment. To identify the impact on health care in Missouri, an analysis was conducted of data describing hospital admissions for illicit drug diagnoses. Of the 24,370 illicit drugs mention given in hospital admission diagnoses in 2009, heroin / opiate were most frequently mentioned and accounted for 44.5% of the total mentions (Figure 14). The next most frequently mentioned illicit drugs were cocaine (14.2%), marijuana (24.2%), and methamphetamine (7.6%).

To identify trends of the impact the State's health care system, an analysis was conducted on these same data. This analysis indicated that since 2006 the number illicit drug diagnoses in hospital admissions has decreased annually (Figure 15). Drug mentions decreased 1.3% in 2007 and also decreased 4.5% in 2008 as compared to each previous year.

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. During 2010, 43 state-supported agencies operated approximately 260 treatment sites 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.

Figure 11
Missouri Juvenile Court Referrals
2009

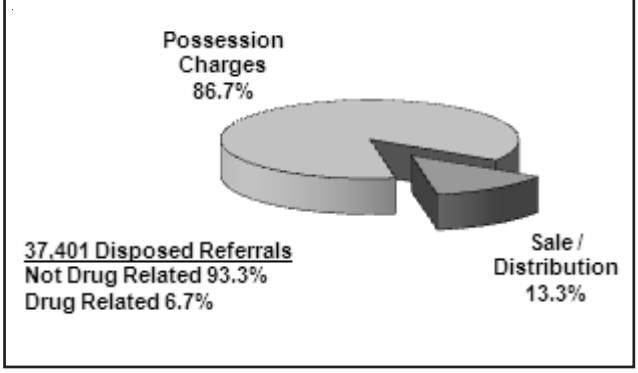


Figure 12
Missouri Juvenile Court Referrals For Drug Related Law Violations
2003 Through 2009

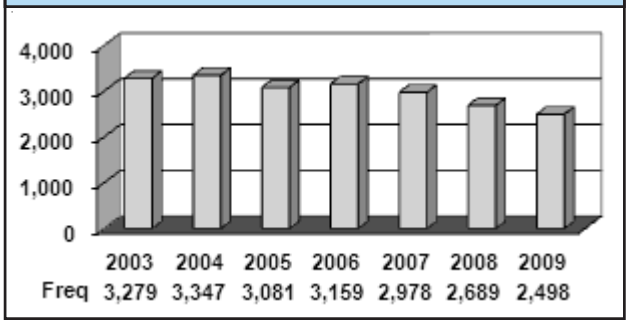
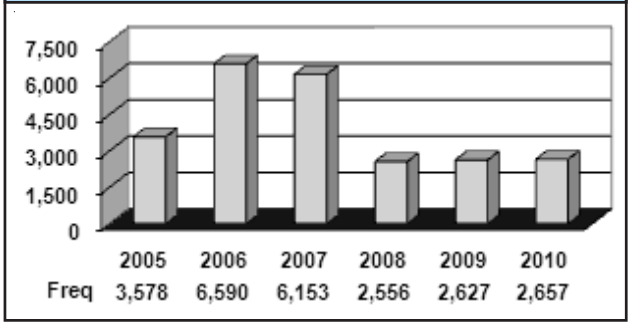


Figure 13
Department Of Corrections Clients Sentenced For Drug Violations
2005 Through 2010



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 can transmit HIV and AIDS as well as a number of other serious diseases such as hepatitis. During 2009, 437 AIDS cases and 277 HIV cases were diagnosed in Missouri where intravenous drug use was suspected as the primary means of infection (Table 4). Another 420 AIDS cases and 218 HIV cases were diagnosed involving both male homosexual activity and drug use via injection.

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 contact 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.

Figure 14
Missouri Hospital Illicit Drug Mentions In Patient Diagnoses By Drug Type
2009

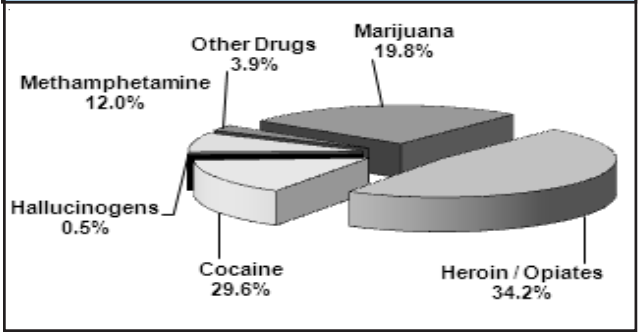


Figure 15
Diagnoses Of Illicit Drug Abuse In Missouri Hospital Emergency Room Admissions
2004 Through 2009

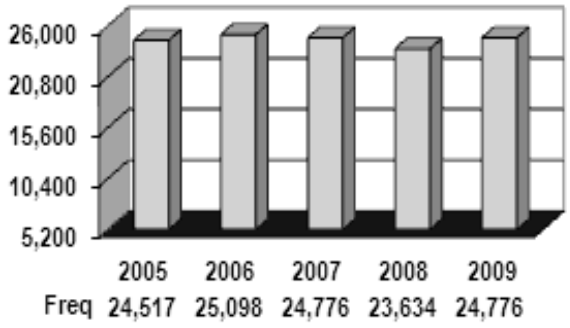


Table 4
HIV / AIDS Cases Contracted By Intravenous Drug Use
2001 Through 2009

Year	IV Drug Use Cases		Homosexual IV Drug Use Cases	
	HIV	AIDS	HIV	AIDS
2001	392	680	265	794
2002	418	739	287	830
2003	422	762	264	844
2004	314	374	209	379
2005	316	390	209	395
2006	315	405	217	399
2007	302	418	220	405
2008	278	436	219	408
2009	277	437	218	420

ILLICIT DRUG INDUSTRY IN MISSOURI

Missouri has a substantial illicit drug industry. It not only supports illicit drug users in the State, but also involves exportation and distribution of illicit drugs on an interstate basis. 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 progress reports. Published federal and state law enforcement agency reports describing State illicit drug industries and results of a 2011 drug industry profile survey sent to multi-jurisdictional drug task forces (MJDTs) were also used.

Illicit drug industries involve manufacturing, cultivating, distributing, and marketing. Of the twenty-seven MJDTF contacts that responded to the 2011 drug industry survey, all stated these industries are a moderate or major problem in Missouri (Table 5). The most problematic drug industry identified in the survey is marijuana point-of-sale. The next two most problematic are methamphetamine production and interstate drug distribution / trafficking. Hallucinogen point-of-sale is the least most problematic drug industry in the State.

Specific industries in Missouri are discussed in this section, including marijuana cultivation; clandestine methamphetamine labs; interstate illicit drug distribution / trafficking; and distribution / point-of-sale illicit drug trafficking.

Marijuana Cultivation

According to the 2009 National Survey on Drug Use & Health[18] marijuana was used by 16.7 million persons in the past month. Marijuana refers to the leaves and flowering buds of cannabis sativa, commonly 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 ditchweed 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 operating outside the harvest area purchase or harvest wild marijuana and use it to dilute more potent varieties.

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 THC and is considered fairly potent. Marijuana varies significantly in its potency, depending on the source and selection of plants. The form of marijuana known as sinsemilla 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

Table 5
Seriousness Of Specific Illicit Drug Industries In Missouri
As Perceived By Multi-Jurisidictional Drug Task Forces
2011

Drug Industry	Major Problem	Moderate Problem	Minor Problem	No Problem
Marijuana Cultivation	3.8%	65.4%	30.8%	0.0%
Methamphetamine Production	73.1%	19.2%	7.7%	0.0%
Interstate Drug Distribution / Trafficking	50.0%	50.0%	0.0%	0.0%
Point-Of-Sale Distribution				
Marijuana	73.1%	26.9%	0.0%	0.0%
Cocaine / Crack Cocaine	32.0%	44.0%	24.0%	0.0%
Methamphetamine	80.8%	19.2%	0.0%	0.0%
Heroin / Opiates	30.8%	34.6%	26.9%	7.7%
Hallucinogens	0.0%	11.5%	76.9%	11.5%
Ecstasy / Designer Drugs	0.0%	30.8%	69.2%	0.0%
Ilicit Pharmaceutical Drugs	61.5%	38.5%	0.0%	0.0%
Crack Cocaine Processing	26.9%	30.8%	34.6%	7.7%

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 but is the predominant variety grown indoors. In 1974, the average THC content of illicit marijuana was less than one percent. For the year 2007 the average THC level contained almost 10 percent. Sinsemilla potency increased in the past two decades from 6% to more than 13%, and 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 2010, a total of 4,008 cultivated marijuana plants were destroyed by multi-jurisdictional drug task forces (Table 6). Historically, few sinsemilla plants are eradicated by MJDTFs but in 2003, 1,318 sinsemilla plants were destroyed.

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-six responding MJDTFs that indicated marijuana cultivation was either a major or moderate problem in their jurisdictions, 77.8% indicated marijuana is grown indoors in their jurisdictional area and 88.9% indicated it was grown outdoors. Much of the outdoor cannabis cultivation in the United States occurs where growers can take advantage of an areas remoteness to minimize the risk of asset forfeiture. The by-products of outdoor marijuana crops 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. Also worth noting is the potential danger of fires that are started to clear timber or ground cover to prepare cultivation sites. Of the MJDTFs indicating marijuana is cultivated outdoors in their jurisdictions, 75.0% reported marijuana is grown on river or stream banks (Table 7). Also, 68.8% reported marijuana is dispersed in natural or undisturbed fields and 56.3% reported marijuana is grown in government forests.

Potentially harmful situations are associated with indoor cultivation sites. Persons are exposed to increased risk of fire or electrocution from rewiring electrical bypasses in grow houses. They may also be exposed to toxic molds found in grow houses due to high levels of humidity. Of the MJDTFs indicating marijuana is cultivated indoors in their jurisdictions, 100.0% stated it is grown in residences, and 71.4% indicated it is grown in garages.

MJDTFs survey responses indicate marijuana is cultivated predominantly by caucasians between the ages of 26 and 35. Of the MJDTFs indicating marijuana cultivation is a major or moderate problem, 94.4% indicated males were involved in this industry, 85.5% indicated caucasians were involved, and 37.2% indicated persons aged 26 through 35 were involved (Table 8).

