



NATURE AND EXTENT OF THE ILLICIT DRUG PROBLEM IN MISSOURI

2012

**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.”

Jerry Lee
Director
Missouri Department of Public Safety

ACKNOWLEDGMENTS

The Missouri Department of Public Safety and Missouri Statistical Analysis Center developed this publication to provide a comprehensive analysis of Missouri's illicit drug problem to Federal, State, and local criminal justice authorities. Funding for this study was provided to the State by the U.S. Department of Justice, Bureau of Justice Assistance, Edward Byrne Memorial Justice Assistance Grant Program. The Missouri Department of Public Safety, Office of the Director manages distribution of these federal funds. Their assistance and support are greatly appreciated.

Special recognition must be given to Missouri law enforcement officers involved with Multi-jurisdictional Drug Task Forces. Their responses to the 2011/2012 Missouri Illicit Drug Survey and quarterly reports provided to the Missouri Department of Public Safety (DPS) were most valuable to this study. Missouri Crime Laboratory employees also are recognized for their support through quarterly reports submitted to DPS.

Several State agencies provided data to this study: Missouri State Highway Patrol, Uniform Crime Reporting Program; Missouri Department of Mental Health; Missouri Department of Health and Senior Services; Missouri Department of Corrections; Missouri Department of Social Services; and Missouri Department of Elementary and Secondary Education. This study was possible because of their support.

Ronald G. Beck
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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 2011, 29,560 clients were admitted for treatment of illicit drug use. A total of 45,588 illicit drugs were mentioned by these clients. Of these, 22,836 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 System² 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 2006 through 2010 where use of illicit drugs was mentioned as part of their diagnosis.

Data from a statewide survey also were analyzed to identify the extent of drug use in Missouri. The Missouri Department of Elementary and Secondary Education (DESE) High School Drug Survey³ was used to identify marijuana, cocaine, methamphetamine, and heroin use by Missouri high school seniors. Trends of use were analyzed from 1995 through 2009 for these four drugs.

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)⁴ arrest data. An analysis of DPS' Crime Laboratory Quarterly Report System⁵ data describing drug cases processed by Missouri crime laboratories were analyzed to identify the impact on criminal justice service agencies. Juvenile Court Information System⁶ 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 System⁷ data for clients incarcerated for drug violations.

Illicit drugs impact the State's health infrastructure and public health of Missouri citizens. Analysis of DHSS hospital admission data 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 Prevention⁸ 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 System⁹ 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 System⁶. 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 2012 Missouri MJDTF Drug Industry Survey¹⁰ to identify the extent of drug industries. In this survey, representatives or points of contact were requested to identify drug industries causing significant problems in their jurisdictions and to provide detailed profiles on those drug industries considered to be major or moderate problems in their operational area. Seriousness and locations of each industry, demographic characteristics of industry participants, and organization levels were analyzed to assess drug industries in the State. An analysis of marijuana cultivation and methamphetamine clandestine laboratories was conducted to determine the trends and extent of illicit drug production within the State. An analysis of interstate distribution / trafficking was conducted to determine trends and extent of foreign produced illicit drugs sold in Missouri and trafficked across the State's roadway system. 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*¹¹ and *Midwest High Intensity Drug Trafficking Area*¹². Also, *Street Drugs*¹³, a drug identification guide was utilized for invaluable updated drug information.

A 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.

Missouri's 2011 population was estimated by the US Bureau of Census to be over 6.0 million. Of Missouri's 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 17.5% of the population while the Non-MSA regions of the State account for 28.7% 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 2011¹⁴, 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; economy; public education; health care; drug abuse; homeland defense / security; illegal immigration; alcohol abuse; taking care of needy / elderly; and environment damage.

This section contains an assessment of seven types of illicit drugs currently used 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 Health¹⁵ provides a list of contacts and places where treatment is available for the above drug. You can obtain this list at <http://dmh.mo.gov/docs/ada/TreatmentPreventionProviderDirectory.pdf>

Marijuana

Marijuana is one of the most abused drugs in the State. In 2010, the Missouri Department of Health and Senior Services recorded 28,498 illicit drug mentions during admissions of Missouri residents to in-state hospitals for medical treatment. In the diagnosis of 7,309 patients, marijuana was mentioned as a factor. Of all illicit drugs diagnosed in 2010, marijuana accounted for 25.7%. It was the third

most diagnosed drug associated with statewide hospital admissions in 2010.

Marijuana was the greatest contributing factor to people seeking treatment for illicit drug abuse and dependency. Department of Mental Health states that in 2011, 29,560 clients were admitted to State-supported facilities for use of one or more illicit drugs. A total of 22,836 primary drug mentions were made by these clients. There were 10,145 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 10,145 clients in treatment programs who indicated marijuana as a problem, 73.6% were male and 26.4% were female (Table 1). In addition, 65.0% were Caucasian, 30.1% were African American, and 4.7% 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.

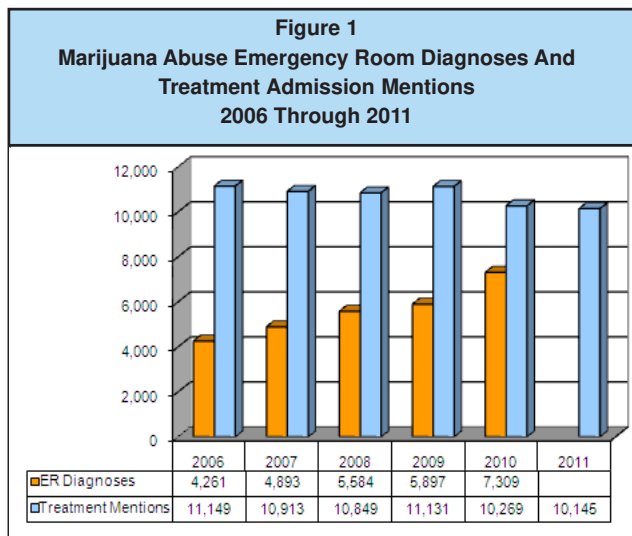
Marijuana seems to be Missouri's youth's drug of choice compared to other illicit drugs. The average age of clients receiving treatment for illicit drug use in 2011 was 30.5 years. However, for the 10,145

Table 1 Mentions Of Drugs In Drug Treatment Admissions By Demographic Characteristics Of Clients And Drug Type 2011					
Gender	Marijuana	Cocaine	Methamphetamine	Heroin/Opiates	Hallucinogens
Male	73.6%	60.0%	55.3%	57.6%	54.0%
Female	26.4%	40.0%	44.7%	42.4%	46.0%
Race					
Caucasian	65.0%	36.1%	95.2%	74.3%	58.1%
African American	30.1%	59.9%	1.5%	23.2%	39.0%
American Indian	0.2%	0.1%	0.3%	0.2%	0.0%
Other	4.5%	3.9%	3.0%	2.4%	2.9%
Age Group					
16 Years & Younger	16.6%	0.7%	1.1%	0.9%	3.8%
17 Years & Older	83.4%	99.3%	98.9%	99.1%	96.2%

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.

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 2006 (Figure 1). Marijuana mentions increased 14.8% from 2006 to 2007, and 14.1% from 2007 to 2008, 5.6% from 2008 to 2009, and increased again by 23.9% in 2010. An examination of trends of persons seeking treatment in State-supported facilities for primary problems with marijuana indicate a decrease from 2006 through 2008. Treatments of marijuana slightly increased in 2009 and then decreased by 7.7% in 2010 and again by 1.2% in 2011.