Of those MJDTFs indicating marijuana cultivation is a major or moderate problem, 55.6% indicated this industry is loosely organized or unorganized (Figure 16).

Table 6
Eradication Of Cultivated And Sinsemilla Marijuana Plants By Multi-Jurisdictional Drug Task Forces Fiscal Years 2003 Through 2010

Year	Cultivated Plants	Sinsemilla Plants
2003	2,606	1,318
2004	1,949	51
2005	4,499	1
2006	6,011	168
2007	2,056	794
2008	2,429	414
2009	10,763	87
2010	4,008	259

Table 7
Location Of Outdoor And Indoor Marijuana Cultivation As Perceived By Multi-Jurisdictional Drug Task Forces 2011

Outdoor Locations	
Natural / Undisturbed Fields	68.8%
Cultivated / Fallow Farmland	50.0%
River / Stream Banks	75.0%
Dispersed In Existing Crops	50.0%
Government Forest	56.3%
Along Railroad Lines	18.8%
Along Roadsides	18.8%
Other	12.5%
Indoor Locations	
Private Residences	100.0%
Garages	71.4%
Barns / Outbuildings	64.3%
Abandoned Buildings	35.7%
Other	7.1%

In over half (55.6%) of the areas served by MJDTFs marijuana cultivation is remaining constant. In other regions, however, those MJDTFs indicating this industry is a major or moderate problem, 44.4% indicate this industry has slightly increased (Figure 17).

Table 8
Demographic Characteristics Of Persons Involved In Marijuana Cultivation As Perceived By Multi-Jurisdictional Drug Task Forces 2011

Gender		
	Male	**94.4%**
	Female	**0.0%**
	Both	**5.6%**
Race		
	Caucasian	**85.5%**
	African American	**2.8%**
	Hispanic	**11.9%**
	Asian	**0.3%**
	Other	**0.3%**
Age Group		
	17 & Under	**1.9%**
	18 - 25	**30.0%**
	26 - 35	**37.2%**
	36 - 50	**25.9%**
	Over 50	**6.0%**

Figure 16
Organization Levels Associated With Marijuana Cultivation As Perceived By Multi-Jurisdictional Drug Task Forces 2011

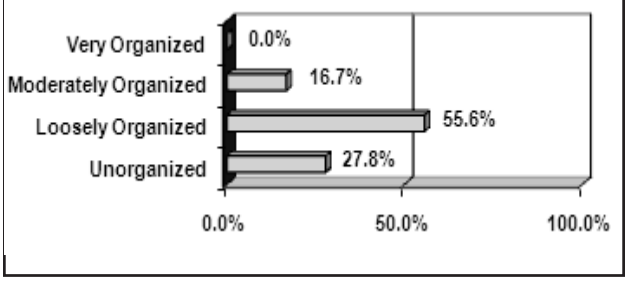
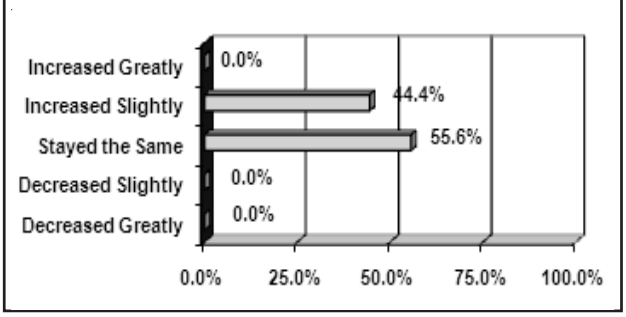


Figure 17
Trends Of Marijuana Cultivation Industry As Perceived By Multi-Jurisdictional Drug Task Forces 2011



Methamphetamine Clandestine Laboratories

Since the late 1990's, 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. 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 methamphetamine is produced using iodine in its place. Another method, known as hypo-reduction, also uses iodine but with hypo-phosphorous acid in place of red phosphorous. This method is particularly dangerous due to the volatility of phosphine gas produced during the reduction process, and many times fires and explosions result. The Birch method utilizes anhydrous ammonia and sodium or lithium metal to reduce ephedrine or pseudoephedrine to produce high grade methamphetamine. This method can yield a finished product in two hours and 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 or pseudoephedrine reduction. Rather, processing of principal chemicals including phenyl-2-propanone, aluminum, methylamine, and mercuric acid yields low quality methamphetamine. This method has been most commonly utilized by outlaw motorcycle gangs. There is another method of making methamphetamine that does not require a heating element or open flame. Ephedrine or pseudoephedrine tablets are crushed and combined with household chemicals and then shaken in a soda bottle. The chemical reaction that produces methamphetamine is known as the Shake and Bake method.

Threats posed by methamphetamine production equate 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 the methamphetamine producers and their family members. Communities are affected by the aftermath and vacated remains associated with these laboratories. It is estimated that every pound of methamphetamine produced results in 5 to 7 pounds of toxic waste that create a severe environmental cost. Dump site chemicals contaminate water supplies, kill livestock, destroy forest lands, and render areas uninhabitable.

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 use of crystal methamphetamine, known as ice, is increasing in the Kansas City area.

From analyses based on multi-jurisdictional drug task force program progress reports, a substantial portion of this industry is centered in both urban and rural MSA regions of the State. During Fiscal Year 2010, 1,449 clandestine methamphetamine laboratories were destroyed by multi-jurisdictional drug task forces in Missouri. Of these, 30.0% were destroyed in St. Louis MSA counties. Another 54.7% of the clandestine methamphetamine labs were destroyed in the non-MSA counties, and 0.3% were destroyed in the Joplin MSA. Kansas City MSA counties accounted for 1.7% of the total destroyed clandestine methamphetamine labs, followed by Springfield MSA (4.7%), St. Joseph MSA (0.3%) and Columbia MSA (1.6%) counties.

In 2010, 1,960 methamphetamine clandestine laboratory seizures or dump sites of chemicals, equipment, or glassware were reported in Missouri. Figure 18 identifies the counties where these seizures occurred. There has been a high concentration of methamphetamine laboratory seizures in the southeast portions of the State as well as in the St. Louis area.

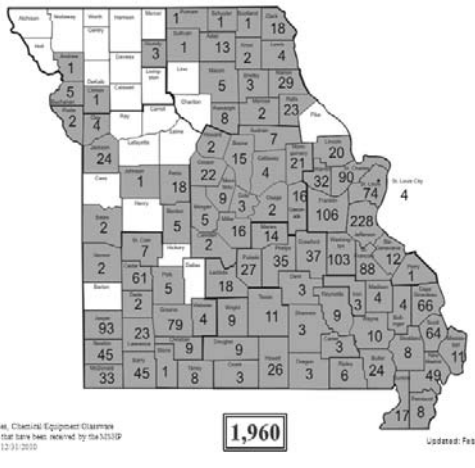
The number of methamphetamine clandestine laboratories seized by the statewide multi-jurisdictional drug task forces decreased from 2004 through 2008 but has shown a general trend of increased use in 2009 and 2010 (Figure 19). Seizures increased 26.4% in 2009 followed by an increase of 20.1% in 2010 as compared to each previous year.

An examination of Missouri crime laboratory case processing data suggests methamphetamine manufacturing has decreased in the State over the past few years. In 2010, Missouri crime laboratories processed only 426 clandestine lab cases in which methamphetamine final product, methamphetamine precursor chemicals, or both final product and precursor chemicals were detected (Table 9). This compares to a total of 1,307 such cases in 2002.

All MJDTFs that perceived this industry to be a major or moderate problem indicated methamphetamine labs are found indoors although 87.5% stated they are found outdoors as well. Several outdoor and indoor locations for methamphetamine laboratories were noted by the MJDTFs responding to the drug industry survey. All task forces indicated methamphetamine labs are found in vehicles (Table 10). Other common outdoor areas indicated by MJDTFs as methamphetamine lab sites are gravel roads and wooded areas or rural fields. All MJDTFs indicated indoor methamphetamine labs are found in single family residences and apartment / condominiums. Task forces also indicated common indoor sites for methamphetamine lab sites are garages, abandoned buildings, and hotels or motels.

Task forces indicated participants in this industry use several methods to produce methamphetamine but most prefer the Birch reduction method. Of the MJDTFs indicating clandestine methamphetamine laboratories are a serious or moderate problem in

Figure 18
Clandestine Methamphetamine Laboratory Seizures
By County And MSHP Troop
2010



their jurisdictions, 91.7% stated that Birch reduction method was the most used (Figure 20). In addition, all task forces indicated that powder methamphetamine is the most popular to produce.

In the 2011 drug industry survey, MJDTFs were asked what types of precursor chemicals are used in clandestine methamphetamine laboratories seized in their jurisdictions. Of the respondents indicating this industry is a major or moderate problem, all indicated ether, camping fuels / liquid, cold capsules / ephedrine, red devil lye and lithium batteries are most commonly used to produce the drug (Table 11).

The sources of precursor chemicals used to process methamphetamine in clandestine laboratories vary. Retail stores and drug stores are the most common source of precursor chemicals according to 95.8% of MJDTFs that indicated methamphetamine production is a major or moderate problem in their jurisdictions (Table 12). Other common sources of precursor chemicals identified by task forces include farm supply stores and chemical warehouses. Portable field tanks (72.7%) are the most common source of anhydrous ammonia identified by task forces with a major or moderate clandestine methamphetamine laboratory problem. Other anhydrous ammonia sources include farm co-ops (50.0%) or it is homemade by methamphetamine cooks (50.0%).

Persons involved in producing methamphetamine are predominately both Caucasian males and females between the ages of 26 and 50. Of the MJDTFs stating this industry is a major or moderate problem in their jurisdictions, 70.8% indicated participants are male, 95.8% indicated participants are Caucasian, and 39.5% indicated their ages range from 26 through 35 (Table 13).

One half of the task forces indicated persons in this industry are loosely organized (62.5%) and may share processing techniques or equipment (Figure 21). Another third (29.2%) of the respondent MJDTFs indicated participants in this industry are somewhat organized.