A regional analysis was conducted based on hospital inpatients and outpatients receiving treatment for drug abuse in 2010. The greatest number of marijuana mentions given in hospital admissions in 2010 was found to be disproportionately greater in small, urban MSAs and Non-MSAs. Kansas City MSA patients mentioned marijuana most often (27.9% of all mentions), followed by patients from Joplin MSA (27.3%), Columbia MSA (27.3%), St. Louis MSA (25.9%), Non-MSA (24.9%), Springfield (20.2%), and St. Joseph (16.9%) counties.



A statewide survey conducted by the DESE substantiates marijuana is often used by youth. This survey indicated the proportion of Missouri high school seniors who used marijuana in the past 30 days declined from 28% in 1997 to 18% in 2005, but increased in 2007 to 19.0%. Marijuana use increased again in 2009 when 24.2% of all high school seniors reported its use in the past 30 days (Table 2).

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%

Cocaine

According to the National Survey on Drug Use and Health 2010, 16.5 million persons aged 12 and older currently use cocaine. This is a decrease from 2009 (1.6 million current cocaine users), 2008 (1.9 million current cocaine users), and 2006 when 2.4 million persons were estimated to be current cocaine users.

Abuse of cocaine is significant in Missouri. In 2010, the DHSS recorded 28,498 illicit drug mentions during medical treatment admissions of Missouri residents to in-state hospitals. In the diagnosis of 3,626 patients, cocaine was mentioned as a factor. Of all illicit drugs diagnosed in 2010, cocaine accounted for 12.7% of the total. It was the second most diagnosed drug associated with statewide hospital admissions in 2010.

Cocaine was a contributing factor for many persons seeking treatment for illicit drug abuse and dependency. The Department of Mental Health states that in 2011, 29,560 clients were admitted to State-supported facilities for use of one or more illicit drugs. A total of 22,836 primary drug mentions were made by these clients. Cocaine was mentioned by 2,679 clients as a contributor to their drug abuse problem, or 11.7% of all primary drug mentions.

A highly disproportionate number of females used cocaine compared to other major types of illicit drugs. In 2011, over one-third (40.0%) of the 2,679 clients having a cocaine dependency problem admitted to State-supported treatment programs were female (Table 1). Of the 2,679 clients, 59.9% were African American while 36.1% were Caucasian. Nearly all clients were 17 years of age or older (99.3%).

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 2011 was 40.9 years as compared to the 30.5 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 24.6 years compared to 18.7 years for clients' first use of any illicit drug.

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), 23.7% in 2009 (3,474) and a 4.3% increase in 2010. A decrease in cocaine use is also seen in trends of the number of people seeking treatment in State-supported facilities for primary problems with cocaine. Compared to previous year, persons seeking cocaine treatment decreased 20.7% in 2008 (4,432), 23.9% in 2009 (3,373), 19.7% in 2010 (2,708), and 1.1% in 2011 (2,679).

A regional analysis conducted of patients obtaining treatment for drug abuse at Missouri hospitals in 2010 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 (22.7%) followed by St. Louis MSA (16.8%) counties. Kansas City MSA counties had the next greatest proportion of cocaine mentions (15.6%) followed by Joplin (4.2%), St. Joseph MSA (6.1%), Non-MSA (6.3%), and Springfield MSA (5.8%) counties.

An analysis of cocaine ingestion methods by clients receiving drug abuse treatment in 2011 at State-

supported facilities indicated 80.6% smoked cocaine. Of all clients, another 13.0% inhaled it, 3.6% ingested it orally, and 2.7% injected cocaine. 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 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%.

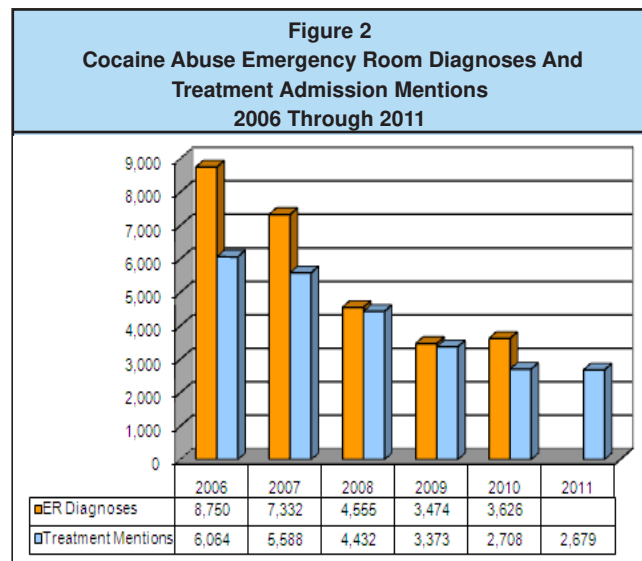


Table 3
Proportion Of Missouri High School Seniors Who Used Cocaine In Past 30 Days 1995 Through 2009

1995	2.0%
1997	4.0%
1999	7.0%
2001	2.0%
2003	2.0%
2005	2.1%
2007	3.6%
2009	2.4%

Methamphetamine

Methamphetamine and amphetamine are frequently abused in Missouri. A total of 28,498 illicit drug mentions were recorded by the DHSS during admissions of Missouri residents to in-state hospitals for medical treatment in 2010. In the diagnosis of 3,217 patients, methamphetamine and amphetamine were mentioned as a factor in 9.9% of all illicit drugs diagnosed in 2010. These drugs were the fourth most diagnosed drugs associated with statewide hospital admissions in 2010.

Methamphetamine and amphetamine were a contributing factor for people seeking treatment for illicit drug use. Department of Mental Health states that a total of 29,560 clients were admitted for use of one or more illicit drugs to State-supported facilities in 2011 and 22,836 primary drug mentions were made by these clients. Methamphetamine and amphetamines contributed to the drug abuse problem of 4,016 clients, or 17.6% of all primary drug mentions.

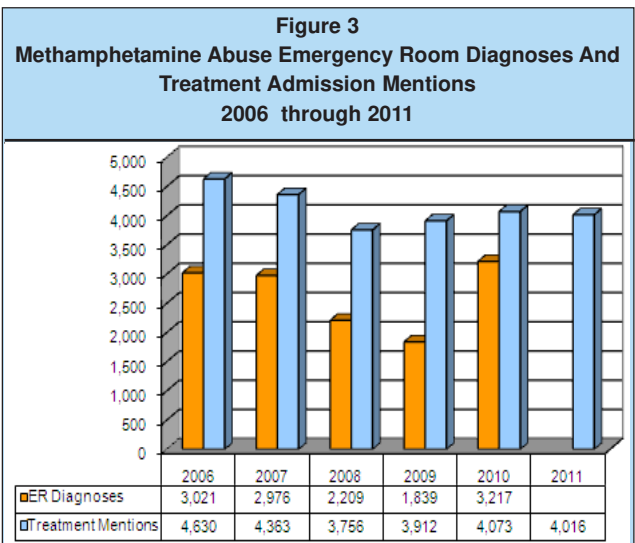
Of the 4,016 clients in treatment programs with methamphetamine or amphetamine problems, 55.3% were male and 44.7% were female (Table 1). Methamphetamine and amphetamines are disproportionately used by Missouri's Caucasian adult population. Of the total clients, 95.2% were Caucasian, 1.5% were African American, and 3.3% were other races. Clients age 17 years and older accounted for 98.9% of all clients.

The average age of people seeking drug treatment for methamphetamine and amphetamine abuse in 2011 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 2011 was 30.5 years while the average age of clients with a methamphetamine or amphetamine problem was 33.0 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.

Methamphetamine and amphetamine use appears to be decreasing in Missouri. The number of persons admitted to hospitals diagnosed with methamphetamine or amphetamine decreased 1.5% from 2006 to 2007, followed by a 25.8% decrease in 2008 (2,209), a 16.7% decrease in 2009 and an increase by 96.3% in 2010. The number of persons seeking primary drug treatment in State-supported facilities for methamphetamine and amphetamine has fluctuated in recent years. Admissions decreased 13.9% to 3,756 in 2008 (Figure 3). But in 2009 the number of methamphetamine and amphetamine admissions increased 4.2% to 3,912, and 4.1% in 2010 to 4,073. This number then decreased 1.4% in 2011 to 4,016 admissions.

A regional analysis of patients obtaining treatment for drug abuse at Missouri hospitals in 2010 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 (24.6%). Patients in Springfield MSA counties were next (20.5%), followed by patients in Kansas City MSA (17.2%), Non-MSA (16.2%), St. Joseph MSA (12.4%), Columbia MSA (7.8%), and St. Louis MSA (2.6%) counties.

An analysis was conducted of methamphetamine and amphetamine ingestion methods used by clients receiving drug abuse treatment in 2011 at State-supported facilities. Of the 4,016 clients having a problem with these drugs, 43.2% smoked methamphetamine or amphetamines, 40.3% injected the drugs, 10.0% inhaled them, 5.8% 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 2010, a total of 28,498 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 2010, heroin and opiates accounted for 45.8% (13,052). These drugs were the most diagnosed drugs associated with statewide hospital admissions in that year.

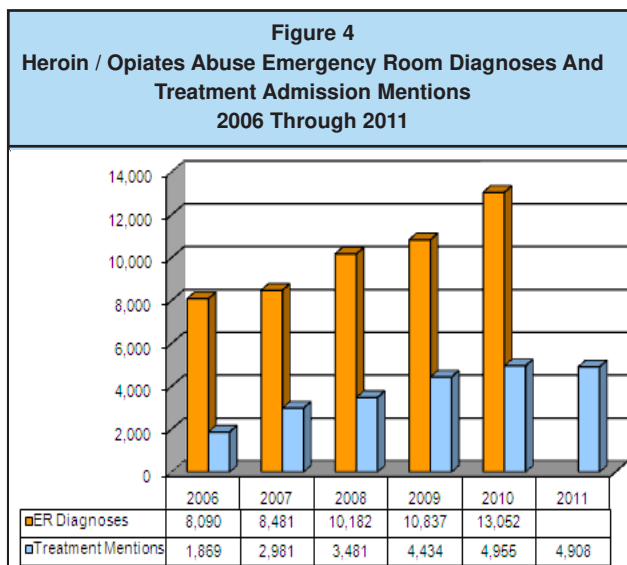
Heroin and opiates also were a significant contributing factor for people seeking treatment for illicit drug use. The Department of Mental Health states that in 2011, 29,560 clients admitted to State-supported facilities had 22,836 primary drug mentions. Heroin and opiates contributed to the drug abuse problem of 4,908 clients, or 21.5% of all primary drug mentions (Table 1). Of the 4,908 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 2.6% were American Indian or another race. This agrees with results reported by the National Institute on Drug Abuse¹⁹, which indicates Caucasian males make up the biggest portion of heroin related deaths, followed by African American males. DMH data also shows clients aged 17 years and older accounted for 99.1% of all clients while those 16 years or younger accounted for just 0.9% of all clients. This also agrees with National Institute on Drug Abuse analyses that indicates the average age of heroin related deaths is 35.

The average age of clients receiving treatment for heroin or opiates in 2011 was 31.4, 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.

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, 6.4% in 2009, and 20.4% in 2010 (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 treatment admissions again increased 16.7% in 2008, 27.4% in 2009, and 11.7% in 2010. In 2011 however, the number of persons receiving treatment for heroin or opiates decreased less than 1% to 4,908.

A regional analysis of persons obtaining illicit drug abuse treatment in 2010 at Missouri hospitals indicated the greatest number of heroin / opiate mentions given in hospital admissions in 2010 occurred in the St. Louis MSA counties where patients mentioned heroin / opiates most often (52.8%). Patients in Springfield MSA counties were next (48.1%), followed by Non-MSA (47.1%), Columbia MSA (39.8%), Joplin MSA (39.5%), Kansas City MSA (33.7%), and St. Joseph MSA (28.3%) counties.

Heroin and opiates ingestion methods used by clients receiving drug abuse treatment in 2011 at State-supported facilities also were analyzed. Of the 4,908 clients having a problem with these drugs, 49.4% injected heroin or opiates, 24.3% took the drugs orally, 22.4% inhaled heroin or opiates, 1.2% 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 of seniors that have used heroin in their lifetime increased to 4.8% in 2009.

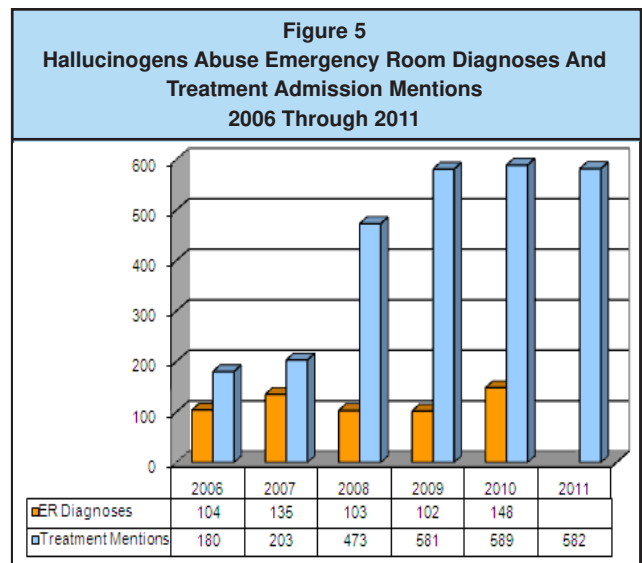
Hallucinogens

Hallucinogens are abused in Missouri less than other illicit drugs discussed in this section. In 2010, a total of 28,498 illicit drug mentions were recorded by the Department of Health and Senior Services during admissions of Missouri residents to instate hospitals. Hallucinogens were mentioned as a factor in the diagnosis of 148 patients, or 0.5% of all illicit drug mentions in 2010 hospital admissions. These drugs were the least diagnosed drugs associated with statewide hospital admissions.

Hallucinogens were a minor contributing factor in people seeking treatment for illicit drug use compared to other drugs. The Department of Mental Health reported in 2011 that 22,836 primary drug mentions were made by 29,560 clients admitted for use of one or more illicit drugs to State-supported facilities. Hallucinogens contributed to the drug abuse problem of 582 clients, or 2.5% of all primary drug mentions.

The average age of clients receiving treatment for illicit drugs in 2011 was 30.5 years while the average age of the 582 clients with a hallucinogen problem was 31.2 years. The average age of clients' first use of hallucinogens was 22.1 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 to drug abuse has remained fairly constant during recent years, remaining around 100 mentions each year (Figure 5). In 2010, however, hallucinogens peaked to 148 mentions. The number of persons admitted to State-supported facilities for treatment of primary problems with hallucinogens began an upward swing in 2006 and has continued through 2010. The greatest increases were in the last two years. Compared to each previous year, hallucinogen related admissions increased 133% in 2008 (473) and 22.8% in 2009



(581). In 2010 the number of hallucinogen admissions only increased by 1.4% (589) and in 2011 they decreased by 1.2% (582).

A regional analysis of persons admitted to hospitals for illicit drug problems in 2010 indicated hallucinogen mentions given in hospital admissions was nearly the same in all MSA types. Only 1% of all drug mentions by patients admitted to hospitals was recorded in each MSA.