Figure 19
Clandestine Methamphetamine Laboratories Seized By Multi-Jurisdictional Drug Task Forces FY 2004 Through FY 2010

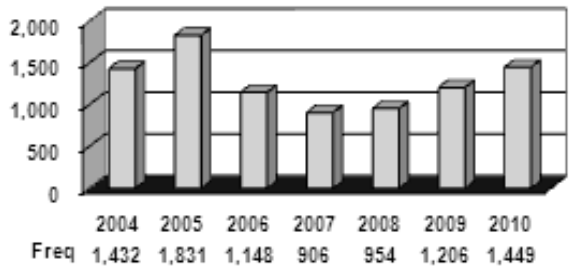


Table 9
Cases With Methamphetamine Products And Precursors Detected By Missouri Crime Laboratories FY 2002 Through FY 2010

Year	Product Only	Precursor Only	Both	Total
2002	414	266	627	1,307
2003	373	190	570	1,133
2004	454	179	539	1,172
2005	417	190	576	1,183
2006	276	179	373	828
2007	109	99	199	407
2008	114	75	245	434
2009	104	93	250	447
2010	142	63	221	426

Table 10
Locations Used For Clandestine Methamphetamine Production As Perceived By Multi-Jurisdictional Drug Task Forces 2011

Outdoor Locations	
Wooded Areas / Rural Fields	90.5%
Campgrounds	38.1%
River Banks / Accesses	76.2%
Farmland	54.2%
Caves	23.8%
Public Parks	47.6%
Gravel Roads	90.5%
Vehicles	100.0%
Government Forest	47.6%
Other	0.0%
Indoor Locations	
Hotels / Motels	83.3%
Workplaces	16.7%
Abandoned Buildings	87.5%
Barns / Outbuildings	79.2%
Garages	91.7%
Single Family Residences	100.0%
Apartments / Condominiums	70.8%
Comercial Storage Unit	29.2%
Other	4.2%

Clandestine methamphetamine production appears to be increasing in most regions of the State (Figure 22). Of the MJDTFs that indicated this industry is a moderate or major problem, over half of the MJDTFs (73.8%) indicated this industry had a recent slight or great increase in growth in their jurisdiction (Figure 22).

Missouri Interstate Distribution Trafficking

Missouri serves as a conduit for transportation of significant amounts of illicit drugs between out-of-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.

Figure 20
Types of Chemical Processing Associated With Methamphetamine Production As Perceived By Multi-Jurisdictional Drug Task Forces 2011

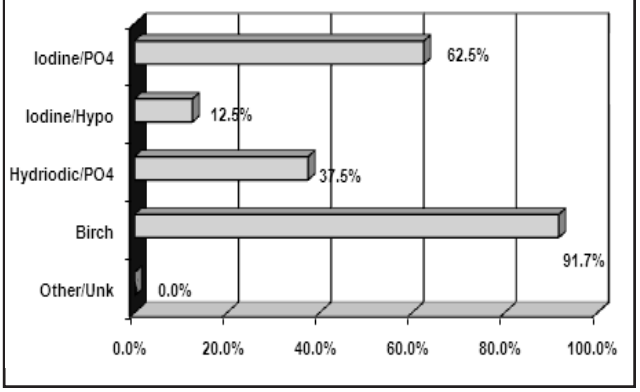


Table 11
Clandestine Methamphetamine Precursor Chemicals As Perceived By Multi-Jurisdictional Drug Task Forces 2011

Precursor Chemicals	
Anhydrous Ammonia	87.5%
Ether / Starting Fluid	95.8%
Liquid Iodine	66.7%
Highway Flares	41.7%
Lithium Batteries	100.0%
Camping Fuels	100.0%
Cold Capsules / Ephedrine	100.0%
Organic Solvent	83.3%
Acids	91.7%
Red Devil Dye	100.0%
Hydrogen Peroxide	62.5%
Ammonia Sulfate	50.0%
Ammonia Nitrate	75.0%

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.

Table 12
Sources Of Methamphetamine Precursor Chemicals As Perceived By Multi-Jurisdictional Drug Task Forces 2011

Precursor Chemical Sources	
Mail Order	4.2%
Catalogs / Farm Supply	66.7%
Stores / Veterinarian	12.5%
Suppliers / Retail	95.8%
Discount Chemical Supply	8.3%
Hardware Warehouse	83.3%
Drug Stores	95.8%
Overseas Pharmaceutical	4.2%
Other	0.0%
Anhydrous Ammonia	
Field Tanks	72.7%
Farm Supply Stores	13.6%
Farm Co-ops	50.0%
Bulk Fertilizer Plants	31.8%
Poultry Processing Plants	0.0%
Imported From Other States	13.6%
Home Made	50.0%
Other	0.0%

Table 13
Demographic Characteristics Of Persons Involved In Clandestine Methamphetamine Production As Perceived By Multi-Jurisdictional Drug Task Forces 2011

Gender	
Male	70.8%
Female	0.0%
Both	29.2%
Race	
Caucasian	95.8%
African American	0.9%
Hispanic	3.1%
Asian	0.4%
Other	0.8%
Age Group	
17 & Under	0.8%
18 - 25	24.0%
26 - 35	39.5%
36 - 50	28.7%
Over 50	6.8%

Figure 21
Organization Levels Associated With Clandestine Methamphetamine Production As Perceived By Multi-Jurisdictional Drug Task Forces 2011

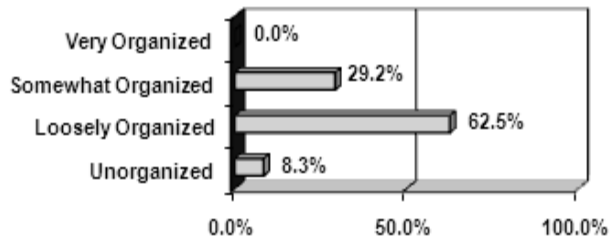


Table 14
Types Of Drugs Transported Across Missouri As Perceived By Multi-Jurisdictional Drug Task Forces 2011

Cocaine / Crack	80.8%
Marijuana	100.0%
Methamphetamine	84.6%
Ecstasy / Designer Drugs	42.3%
Heroin / Opiates	57.7%
Pharmaceuticals	23.1%
Hallucinogens	23.1%
Khat	7.7%

Figure 22
Trends Of Clandestine Methamphetamine Production As Perceived By Multi-Jurisdictional Drug Task Forces 2011

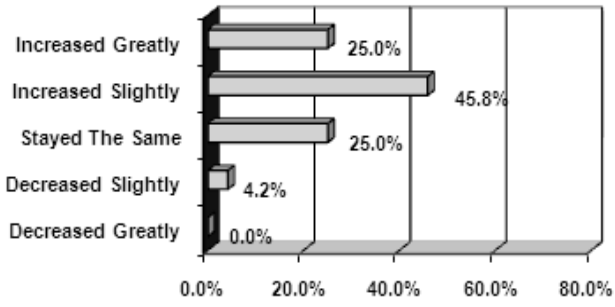


Table 15
Vehicle Types Used To Transport Drugs Across Missouri As Perceived By Multi-Jurisdictional Drug Task Forces 2011

Vehicle Type	
Non Commercial Vehicles	92.3%
Commercial Vehicles	69.2%
Mail Couriers	65.4%
Bus Lines	11.5%
Train Lines	7.7%
Commercial Airlines	3.8%
Private Airlines	3.8%

Marijuana is distributed / trafficked in all MJDTFs jurisdictions (Table 14). Other widely distributed / trafficked drugs identified by task forces were cocaine/crack cocaine (80.8%) and methamphetamine (84.6%).

MJDTFs were asked to identify vehicle types and transportation systems commonly used to transport illicit drugs across the State. Of the MJDTFs indicating interstate drug distribution / trafficking is a major or moderate problem, 92.3% stated drugs are transported by noncommercial vehicles on interstate roadways (Table 15). Other common vehicle types used for drug distribution / trafficking are commercial vehicles (69.2%) and mail couriers (65.4%).

Interstate drug distribution / trafficking is conducted by both males and females of most races and age groups. Of the MJDTFs indicating this industry is a major or moderate problem, 42.3% indicated only males distribute / traffic drugs while 57.7% stated both males and females participate (Table 16). Of the MJDTFs with a moderate or major drug distribution / trafficking problem, 34.2% indicated Caucasians are participants and 37.2% stated Hispanics participate. Of these same MJDTFs, 43.8% indicated persons aged 26 through 35 were most commonly involved in this industry.

Interstate drug distribution is more organized than other illicit drug industries. Of the MJDTFs indicating interstate drug distribution is a major or moderate problem, 80.8% indicated this industry is very or somewhat organized. Also 34.6% of the MJDTFs stated that gangs are involved with interstate drug distribution / trafficking. Street gangs and ethnic / nationalist gangs were most associated with this industry.

According to Missouri drug task forces, interstate drug distribution / trafficking industry may be increasing in the State. Of the MJDTFs that believe this industry is a major or moderate problem in their jurisdictions, over half (53.9%) responded drug distribution / trafficking is slightly or greatly increasing (Figure 23). In addition, 53.8% of the responding

task forces consider the purity of distributed / trafficked drugs to be staying the same while 42.3% believe purities of transported drugs are increasing (Figure 24).

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 for their own consumption. Distribution and point-of-sale trafficking patterns vary by 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.