An analysis was conducted on how hallucinogens were ingested by clients receiving drug abuse treatment in 2011 at State-supported facilities. Of the 582 clients having a problem with these drugs, 56.4% orally ingested them, 40.0% smoked hallucinogens, 1.7% injected these drugs, and 1.9% inhaled them.

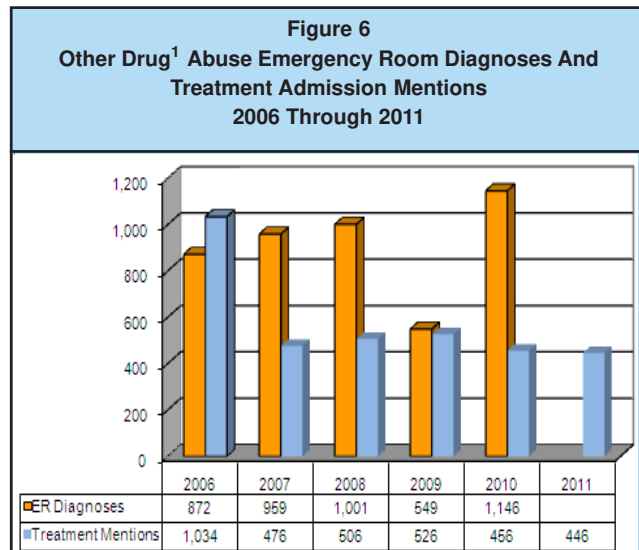
Other Illicit Drugs

Other specific illicit drugs including inhalants, sedatives, barbiturates, tranquilizers, and benzodiazepines are abused in Missouri less than those previously discussed except for hallucinogens. In 2010, a total of 28,498 illicit drug mentions were recorded by the DHSS during admissions of Missouri residents to instate hospitals. In the diagnosis of 1,146 patients, drugs in this general group were mentioned as a factor, or 2.2% of the total mentions. Barbiturates were mentioned as a factor in the diagnosis of 488 patients, or 1.7%, 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. The Department of Mental Health states that in 2011, 22,836 primary drug mentions were made by 29,560 clients admitted for use of one or more illicit drugs to State-supported facilities. These drugs contributed to the abuse problem of 446 clients, or 1.9% of all primary drug mentions.

The number of persons admitted to hospitals diagnosed with illicit inhalants, sedatives, barbiturates, tranquilizers, or benzodiazepines as a contributing factor to their medical problem increased from 2006 through 2008, then decreased in 2009, followed by an increase of 108.7% in 2010 (Figure 6). Most recently, the number of these 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 inhalants, sedatives, barbiturates, tranquilizers, and benzodiazepines was 1,034, but decreased 54.0% to 476 mentions in 2007. The number of persons has remained at similar levels through 2008 (506) and 2009 (526) but decreased by 31.2% in 2011 to 446 mentions.

The number of other drug mentions given in hospital admissions in 2010 was found to be disproportionately greater in small MSAs and Non-MSAs. Of all illicit inhalant, sedative, barbiturate, tranquilizer, or benzodiazepine mentions in 2010, 36.1% were made by patients admitted to hospitals in St. Joseph MSA counties. This was followed by Non-MSA (5.0%), Springfield MSA (4.8%), Kansas City MSA (4.6%), Columbia MSA (1.6%), St. Louis MSA (1.5%) and Joplin MSA (0.4%) counties.



¹ Includes inhalants, sedatives, barbiturates, tranquilizers, and benzodiazepines

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 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), a 2.7% decrease in 2009 (35,949), a 7.2% decrease in 2010 (33,349), and a 17.8% decrease in 2011 (27,426). 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 rate 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% and again in 2011 by 17.7% (476.1).

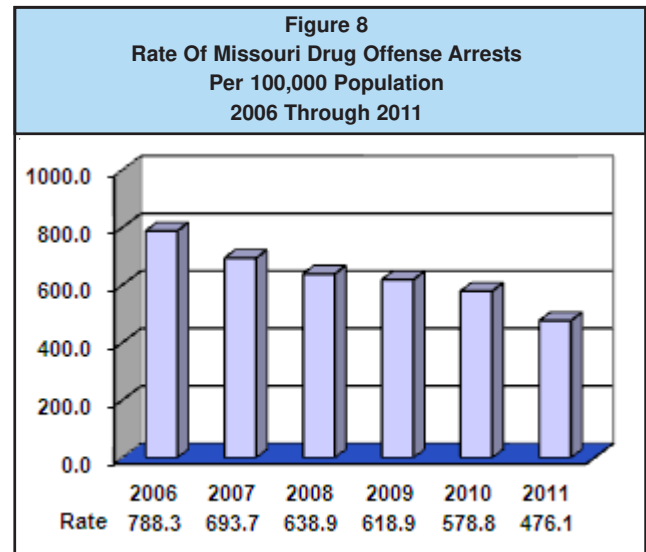
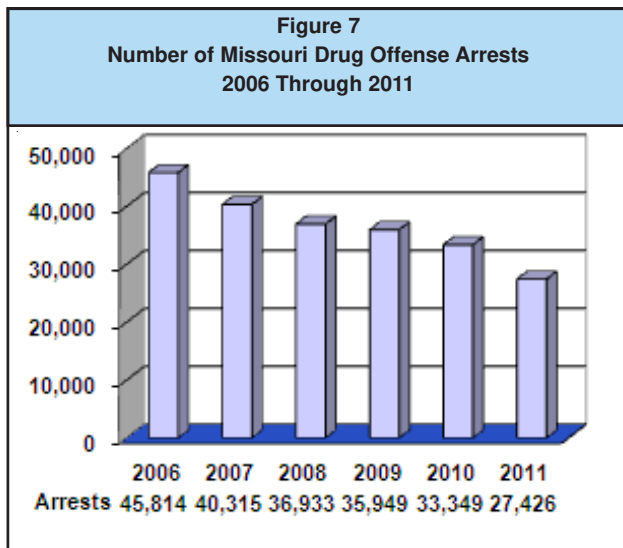
The number of possession and sale / manufacture drug arrests made by law enforcement agencies is

indicative of the demand for illicit drugs. In 2011, 27,426 drug arrests were made by Missouri law enforcement agencies. Of these arrests, 23,404, or 85.3%, were for drug possession. Another 4,022 arrests (14.7%) 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 load resulted in detection of illicit drugs. In 2011, 25,486 cases were processed in thirteen State crime laboratories. Of these cases, 23,425 (91.9%) resulted in detection of one or more illicit drugs. In 7.9% of the cases, no tests were made for illicit drugs or none identified if tests for illicit drugs were performed. Illicit drug case loads processed by Missouri crime laboratories have fluctuated over the past few years. Crime laboratory cases with identified illicit drugs decreased 11.9% in 2010 from 2009 but since has increased (Figure 9).

In 2011, 29,111 drugs were identified in 23,425 crime laboratory cases that resulted in detection of one or more illicit drugs. Marijuana was the most frequent drug type identified, accounting for 33.6% of all illicit drugs found (Figure 10).

Youth involvement with drugs is a serious problem for Missouri’s juvenile justice system. Using data from the Juvenile Court Referral Information Systems, an analysis was conducted of juveniles receiving a final court referral. In 2010, 33,660 referrals



were made by juvenile courts. Of these, 2,254, or 6.7% involved with dangerous drug law violations (Figure 11). Of the drug related referrals, 26.1% were associated with sale and distribution of dangerous drugs.

Dangerous drug referrals handled by the Missouri Juvenile Court System has generally decreased from 2004 to 2010 (Figure 12). This trend is most apparent in recent years when referrals decreased 5.7% from 2006 to 2007, 9.7% in 2008, 7.1% in 2009, and 9.8% in 2010.

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 9,440 custody clients in 2011, 27.7% 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 58.5% from 6,153 in 2007 to 2,556 in 2008 and then increased to 2,627 in 2009. The number of new drug violation admissions in 2010 was 2,657 and 2,714 in 2011, just 57 more than in 2010 (Figure 13).

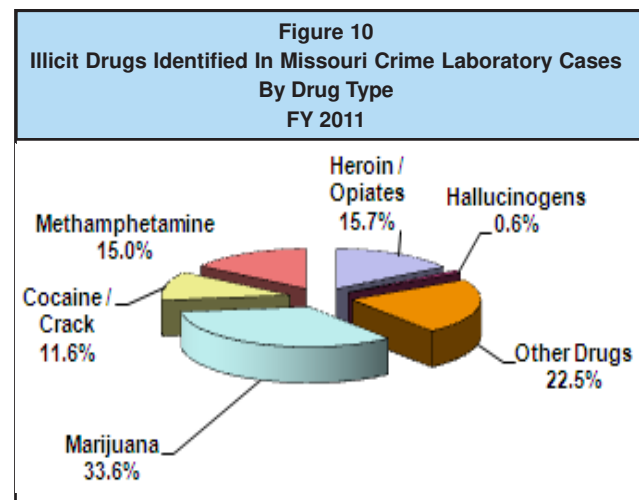
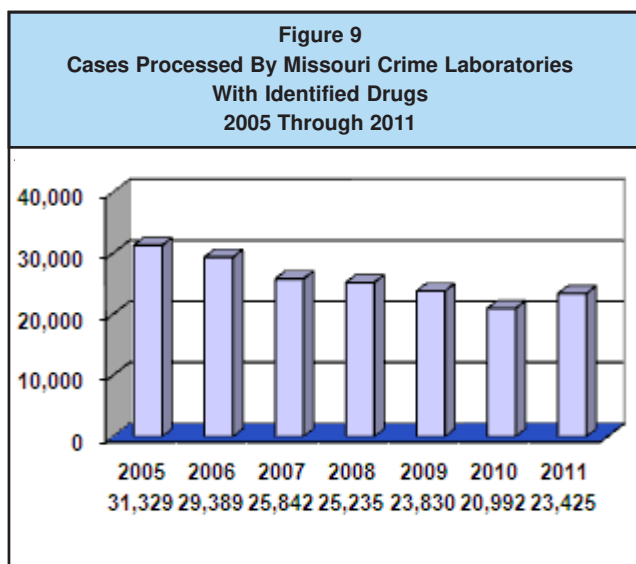
Health Care System

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 28,498 illicit drugs diagnosed in hospital admissions in 2010, heroin / opiates were most frequently identified. These drugs accounted for 45.8% of the total hospital diagnoses in that year (Figure 14). The next most frequently diagnosed illicit drug in hospital admissions were marijuana (25.7%), cocaine (12.7%), and methamphetamine (11.3%).

To identify trends of the impact the State's health care system, a temporal analysis was conducted on these same data. Of 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 4.6% in 2008 and then increased 3.1% in 2009 and 169.4% in 2010 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 2011, 47 state-supported agencies operated approximately 282 treatment sites located throughout Missouri with programs designed to assist individuals to 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, an individual may be dependent on more than one type of drug.

Certain types of illicit drug ingestion practices cause life threatening consequences to the drug abuser as well as other people they come in contact with. The intravenous injection of illicit drugs can transmit HIV and AIDS as well as a number of other serious diseases such as hepatitis. During 2010, 398 AIDS cases and 250 HIV cases were diagnosed in Missouri where intravenous drug use was suspected as the primary means of infection (Table 4). Another 373 AIDS cases and 207 HIV cases were diagnosed involving both male homosexual activity and drug use via injection.

The spread of HIV and AIDS through the intravenous use of illicit drugs has serious indirect consequences. A substantial number of women and young men support their illicit drug habits through prostitu-

tion. 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.

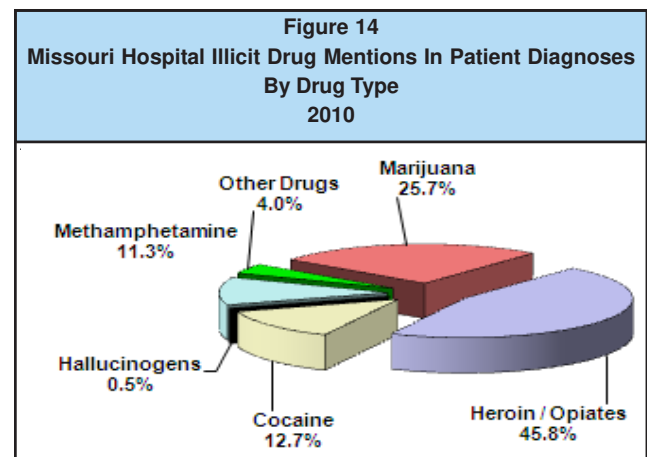
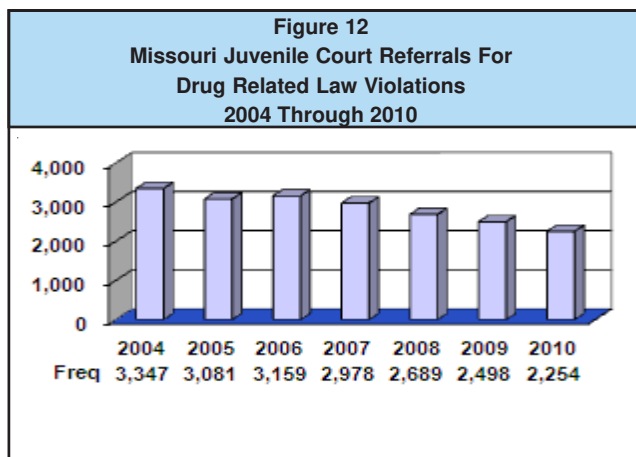
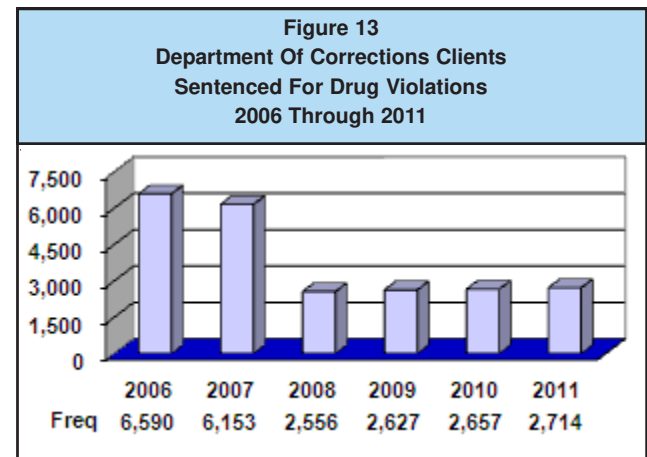
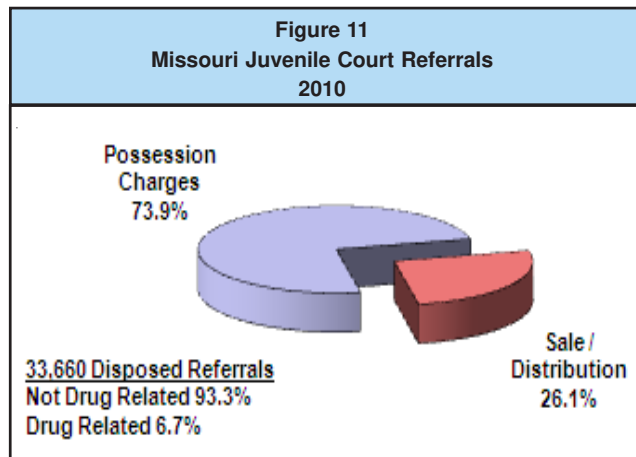