Table 16
Demographic Characteristics Of Persons Involved In Interstate Drug Distribution / Trafficking As Perceived By Multi-Jurisdictional Drug Task Forces 2011

Gender		
	Male	**42.3%**
	Female	**0.0%**
	Both	**57.7%**
Race		
	Caucasian	**34.2%**
	African American	**28.9%**
	Hispanic	**37.2%**
	Asian	**0.8%**
	Other	**0.8%**
Age Group		
	17 & Under	**2.7%**
	18 - 25	**27.3%**
	26 - 35	**43.8%**
	36 - 50	**21.6%**
	Over 50	**7.8%**

Figure 23
Growth Trends Of Interstate Drug Distribtution / Trafficking As Perceived By Multi-Jurisdictional Drug Task Forces 2011

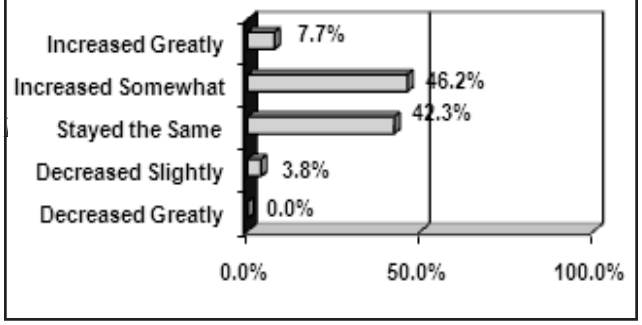
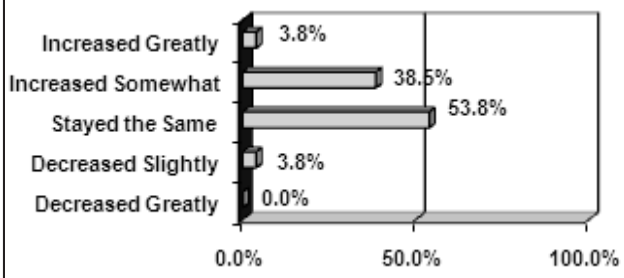


Figure 24
Purity Trends Of Interstate Distribution / Trafficking Drug As Perceived By Multi-Jurisidictional Drug Task Forces 2011



Marijuana

Marijuana is one of the most widely distributed and sold drugs in Missouri. Locally cultivated marijuana provides the bulk of the drug distributed and sold in the State and most traffickers prefer to distribute and sell cultivated marijuana, especially sinsemilla. The NDIC reports marijuana traffickers also distribute and sell bulk quantities of foreign marijuana, primarily grown in Mexico, Colombia, and Jamaica, that is transported from Southwestern United States. Mexican and Colombian marijuana entering southwestern U.S. cities (San Diego and Phoenix) is trafficked to Kansas City and on to other Missouri areas. St. Louis is a destination city for Jamaican marijuana.

Analyses of marijuana quantities seized by multi-jurisdictional drug task forces indicate this industry is substantial and law enforcement efforts to remove the drug are increasing dramatically (Table 17). In Fiscal Year 2008, 375,502 ounces of marijuana were seized compared to 179,389 ounces in Fiscal Year 2007. In Fiscal Year 2010, 177,414 ounces of marijuana were seized. This is a increase of 12.4% from 2009.

All MJDTFs perceive point-of-sale marijuana to be a major or moderate problem in Missouri. Marijuana sales most commonly take place in homes or streets / parking lots. Private residences were identified by 100.0% of the MJDTFs as locations of marijuana sales while 88.0% identified streets / parking lots as locations (Table 18). Sale of marijuana from vehicles was noted by 92.0% of the MJDTFs.

Table 17
Ounces of Drugs Seized By
Multi-Jurisdictional Drug Task Forces
FY 2003 Through FY 2010

Fiscal Year	Marijuana	Cocaine	Crack	Meth	Heroin / Opiates	LSD	PCP	Ecstasy
2003	167,457	5,166	352	2,324	44	24	54	<1
2004	324,671	4,759	414	4,918	223	<1	50	13
2005	176,497	14,598	833	3,059	575	<1	5	36,613
2006	311,138	14,232	5,919	3,200	1,331	8	535	29
2007	179,389	17,968	667	6,721	739	<1	531	202
2008	375,502	14,016	291	508	180	<1	275	38
2009	157,861	5,610	297	2,816	589	19	897	566
2010	177,414	3,235	192	1,895	67	63	569	3

Marijuana point-of-sale distribution is conducted by persons of both sexes and all age groups. Of the MJDTFs indicating this industry is a major or moderate, 41.7% indicated only males were involved (Table 19). These MJDTFs also indicated Caucasians are most commonly involved (47.6%), followed by African Americans (29.7%) and Hispanics (28.4%). Over one third (32.8%) of the responding MJDTFs identified persons aged 18 through 25 as participating in this industry and 36.3% stated persons aged 26 through 35 are involved.

According to Missouri drug task forces, marijuana sale / distribution is organized to some degree in all areas of the State. Of the MJDTFs indicating marijuana point-of-sale distribution is a major or moderate problem, over half (65.2%) indicated sellers were very organized or somewhat organized and another third (34.8%) indicated this industry is loosely organized (Figure 25). However, 88.5% of these MJDTFs indicated gangs are associated with marijuana sale and distribution.

Growth of this industry is increasing in some areas served by MJDTFs but remains constant in others. Of the MJDTFs indicating this industry is a major or moderate problem, over one-half (70.9%) responded marijuana point-of-sale distribution is greatly or slightly increasing (Figure 26).

Cocaine / Crack Cocaine

Cocaine is not produced in any significant amounts in the U. S. Instead, cocaine is extracted from the Erythroxylon bush that grows primarily in Columbia, Peru, and Bolivia. Once extracted from Erythroxylon leaves and processed, cocaine is smuggled overland through Mexico or by sea and air transport along eastern Pacific and western Carib-

Table 18
Location Of Marijuana Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces
2011

Private Residences	100.0%
Streets / Parking Lots	88.0%
Vehicles	92.0%
Hotels / Motels	80.0%
Bars / Nightclubs	68.0%
Work Places	56.0%
Schools / Playgrounds	36.0%

Table 19
Demographic Characteristics Of Persons Involved In
Marijuana Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces
2011

Gender		
	Male	41.7%
	Female	0.0%
	Both	58.3%
Race		
	Caucasian	47.6%
	African American	29.7%
	Hispanic	28.4%
	Asian	0.4%
	Other	0.2%
Age Group		
	17 & Under	7.9%
	18 - 25	32.8%
	26 - 35	36.3%
	36 - 50	22.9%
	Over 50	4.2%

Figure 25
Organization Levels Associated With
Marijuana Point-Of-Sale Distribution
As Perceived By Multi-Jurisidictional Drug Task Forces
2011

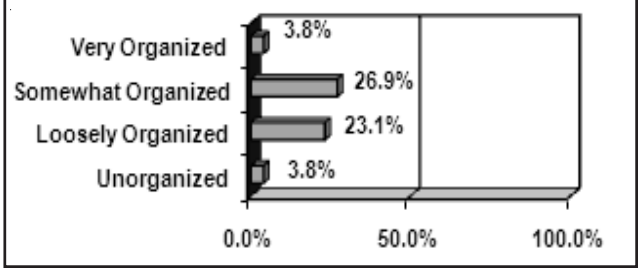
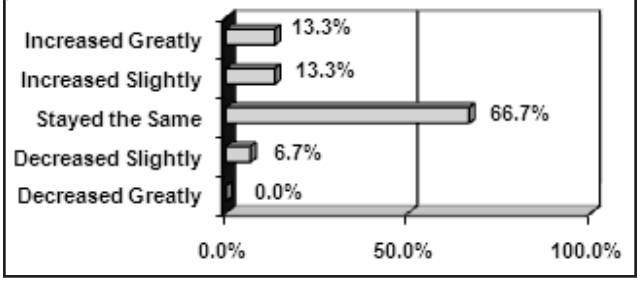


Figure 26
Growth Trends Of Marijuana Point-Of-Sale Distrirbution
As Perceived By Multi-Jurisidcitional Drug Task Force
2011



bean 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 then 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. A large portion of powder cocaine ending up in the Midwest, including Missouri, is distributed from Chicago, Houston, and Phoenix.

Analyses of cocaine quantities seized by multi-jurisdictional drug task forces indicate distribution of this drug is second only to marijuana. In Fiscal Year 2009, task forces seized 5,610 ounces of cocaine (Table 17). Smaller quantities of cocaine were seized by MJDTFs in Fiscal Year 2010 when 3,235 ounces were seized. This is a 42.3% decrease from 2009.

Cocaine distribution / point-of-sale of cocaine and crack cocaine occurs throughout Missouri. Of the MJDTFs that responded to the illicit drug industry survey, nearly all (76.0%) believe this industry is a moderate or major problem in their jurisdictions (Table 5). In the same survey, task forces indicated cocaine / crack are sold at many different locations. Of the MJDTFs indicating this industry was a major or moderate problem, 94.7% identified cocaine / crack sales commonly occur in private residences (Table 20). Other locations are streets / parking lots (94.7%) and from vehicles (84.2%).

Cocaine and crack cocaine are commonly distributed by African American males between the ages of 26 and 35. Of the MJDTFs that indicated these are major or moderate problems in their areas, over two-thirds (65.2%) reported African Americans participate in this industry (Table 21). A little over half of these task forces (56.6%) indicated only males participate, and 38.5% identified participants in this industry are between the ages of 26 and 35.

Cocaine and crack cocaine distribution / point-of-sale trafficking is moderately to well organized in the State. Of the MJDTFs indicating this industry is a major or moderate problem, 64.7% indicated participants are somewhat organized and 17.6% indicated industry participants are very organized (Figure 27).

Many Missouri drug task forces believe cocaine / crack point-of-sale distribution to be increasing in the State. Over a third (44.4%) of MJDTFs respondents to the drug industry survey indicated cocaine and crack cocaine distribution / point-of-sale trafficking is slightly increasing in their jurisdictions while another 16.7% perceived this industry has greatly increased (Figure 28).

Crack is a crystal form of cocaine that can be converted from powder or rock cocaine with heat. Typically, precursor cocaine is heated on stove tops

Table 20
Location Of Cocaine / Crack Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces
2011

Private Residences	**94.7%**
Streets / Parking Lots	**94.7%**
Vehicles	**84.2%**
Hotels / Motels	**68.4%**
Bars / Nightclubs	**42.1%**
Work Places	**26.3%**
Schools / Playgrounds	**10.5%**

Table 21
Demographic Characteristics Of Persons Involved In Cocaine / Crack Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces 2011

Gender	
Male	52.6%
Female	0.0%
Both	47.4%
Race	
Caucasian	24.7%
African American	65.2%
Hispanic	10.0%
Asian	0.8%
Other	0.3%
Age Group	
17 & Under	3.6%
18 - 25	35.7%
26 - 35	38.5%
36 - 50	20.0%
Over 50	2.7%

or in microwave ovens without flammable solvents. Crack processing is typically conducted late in the cocaine distribution process. Of the MJDTFs that indicated cocaine / crack cocaine point-of-sale distribution was a major or moderate problem, 76.0% indicated crack processing was a major or moderate problem in their jurisdictions (Table 5). Of these MJDTFs, 93.3% indicated powder cocaine was the precursor to crack and 20.0% indicated rock cocaine was a precursor.