Figure 15
Diagnoses Of Illicit Drug Abuse In
Missouri Hospital Emergency Room Admissions
2006 Through 2010

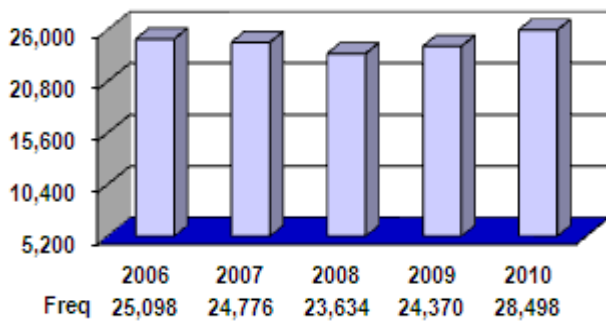


Table 4
HIV / AIDS Cases Contracted By Intravenous Drug Use
2002 Through 2010

Year	IV Drug Use Cases		Homosexual IV Drug Use Cases	
	HIV	AIDS	HIV	AIDS
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
2010	250	398	207	373

ILLCIT 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 2012 drug industry profile survey sent to multi-jurisdictional drug task forces (MJDTF) were also used.

Illicit drug industries involve manufacturing, cultivating, distributing, and marketing. Of the twenty-seven MJDTF contacts that responded to a 2012 drug industry survey, all stated that these industries are a moderate or major problem in Missouri (Table 5). The most problematic drug industry identified in the survey is methamphetamine point-of-sale. The next three most problematic are illicit pharmaceutical drugs point-of-sale, methamphetamine production, and marijuana point-of-sale. Hallucinogen point-of-sale and ecstasy / designer drugs point-of-sale are the least 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 2010 National Survey on Drug Use & Health¹⁷ marijuana was used in the past month by 17.4 million persons. 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 pollinate and their THC levels dramatically increase. This type of

Table 5
Seriousness Of Specific Illicit Drug Industries In Missouri
As Perceived By Multi-Jurisdictional Drug Task Forces
2012

Drug Industry	Major Problem	Moderate Problem	Minor Problem	No Problem
Marijuana Cultivation	0.0%	59.3%	40.7%	0.0%
Methamphetamine Production	63.0%	25.9%	11.1%	0.0%
Interstate Drug Distribution / Trafficking	55.6%	29.6%	14.8%	0.0%
Point-Of-Sale Distribution				
Marijuana	63.0%	37.0%	0.0%	0.0%
Cocaine / Crack Cocaine	22.2%	37.0%	40.7%	0.0%
Methamphetamine	74.1%	22.2%	3.7%	0.0%
Heroin / Opiates	38.5%	19.2%	26.9%	15.4%
Hallucinogens	0.0%	11.5%	69.2%	19.2%
Ecstasy / Designer Drugs	0.0%	7.7%	76.9%	15.4%
Illicit Pharmaceutical Drugs	70.4%	18.5%	11.1%	0.0%
Crack Cocaine Processing	18.5%	25.9%	29.6%	25.9%

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 up to 33%.

Production of both cultivated and sinsemilla marijuana has fluctuated in Missouri during the past several years. In 2011, a total of 5,398 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-seven responding MJDTFs that indicated marijuana cultivation was either a major or moderate problem in their jurisdictions, 93.8% indicated marijuana is grown indoors in their jurisdictional area and 68.8% indicated it is grown outdoors. Much of the outdoor cannabis cultivation in the United States occurs where growers can take advantage of an area's remoteness to minimize the risk of detection. The by-products of outdoor marijuana crops, such as use of chemical fertilizers and pesticides or trash and human waste left behind at large cultivation sites, can potentially contaminate waterways or destroy vegetation and wildlife habitats. Also worth noting is

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
2011	5,398	60

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, 72.7% reported marijuana is grown on natural / undisturbed fields dispersed in existing legitimate crops (Table 7). Also, 63.6% reported marijuana is dispersed in government forests or private and river / stream banks.

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 66.7% indicated it is grown in barns / outbuildings.

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, 93.8% indicated males were involved in this industry, 84.3% indicated Caucasians were involved, and 38.8% indicated persons aged 26 through 35 were involved (Table 8).

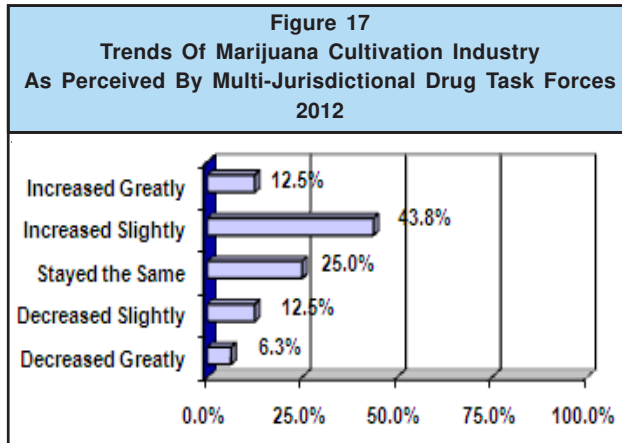
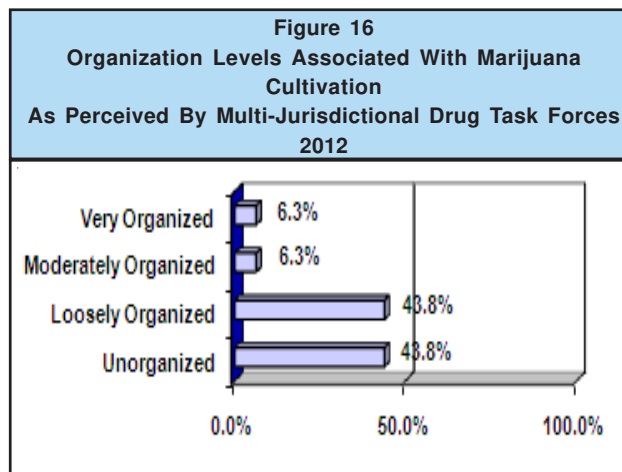
Of those MJDTFs indicating marijuana cultivation is a major or moderate problem, 43.8% indicated this industry is loosely organized or unorganized (Figure 16).

Outdoor Locations	
Natural / Undisturbed Fields	72.7%
Cultivated / Fallow Farmland	45.5%
River / Stream Banks	63.6%
Dispersed In Existing Crops	72.7%
Government Forest	63.6%
Along Railroad Lines	0.0%
Along Roadsides	9.1%
Other	0.0%
Indoor Locations	
Private Residences	100.0%
Garages	60.0%
Barns / Outbuildings	66.7%
Abandoned Buildings	6.7%
Other	0.0%

Almost half (43.8%) of the MJDTFs indicating marijuana cultivation is a major or moderate problem believe marijuana cultivation is slightly increasing while 25.0% have the opinion that this industry has stayed the same (Figure 17).

Table 8
Demographic Characteristics Of Persons Involved In Marijuana Cultivation As Perceived By Multi-Jurisdictional Drug Task Forces 2012

<u>Gender</u>	
Male	93.8%
Female	0.0%
Both	6.3%
<u>Race</u>	
Caucasian	84.3%
African American	2.5%
Hispanic	12.1%
Asian	1.2%
Other	0.0%
<u>Age Group</u>	
17 & Under	0.0%
18 - 25	20.2%
26 - 35	38.8%
36 - 50	33.5%
Over 50	9.7%



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 procedure is the one method of methamphetamine production that does not involve ephedrine or pseudoephedrine reduction. Rather, processing of principal chemicals including phenyl-2-propanone (P2P), 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 produced methamphetamine results in 5 to 7 pounds of toxic waste. 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 2011, 1,593 clandestine methamphetamine laboratories were destroyed by multi-jurisdictional drug task forces in Missouri. Of these, 54.7% were destroyed in non-MSA counties and 30.0% were destroyed in St. Louis MSA counties. Springfield MSA counties accounted for 4.7% of the total destroyed clandestine methamphetamine labs, followed by counties in the Kansas City MSA (1.7%), Columbia MSA (1.6%), and St. Joseph and Joplin MSAs (0.3% each).

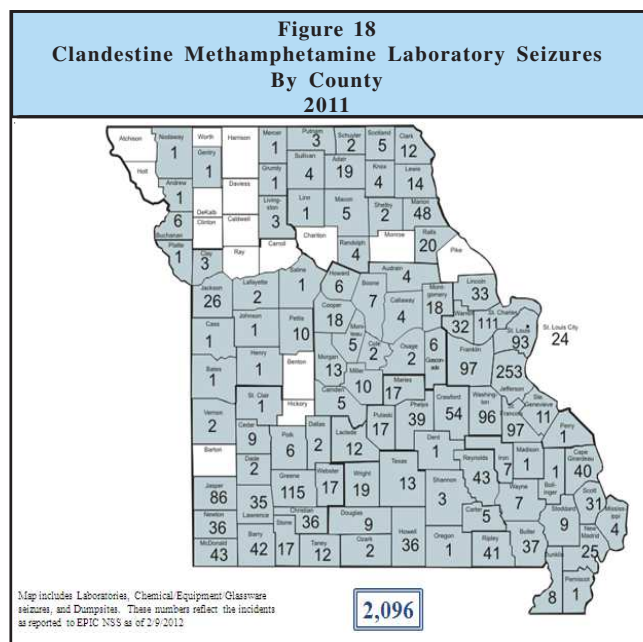
In calendar year 2011, 2,096 methamphetamine clandestine laboratory seizures or dump sites of chemicals, equipment, or glassware were reported in Missouri. Figure 18 identifies the counties where these seizures occurred. There has been a high concentration of methamphetamine laboratory seizures in the southwest 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 2005 through 2007 but has steadily increased from 2008 through 2011 (Figure 19). Seizures increased 20.1% in 2010 followed by an increase of 9.9% in 2011 as compared to each previous year.

An examination of Missouri crime laboratory case processing data suggests methamphetamine manufacturing has increased substantially only in the past year since 2007. In 2011, Missouri crime laboratories processed only 799 clandestine lab cases that detected methamphetamine final product, methamphetamine precursor chemicals, or both final product and precursor chemicals (Table 9). This compares to a total of 407 such cases in 2007.

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. All task forces indicated methamphetamine labs are found in vehicles (Table 10). Other common outdoor methamphetamine lab sites identified by MJDTFs are gravel roads and wooded areas or rural fields. All MJDTFs indicated indoor methamphetamine labs are found in single family residences and apartment / condominiums. Other common indoor sites for methamphetamine lab sites are garages, abandoned buildings, and hotels or motels.

Task forces indicated participants in this industry use many methods to produce methamphetamine but most prefer Shake / Bake. Of the MJDTFs indicating clandestine methamphetamine laboratories are a serious or moderate problem in their jurisdictions, 95.8% stated that Shake / Bake method was the most commonly used (Figure 20). In addition, all task forces indicated that powder methamphetamine is the most popular to produce.



In the 2012 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 camping fuels / liquid, cold capsules / ephedrine, 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 / suppliers stores and drug stores are the most common source of precursor chemicals according to 88.9% of MJDTFs that indicated methamphetamine production is a major or moderate problem in their jurisdictions (Table 12). Portable field tanks (50.0%) are the most common source of anhydrous ammonia identified by task forces with a major or moderate clandestine methamphetamine laboratory problem.

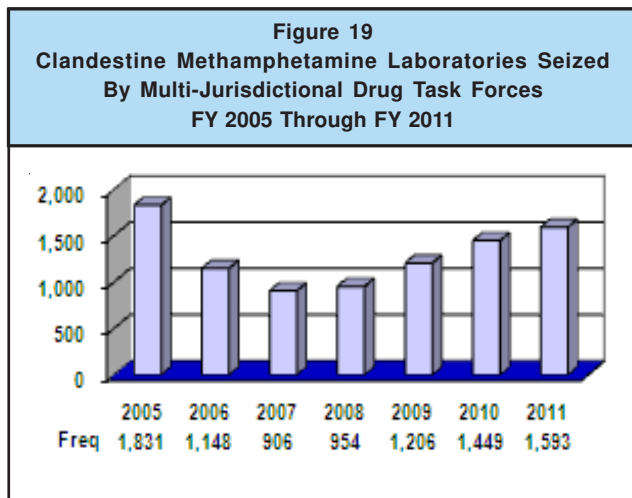


Table 9
Cases With Methamphetamine Products And Precursors Detected By Missouri Crime Laboratories FY 2002 Through FY 2011

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
2011	359	135	305	799

Other sources for anhydrous ammonia include farm co-ops (40.0%).

Persons involved in producing methamphetamine are predominately Caucasian, young adult males between the ages of 18 and 35. Of the MJDTFs stating this industry is a major or moderate problem in their jurisdictions, 60.9% indicated participants are male, 85.0% indicated participants are Caucasian, and 38.2% indicated their ages range from 26 through 35 (Table 13).

One half of the task forces indicated persons in this industry are loosely organized (52.2%) and may share processing techniques or equipment (Figure 21). Another third (34.8%) of the respondent MJDTFs indicated participants in this industry are somewhat organized.

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 (69.6%) indicated this industry had a slight or great increase in growth in their jurisdiction (Figure 22).

Table 10
Locations Used For Clandestine Methamphetamine Production As Perceived By Multi-Jurisdictional Drug Task Forces 2012

Outdoor Locations	
Wooded Areas / Rural Fields	100.0%
Campgrounds	19.0%
River Banks / Accesses	52.4%
Farmland	38.1%
Caves	9.5%
Public Parks	38.1%
Gravel Roads	90.5%
Vehicles	100.0%
Government Forest	38.1%
Other	0.0%
Indoor Locations	
Hotels / Motels	91.3%
Workplaces	8.7%
Abandoned Buildings	82.6%
Barns / Outbuildings	65.2%
Garages	91.3%
Single Family Residences	100.0%
Apartments / Condominiums	87.0%
Commercial Storage Unit	13.0%
Other	0.0%

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.

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, knowingly and unknowingly. Marijuana is distributed /

trafficked in all MJDTFs jurisdictions (Table 14). Other widely distributed / trafficked drugs identified by task forces were cocaine / crack cocaine (82.6%) and methamphetamine (82.6%).