Crack cocaine processing is most commonly conducted in industry participants' homes. Of the MJDTFs that believe this industry is a major or moderate problem, 100.0% indicated crack processing occurs in single family residence and 80.0% indicated it occurs in apartments or condominiums (Table 22).

In Missouri, cocaine is processed into crack cocaine by young to middle-aged African American males. Of the MJDTFs indicating this industry as a major or moderate problem, 73.3% identified males as participants in crack cocaine processing and 93.7% identified African American participants (Table 23). Nearly one-half (42.7%) of these task forces indicated persons aged 26 through 35 are involved.

Crack processing in Missouri is moderate to well organized according to drug task forces. Of the MJDTFs identifying this industry as a major or moderate problem, 46.7% indicated participants are somewhat organized (Figure 29). These task forces also indicated gangs are involved to some extent in crack processing. Of the MJDTFs indicating this industry is a major or moderate problem, 33.3% stated gangs are involved in crack processing and 100% of the task forces identified street gangs forces to be involved with crack processing.

Crack cocaine processing appears to be increasing in some parts of the State. Of the MJDTFs indicating

Figure 27
Organization Levels Associated With Cocaine / Crack Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces 2011

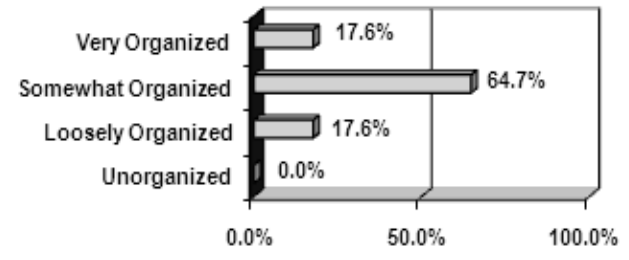


Figure 28
Growth Trends Of Cocaine / Crack Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces 2011

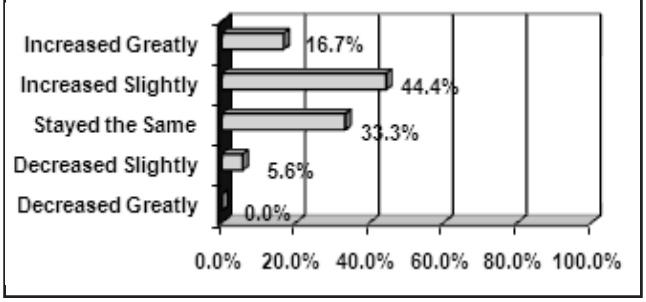


Table 22
Location Of Crack Cocaine Processing As Perceived By Multi-Jurisdictional Drug Task Forces 2011

Single Family Residences	100.0%
Apartments / Condominiums	80.0%
Hotels / Motels	46.7%
Work Places	6.7%
Abandoned Buildings	6.7%
Garages	6.7%

this industry is a major or moderate problem, 66.7% responded it stayed constant while 26.6% of the MJDTFs indicated the industry increased in their jurisdictions (Figure 30).

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 and methamphetamine manufactured in Missouri is distributed regionally and to other parts of the country. Also, the NDIC has reported increasing trafficking of methamphetamine produced in Southern California and Mexico to Kansas City and St. Louis by Mexican criminal groups.

Table 23
Demographic Characteristics Of Persons Involved In Crack Processing
As Perceived By Multi-Jurisdictional Drug Task Forces
2011

Gender		
	Male	**73.3%**
	Female	**0.0%**
	Both	**26.7%**
Race		
	Caucasian	**6.2%**
	African American	**93.7%**
	Hispanic	**1.7%**
	Asian	**0.0%**
	Other	**0.1%**
Age Group		
	17 & Under	**1.1%**
	18 - 25	**44.3%**
	26 - 35	**42.7%**
	36 - 50	**12.2%**
	Over 50	**1.4%**

Figure 29
Organization Levels Associated With Crack Cocaine Processing
As Perceived By Multi-Jurisdictional Drug Task Forces
2011

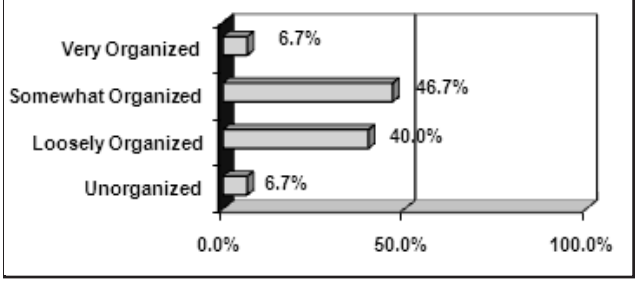
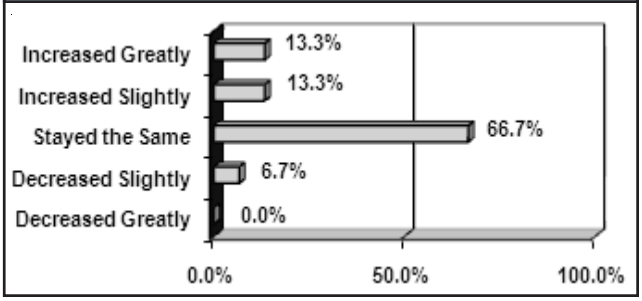


Figure 30
Growth Trends Of Crack Cocaine Processing
As Perceived By Multi-Jurisdictional Drug Task Forces
2011



Analyses of methamphetamine amounts seized by multi-jurisdictional task drug force investigations indicate distribution of this drug is significant in Missouri, but may be decreasing. From Fiscal Years 2003 through 2004, seized ounces of methamphetamine increased from 2,324 to 4,918 but decreased in 2005 and 2006 (Table 17). Seizures of methamphetamine again increased in 2007 when 6,721 ounces was taken. Seized methamphetamine decreased to 508 ounces in 2008 but increased to 2,816 ounces in 2009. Seizures of methamphetamine also decreased in 2010 to 1,895 ounces. Except for 2008, seized doses of pseudoephedrine, a common methamphetamine precursor, have continually decreased since 2004 (Table 24). This decrease is probably a result of State legislation enacted in 2005 that limits purchases of only 9 mg (30 tablets) of pseudoephedrine per month. Seizures of anhydrous ammonia, another precursor of methamphetamine, decreased in 2009 when only 119 gallons were seized compared to 2008 when 3,928 gallons of anhydrous ammonia were seized. Gallons of seized anhydrous ammonia increased in 2010 to 293 gallons.

Methamphetamine point-of-sale distribution is a serious problem in the State. Of all responding MJDTFs, 100.0% stated this industry is a major or moderate problem in their jurisdictions (Table 5). These task forces indicated methamphetamine is distributed at many locations. Of the MJDTFs that indicated this industry is a major or moderate problem, 96.2% identified private residences as point-of-sale locations (Table 25). Other common

Table 24
Doses of Drugs Seized By
Multi-Jurisdictional Drug Task Forces
FY 2003 Through FY 2010

Fiscal Year	Heroin / Opiates	LSD	PCP	Ecstasy	Psuedo Ephedrine	Gallons Anhydrous Ammonia	Other Drugs
2003	246	1,325	0	4,149	655,279	3,251	14,473
2004	73	259	0	17,695	896,015	1,779	10,371
2005	1,569	1,134	82	4,559	67,065	2,114	25,604
2006	1,111	710	40	19,579	48,418	1,631	65,310
2007	1,419	573	215	11,440	10,222	2,205	16,607
2008	983	174	42	13,195	50,957	3,928	11,330
2009	1,249	294	1	20,332	14,009	119	23,964
2010	3,901	805	6	14,305	14,322	293	8,248

methamphetamine distribution locations identified by MJDTFs included sales from vehicles and on streets / parking lots.

Task force survey results indicate Caucasian males and females are typically involved in distributing and selling methamphetamine. Of the MJDTFs indicating this industry is a major or moderate problem, 78.8% indicated participants in this illicit industry were Caucasian (Table 26). These task forces also indicated methamphetamine distributors are typically between the ages of 18 and 35. Of the task forces stating this industry is a major or moderate problem in their jurisdiction, 37.9% stated participants are between the ages of 26 and 35 and 31.9% stated they are aged 18 through 25.

The level of organization associated with methamphetamine point-of-sale distribution in Missouri varies from loosely organized to very organized. Of the MJDTFs identifying this industry as a major or moderate problem, over half (61.6%) indicated participants are somewhat to very organized and (38.5%) indicated participants are loosely organized (Figure 31). Several gangs are involved with this industry according to the surveyed task forces. Of the MJDTFs that responded methamphetamine point-of-sale distribution is a major or moderate problem in their jurisdictions, 60.0% stated motorcycle gangs are involved in this industry. Another 46.7% stated street gangs are involved and 26.7% stated ethic / nationalist gangs participate.

Methamphetamine point-of-sale distribution is increasing throughout the State. Of the MJDTFs indicating this industry is a major or moderate problem, 77.0% noted it has slightly or greatly increase (Figure 32).

Table 25
Location Of Methamphetamine Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces
2011

Private Residences	96.2%
Vehicles	92.3%
Streets / Parking Lots	76.9%
Hotels / Motels	69.2%
Work Places	46.2%
Bars / Night Clubs	57.7%
Schools / Playgrounds	19.2%

Table 26
Demographic Characteristics Of Persons
Involved In Methamphetamine Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces
2011

Gender		
	Male	32.0%
	Female	0.0%
	Both	68.0%
Race		
	Caucasian	78.8%
	African American	3.7%
	Hispanic	19.3%
	Asian	0.0%
	Other	0.2%
Age Group		
	17 & Under	2.5%
	18 - 25	31.9%
	26 - 35	37.9%
	36 - 50	23.5%
	Over 50	5.0%

Figure 31
Organization Levels Associated With Methamphetamine Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces 2011

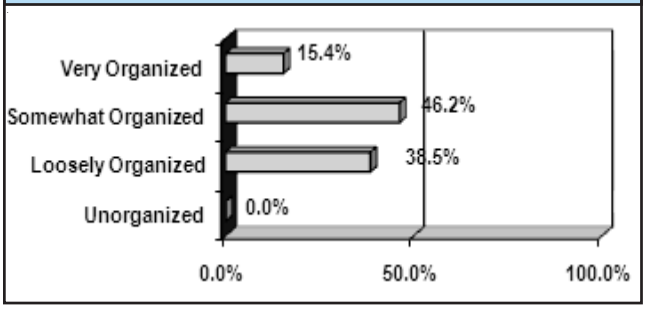
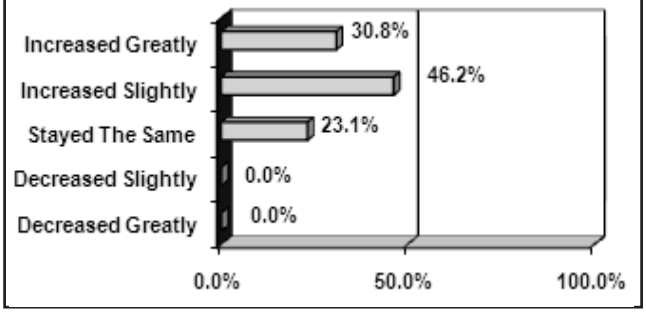


Figure 32
Growth Trends Of Methamphetamine Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces 2011



Heroin / Opiates

Like cocaine, heroin and its derivatives are imported into Missouri for distribution / point-of-sale. Most heroin entering the U.S. originates from South America and Mexico, and is smuggled into the U.S. via ports of entry along the Mexico border. This heroin is then transported directly to U.S. cities for further distribution. Heroin also originates from Southwestern and Southeastern Asia and is usually smuggled into the U.S. east and west coast cities via commercial air carriers. It is then transported to regional distribution centers. Asian heroin entering Missouri generally is distributed from Chicago.

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, or methamphetamine. In Fiscal Year 2010, task forces seized 67 ounces of heroin / opiates (Table 17), a significant decrease from 2009 when 589 ounces of heroin were seized. The greatest amount of heroin recently seized was in Fiscal Year 2006 when 1,331 ounces of heroin / opiates were seized. Doses of heroin seized increased 27.1% from 983 doses in 2008 to 1,249 doses in 2009 (Table 24).

An analysis of industry profiles conducted by multi-jurisdictional drug task forces indicates heroin / opiates distribution and point-of-sale is a problem in specific regions. Of the surveyed MJDTFs, more than half (65.4%) responded this industry is a major or moderate problem (Table 5). Sale of heroin / opiates are limited to several common locations according to the surveyed task forces. Of the MJDTFs that regard this industry as a major or moderate problem, 100.0% indicate sales occur in private residences. These task forces also identified sales commonly occur from vehicles and on streets / parking lots (Table 27).

Persons involved with heroin / opiates point-of-sale distribution are typically whites or blacks over 17 years of age. Of the MJDTFs identifying this industry as a major or moderate problem, 55.6% stated that both males and females were involved (Table 28). In addition, almost half (40.0%) of these task forces indicated Caucasians are involved and half (50.0%) indicated African Americans are involved. Persons aged 18 through 35 were identified as industry participants by 77.9% of the MJDTFs.

Multiple levels of organization are associated with heroin / opiates point-of-sale distribution in Missouri. Of the MJDTFs identifying this industry as a major or moderate problem, 56.3% indicated heroin / opiates point-of-sale distribution is very organized to somewhat organized (Figure 33). Another 37.5% of these MJDTFs stated this industry is loosely organized and 6.3% indicated the industry is unorga-

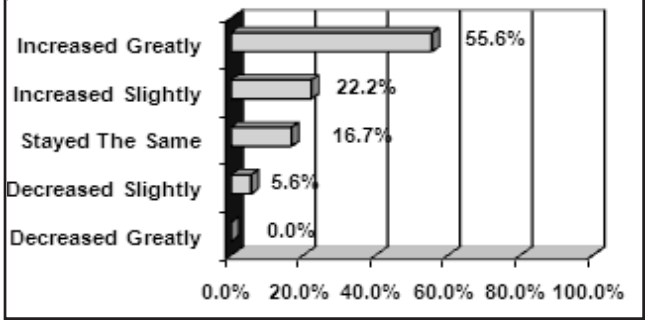
Table 27
Location Of Heroin / Opiates Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces 2011

Private Residences	**100.0%**
Vehicles	**88.9%**
Streets / Parking Lots	**77.8%**
Bars / Night Clubs	**50.0%**
Hotels / Motels	**55.6%**
Work Places	**38.9%**
Schools / Playgrounds	**33.3%**

nized. Street gangs and ethnic / nationalist gangs are involved in this industry according to all MJDTFs with a major or moderate heroin / opiate point-of-sale distribution problem.

Generally this industry is increasing in those areas where it already is a major or moderate problem. Of the MJDTFs indicating heroin / opiates point-of-sale distribution is a major or moderate problem, 77.8% noted the industry has increased (Figure 34). However 16.7% of the MJDTFs indicated the industry remained the same in their jurisdictions.

Figure 34
Growth Trends Of Heroin / Opiates Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces 2011



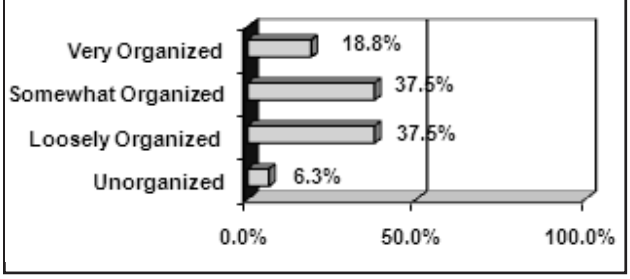
Hallucinogens

LSD (lysergic acid diethylamide) 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. LSD is produced less extensively 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 as well as in liquid, tablet, and powder forms.

Table 28
Demographic Characteristics Of Persons Involved In Heroin / Opiates Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces 2011

Gender		
	Male	**44.4%**
	Female	**0.0%**
	Both	**55.6%**
Race		
	Caucasian	**40.0%**
	African American	**49.9%**
	Hispanic	**9.0%**
	Asian	**0.5%**
	Other	**0.4%**
Age Group		
	17 & Under	**4.8%**
	18 - 25	**39.3%**
	26 - 35	**38.6%**
	36 - 50	**16.0%**
	Over 50	**1.2%**

Figure 33
Organization Levels Associated With Heroin / Opiates Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces 2011



An analysis of LSD and PCP quantities seized by multi-jurisdictional drug task forces indicates distribution of these drugs is not widespread in Missouri. In Fiscal Year 2010, task forces seized 569 ounces of PCP and 63 ounces of LSD (Table 17). The number of doses of hallucinogenic drugs seized by MJDTFs increased in 2010 to 805 doses compared to 294 in 2009, a 173.0% rise (Table 24).

Of the MJDTFs responding to a drug industry survey, only 11.5% identified hallucinogen point-of-sale distribution as a major or moderate problem in their jurisdictions (Table 5). These task forces also stated hallucinogens are sold primarily from private residences, streets / parking lots, and vehicles. Of the MJDTFs with a major or moderate problem with this industry, 100.0% stated hallucinogens are sold from private residences (Table 29).

Hallucinogen dealers are typically younger white males and females. Of the MJDTFs indicating hallucinogen point-of-sale distribution is a major or moderate problem, all stated either males or males

Table 29
Location Of Hallucinogens Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces
2011

Private Residences	100.0%
Vehicles	54.5%
Streets / Parking Lots	36.4%
Bars / Night Clubs	18.2%
Hotels / Motels	18.2%
Work Places	27.3%
Schools / Playgrounds	27.3%

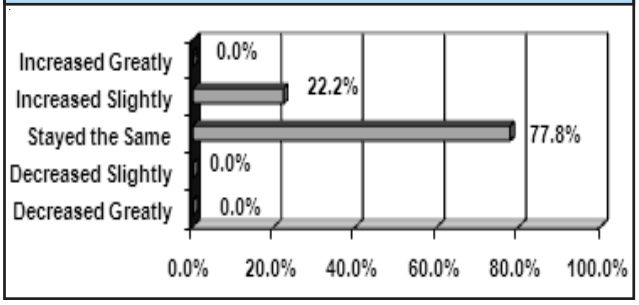
Table 30
Demographic Characteristics Of Persons
Involved In Hallucinogens Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces
2011

Gender	
Male	66.7%
Female	0.0%
Both	33.3%
Race	
Caucasian	83.3%
African American	6.6%
Hispanic	8.3%
Asian	1.6%
Other	0.0%
Age Group	
17 & Under	11.6%
18 - 25	71.7%
26 - 35	15.0%
36 - 50	1.7%
Over 50	0.0%

and females are involved in this industry (Table 30). Nearly all (83.3%) of these task forces indicated industry participants are Caucasian and (71.7%) indicated participants are between the ages of 18 and 25.

Hallucinogens point-of-sale distribution is not widespread in Missouri and loosely organized. Twenty-five percent of the MJDTFs that indicted this industry is a major or moderate problem in their jurisdictions also indicated this industry is somewhat organized. Street gangs were reported to be involved in this industry by 60.0% of these task forces and outlaw motorcycle was identified to be involved by 40.0%. Although it is not known if gang involvement is specific to LSD or PCP point-of-sale distribution, it is conceivable that one gang type is associated with LSD and another with PCP.

Figure 35
Growth Trends Of Hallucinogens Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces
2011



Hallucinogens point-of-sale distribution does not appear to be increasing in Missouri. Of the MJDTFs that indicated this industry is a major or moderate problem, 77.8% responded this illicit industry has remained constant (Figure 35).

Ecstasy

According to the NDIC ecstasy use in the country has increased in recent years. Ecstasy is a stimulant with mild hallucinogenic properties taken orally in tablet or capsule form. According to the DEA, clandestine laboratories in rural areas of the Netherlands and Belgium produce approximately 80 percent of ecstasy consumed worldwide. Other countries where 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 airlines from Europe, Canada, and Mexico. From these U.S. cities, it is distributed to other states by couriers on domestic commercial flights or mail / package services.

An analysis of ecstasy and designer drugs seized by MJDTFs indicates distribution of these drugs is increasing in Missouri. A very large seizure (Table 17) of 36,613 ounces of ecstasy was made in Fiscal Year 2005. In Fiscal Year 2010, only 3 ounces of ecstasy were seized by drug task forces. A large seizure 14,305 doses of ecstasy was made in Fiscal Year 2010 (Table 24). This was an decrease of 29.6% from Fiscal Year 2009 when 20,332 doses of ecstasy was seized.

In an industry profile survey completed by multi-jurisdictional drug task forces, 30.8% of the respon-

dents reported ecstasy was a major or moderate problem in their jurisdictions (Table 5). These task forces also stated that ecstasy is most commonly sold from private residences, vehicles, or streets and parking lots. Of the MJDTFs that stated a major or moderate problem with this industry, 91.7% indicated ecstasy was sold from private residences and 83.3% indicated it was sold from vehicles (Table 31).

Most MJDTFs survey respondents reported ecstasy is distributed by young white adults. Of the MJDTFs indicating ecstasy point-of-sale distribution is a major or moderate problem, (63.6%) identified both males and females as industry participants (Table 32). Over half (63.8%) of these task forces identified Caucasians as participants and 79.3% identified persons aged 25 or younger were involved in ecstasy point-of-sale distribution.

Point-of-sale distribution of ecstasy / designer drugs is not a very organized industry in Missouri. Of the MJDTFs noting this industry as a major or moderate problem, only 11.1% indicated the industry is somewhat organized while 88.9% indicated ecstasy / designer drugs point-of-sale distribution is loosely organized or unorganized (Figure 36). Of the MJDTFs stating this industry is a major or moderate problem in their jurisdictions, 60.0% indicated street gangs were involved, 20.0% identified ethnic / nationalist gangs as participants, and 40.0% stated outlaw motorcycle gangs were involved.

Ecstasy / designer drugs point-of-sale distribution appears to be increasing in Missouri. Over half (72.7%) of the MJDTFs with a major or moderate problem with this industry stated it has remained the same (Figure 37).

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 parts of the State. The NDIC reports the most abused pharmaceutical drugs are illegally obtained from forged prescriptions, improper prescribing, and theft. Pharmaceuticals are increasingly being smuggled from Mexico or obtained from Internet pharmacies supplied by sources in Mexico or other foreign countries. According to the 2008 edition of *Street*

Table 31
Location Of Ecstasy / Designer Drug
Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces
2011

Private Residences	91.7%
Bars / Night Clubs	58.3%
Vehicles	83.3%
Streets / Parking Lots	66.7%
Hotels / Motels	58.3%
Work Places	25.0%
Schools / Playgrounds	25.0%

Table 32
Demographic Characteristics Of Persons
Involved In Ecstasy / Designer Drugs
Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces
2011

Gender		
	Male	36.4%
	Female	0.0%
	Both	63.6%
Race		
	Caucasian	63.8%
	African American	26.3%
	Hispanic	8.7%
	Asian	0.6%
	Other	0.6%
Age Group		
	17 & Under	15.6%
	18 - 25	63.7%
	26 - 35	16.2%
	36 - 50	4.3%
	Over 50	0.0%

Figure 36
Organization Levels Associated With
Ecstasy / Designer Drugs Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces
2011

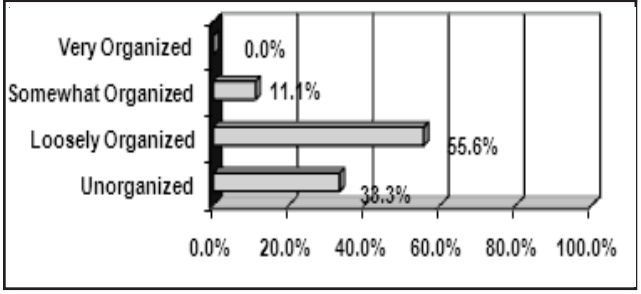
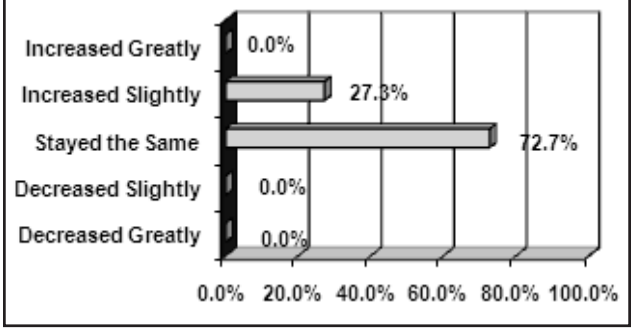


Figure 37
Growth Trends Of Ecstasy / Designer Drugs
Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces
2011



Drugs, a new trend among young people is meeting at parties to exchange prescription medications to experience affects of either one or multiple types of medications.

Illicit use of pharmaceutical drugs is widespread in Missouri. Of the MJDTFs responding to a drug industry survey, 100.0% indicated point-of-sale distribution of pharmaceutical drugs is a major or moderate problem in their jurisdictions (Table 5). In Fiscal Year 2010, 8,248 doses of pharmaceutical drugs were seized by MJDTFs compared to 10,371 doses seized in 2004 (Table 24).

The most commonly abused pharmaceutical narcotic identified by Missouri task forces is OxyContin. Of the task forces that have a major or moderate problem with point-of-sale distribution of pharmaceutical drugs, all identified OxyContin as an abused narcotic (Table 33). The NDIC reports OxyContin is frequently abused as a heroin substitute, and the drug has euphoric effects, mitigates pain, and decreases withdrawal effects associated with heroin abstinence. OxyContin is produced in oral tablets but abusers often crush these to inhale the powder. Tablets also are dissolved in water and injected.

Other narcotics illegally distributed are Vicoden and morphine. Of the task forces with a major or moderate problem with pharmaceutical drugs point-of-sale distribution, 92.0% stated Vicoden is illicitly distributed and over half (56.0%) stated morphine is distributed illegally.

Commonly abused depressants include Xanax and Valium. The euphoric effects of depressants and countering stimulant effects are the primary reasons for illicit use of these drugs. Of the MJDTFs that perceived pharmaceutical point-of-sale distribution as a major or moderate problem, 96.0% indicated Xanax is illegally distributed (Table 33). Valium was identified as an illegally distributed pharmaceutical drug by 76.0% of these task forces.

Stimulants are legitimately prescribed to treat attention disorders, obesity, and narcolepsy. Because these drugs increase concentration, alertness, and energy, they are commonly misused. Adderal, Dexedrine, and Ritalin are the more commonly abused stimulants. A little under half (40.0%) of the MJDTFs that perceived point-of-sale distribution of pharmaceutical drugs as a major or moderate problem also indicated Adderal is illegally distributed (Table

Table 33
Narcotics, Depressants, And Stimulants Associated With Pharmaceutical Drug Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces
2011

Narcotics	
Oxycontin	100.0%
Vicodin	92.0%
Morphine	56.0%
Fentanyl	64.0%
Dilaudid	32.0%
Codeine	32.0%
Methadone	40.0%
Avinza	0.0%
Depressants	
Xanax	96.0%
Valium	76.0%
Seconal	4.0%
Other	12.0%
Stimulants	
Adderal	40.0%
Ritalin	16.0%
Dexedrine	0.0%
Meridia	0.0%
Other	8.0%
Other Pharmaceuticals	
Anabolic Steroid	20.0%
Testosterone	8.0%
Dextromethorphan	0.0%
Viagra	4.0%

33). Ritalin was identified by 16.0% of these task forces as illegally distributed in Missouri.

Locations of point-of-sale of pharmaceuticals occur primarily in homes. All MJDTFs noting this industry as a major or moderate problem identified residences as illegal pharmaceutical sale locations (Table 34). Other pharmaceutical point-of-sale locations include vehicles and streets / parking lots. Of the task forces with a major or moderate problem with this industry, 84.0% indicated illegal sales occur from vehicles and 84.0% stated sales occur on streets / parking lots.

Table 34
Location Of Pharmaceutical Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces
2011

Private Residences	100.0%
Vehicles	84.0%
Streets / Parking Lots	84.0%
Hotels / Motels	60.0%
Work Places	52.0%
Bars / Night Clubs	52.0%
Schools / Playgrounds	56.0%

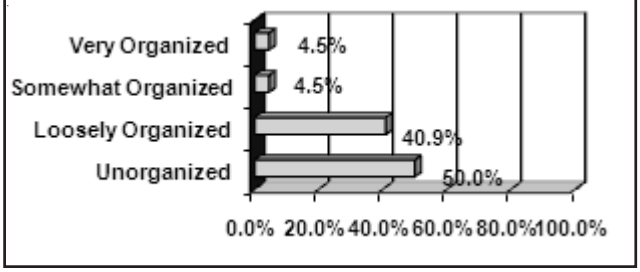
Most distributors of illegal pharmaceutical drugs are white males and females of all ages. Of the MJDTFs noting this industry as a major or moderate problem, 87.5% identified both males and females participate in point-of-sale distribution of pharmaceutical drugs (Table 35). In addition, 76.1% of these task forces noted Caucasians are involved and 59.9% stated persons aged 18 through 35 illegally distribute pharmaceutical drugs.

Table 35
Demographic Characteristics Of Persons
Involved In Pharmaceutical Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces
2011

Gender		
	Male	4.2%
	Female	8.3%
	Both	87.5%
Race		
	Caucasian	76.1%
	African American	15.1%
	Hispanic	7.6%
	Asian	0.8%
	Other	0.2%
Age Group		
	17 & Under	8.5%
	18 - 25	32.1%
	26 - 35	27.8%
	36 - 50	23.3%
	Over 50	8.1%

Point-of-sale distribution of pharmaceutical drugs has two distinct levels of organization in Missouri. Of the MJDTFs that indicated this industry is a major or moderate problem, 50.0% indicated industry participants are unorganized (Figure 38). Another 45.4% of these task forces indicated the industry is somewhat organized or loosely organized. Two gang types appear to be involved in pharmaceutical drug point-of-sale distribution. Of the task forces that indicated this industry is a major or moderate problem, 57.1% indicated involvement by street gang and 28.6% noted ethnic / nationalist and outlaw motorcycle gang involvement. It is not known whether either of these gang types are associated with point-of-sale distribution of a specific pharmaceutical drug.

Figure 38
Organization Levels Associated With
Pharmaceutical Drug Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces
2011

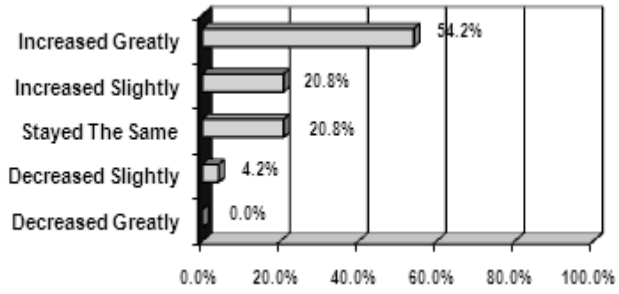


Point-of-sale distribution of pharmaceutical drugs is increasing in most areas of Missouri. Of the MJDTFs indicating this industry is a major or moderate problem, 75.0% noted it is increasing either greatly or slightly (Figure 39).

New Illicit Drugs

Over time new illicit drugs and support industries appear in Missouri. As part of their quarterly progress reports submitted to the DPS, Missouri

Figure 39
Growth Trends Of
Pharmaceutical Drug Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces
2011



crime laboratories are asked to identify new illicit drugs identified in processed cases. From a review of these reports it was determined that several new illicit drugs have become widespread in Missouri. A discussion of these drugs based on NDIC publications follow.

Club Drugs

Club drugs are commonly sold and abused at dance clubs by adolescents and young adults. Included in this new group of drugs are GHB, ketamine, rohypnol, benzylpiperizine (BZP), and TFMPP. Ecstasy, discussed previously, also is considered a club drug.

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 had been added to their drinks by an offender. Once consciousness is regained, victims have no memory of the assault and only a sense they were sexually violated.

With the exception of Xyrem available by prescription, GHB is an illegal substance produced in domestic and foreign laboratories. GHB is known to be produced in Florida, Nevada, Texas, Oregon, and the Midwest. Foreign GHB is produced in Canada, Mexico, Europe, and Israel. Rohypnol is sold legally in several foreign countries including Mexico. Rohypnol is taken orally as tablets or crushed into powder and inhaled nasally or dissolved in liquid for injection.

Benzylpiperizine is often sold as a "dietary supplement", but has no dietary value. Retailers claim that BZP is a "natural" product, describing it as a "herbal high", when in fact it is entirely synthetic and has not been found to occur naturally. BZP is a recreational drug with euphoric stimulant properties. The effect produced by BZP are comparable to those produced by amphetamines.

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., Belgium, China, Colombia, Germany, and Mexico. Because it is very difficult to produce in clandestine laboratories, ketamine is obtained by theft from domestic and foreign veterinary offices or smuggled into the U.S. from Mexico.

Cathinone

Cathinone, also known as khat, 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 plant's limited shelf life. After this time period the leaves turn into cathine, a Schedule IV drug. Ingestion of the drug increases heart rate, blood pressure and reportedly sharpens concentration and increases energy. When chewed in moderation, khat alleviates fatigue and reduces appetite. Immigrants to the U.S. from Somalia, Ethiopia, and Yemen typically use khat casually or as part of religious ceremonies. Other demographic groups have been reported to use the drug and it is expected to become increasingly available. However, because of its less appealing effects and short period of potency, popularity of this drug may be limited.

Salvia

Salvinorin A is a hallucinogen derived from the herb *Salvia Divinorum*, a member of the mint family native to Oaxaca, Mexico. While not native to the U.S., it has been grown indoors and outdoors in Hawaii and California. Salvinorin A is administered by smoking or chewing the plant or by ingesting brewed tea. The plant is typically purchased on the Internet from retailers in California, Hawaii, Mis-

souri, New York, Washington, and Wisconsin. Although the drug is widely available, its popularity is not expected to significantly increase because of its anti-social hallucinogen effects.

Alkyl Nitrates

Alkyl nitrates, or poppers and snappers, are small bottles filled with liquid alkyl nitrates. Once used to ease chest pains or angina, alkyl nitrates are now inhaled recreationally. Unlike other inhalants that act directly on the central nervous system, nitrates act primarily to dialate blood vessels and relax muscles. And while other inhalants are used to alter mood, nitrates are used primarily as sexual enhancers. Some people use viagra along with poppers regardless of the lethal risks associated with this combination of drugs.

K2

K2 is a mixture of herbs and spices that is sprayed with synthetic cannabinoids and is known by several names such as Summit, Standard, and Citron. The mixture is typically smoked which produce effects similar to those of cannabis although it has been reported to have effects more comparable to methamphetamine. Some side effects reported by users include vomiting, rapid heartbeat, dangerous elevated blood pressure and hallucinations. However, K2 has not been tested on humans so all related side effects of the drug are unknown. Although K2 is a legal in most states, Kansas and Missouri have passed legislation to illegalize it. In 2010 the 95th Missouri General Assembly passed House Bill (HB) 1472 that added K2 (1-pentyl-3-(1-naphtholy) indole) to the Schedule 1 controlled substances list.

Mescaline

Mescaline (3, 4, 5-trimethoxyphenethylamine) a substance that is contained from that top of a cactus plant called Peyote (Lophophora williamsi). To obtain this drug cut the top of the cactus plant known as the crown of the cactus. In the crown you will find circle shaped buttons. These's buttons are dried. After the brown circular buttons are dried the drug is consumed by either smoking or chewing the substance. The substance can also be soaked in water creating a intoxicating liquid. The affects of the peyote is usually visual hallucinations. You can also experience a dream like state, laughter and sometimes anxiety. Some side affects to this drug are racing heart, vomiting, headaches, and dizziness. This drug is not physically addictive.

APPENDIX A

MISSOURI REGIONAL COUNTY GROUPINGS

SMSA REGIONS:

St. Louis SMSA:
St. Louis, St. Charles, Franklin, Iron, Jefferson, Reynolds, Ste. Genevieve, St. Francois, Warren, and Washington and St. Louis City

Kansas City SMSA:
Jackson, Platte, Clay, Lafayette, Cass, Bates, Henry, Benton, Vernon, and St. Clair

Columbia SMSA:
Boone, Cole, and Callaway

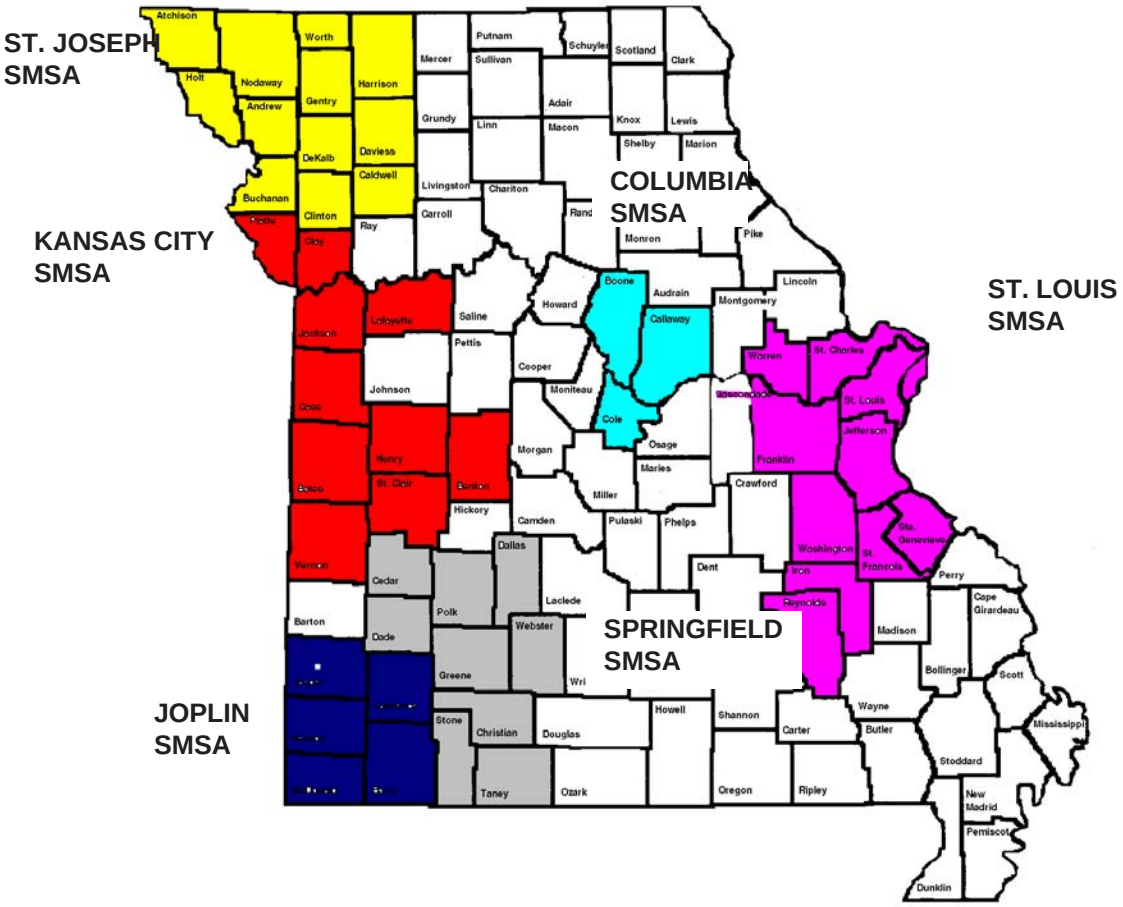
Springfield SMSA:
Greene, Cedar, Christian, Dade, Dallas, Polk, Taney, Stone, and Webster

Joplin SMSA:
Jasper, Lawrence, McDonald, Barry, and Newton

St. Joseph SMSA:
Andrew, Buchanan, Atchison, Daviess, Holt, Nodaway, Worth, Gentry, DeKalb, Clinton, Harrison, and Caldwell

NON-SMSA REGIONS:
Adair, Audrain, Bollinger, Butler, Camden, Cape Girardeau, Carroll, Carter, Chariton, Crawford, Douglas, Dunklin, Gasconade, Hickory, , Howard, Howell, Knox, Laclede, Lewis, Linn, Livingston, Macon, Maries, Marion, Mississippi, Monroe, Montgomery, New Madrid, Oregon, Ozark, Pemiscot, Perry, Pike, Pulaski, Putnam, Ralls, Randolph, Ray, Ripley, Saline, Schuyler, Scotland, Scott, Shannon, Shelby, Stoddard, Sullivan, Texas, Wayne, and Wright

MISSOURI COUNTIES AND
SMSA AND NON-SMSA REGIONS



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