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

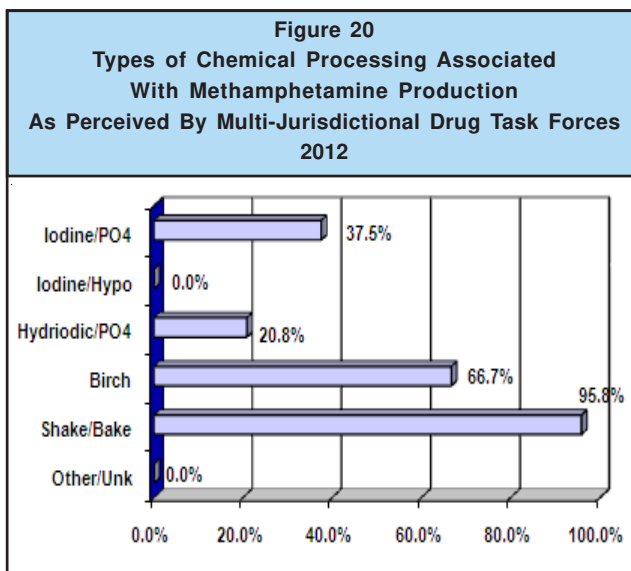


Table 11
Clandestine Methamphetamine Precursor Chemicals As Perceived By Multi-Jurisdictional Drug Task Forces 2012

Precursor Chemicals	Percentage
Anhydrous Ammonia	79.2%
Ether / Starting Fluid	95.8%
Liquid Iodine	50.0%
Highway Flares	8.3%
Lithium Batteries	100.0%
Camping Fuels	100.0%
Cold Capsules / Ephedrine	100.0%
Organic Solvent	83.3%
Acids	79.2%
Red Devil Dye	87.5%
Hydrogen Peroxide	37.5%
Ammonia Sulfate	37.5%
Ammonia Nitrate	58.3%

Table 12
Sources Of Methamphetamine Precursor Chemicals As Perceived By Multi-Jurisdictional Drug Task Forces 2012

Precursor Chemical Sources	Percentage
Mail Order	0.0%
Farm Supply Stores	66.7%
Stores / Veterinarian	4.2%
Suppliers / Retail	91.7%
Discount Chemical Supply	8.3%
Hardware Warehouse	70.8%
Drug Stores	87.5%
Overseas Pharmaceutical	4.2%
Other	0.0%
Anhydrous Ammonia	
Field Tanks	50.0%
Farm Supply Stores	15.0%
Farm Co-ops	40.0%
Bulk Fertilizer Plants	30.0%
Poultry Processing Plants	0.0%
Imported From Other States	25.0%
Home Made	45.0%
Other	5.0%

Table 13
Demographic Characteristics Of Persons Involved In Clandestine Methamphetamine Production As Perceived By Multi-Jurisdictional Drug Task Forces 2012

Demographic	Percentage
Gender	
Male	60.9%
Female	0.0%
Both	39.1%
Race	
Caucasian	85.0%
African American	7.6%
Hispanic	7.5%
Asian	0.0%
Other	0.0%
Age Group	
17 & Under	1.2%
18 - 25	28.3%
26 - 35	38.2%
36 - 50	26.0%
Over 50	6.3%

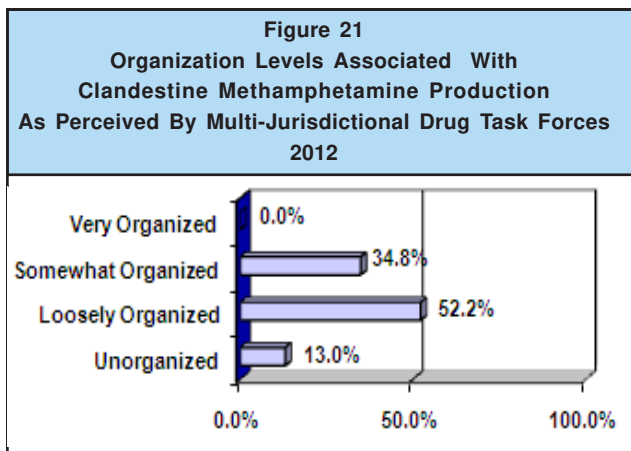


Table 14
Types Of Drugs Transported Across Missouri As Perceived By Multi-Jurisdictional Drug Task Forces 2012

Cocaine / Crack	82.6%
Marijuana	100.0%
Methamphetamine	82.6%
Ecstasy / Designer Drugs	39.1%
Heroin / Opiates	47.8%
Pharmaceuticals	13.0%
Hallucinogens	8.7%
Khat	4.3%

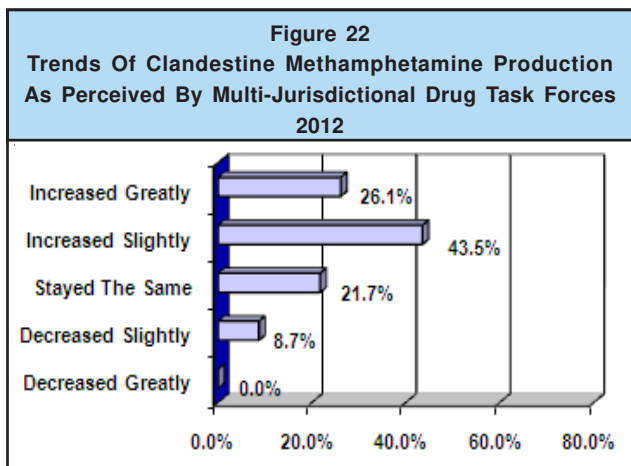


Table 15
Vehicle Types Used To Transport Drugs Across Missouri As Perceived By Multi-Jurisdictional Drug Task Forces 2012

Vehicle Type	Percentage
Non Commercial Vehicles	91.3%
Commercial Vehicles	56.5%
Mail Couriers	78.3%
Bus Lines	26.1%
Train Lines	17.4%
Commercial Airlines	4.3%
Private Airlines	4.3%

or moderate problem, 91.3% stated drugs are transported by noncommercial vehicles on interstate roadways (Table 15). Other common vehicle types used for drug distribution / trafficking are mail couriers (78.3%) and commercial vehicles (56.5%).

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, 65.2% indicated only males distribute / traffic drugs while 34.8% stated both males and females participate (Table 16). Of the MJDTFs with a moderate or major drug distribution / trafficking problem, 36.9% indicated Caucasians are participants and 36.5% stated Hispanics participate. Of these same MJDTFs, 42.8% 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, 78.2% indicated this industry is very or

somewhat organized. Also, 21.7% 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, almost half (47.8%) responded drug distribution / trafficking is slightly or greatly increasing (Figure 23). In addition, 34.8% of the responding task forces consider the purity of distributed / trafficked drugs to be staying the same while 43.5% believe purities of transported drugs are increasing (Figure 24).

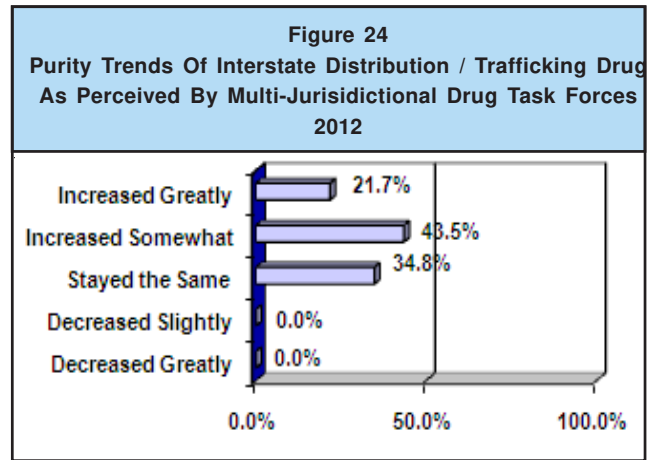
Distribution and Point-of-Sale Drug Trafficking

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.

Marijuana

Marijuana is one of the most widely distributed and sold drugs in Missouri. Cultivated marijuana provides the bulk of the drug distributed and sold in the State. The NDIC reports marijuana traffickers 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 such as San Diego and Phoenix,



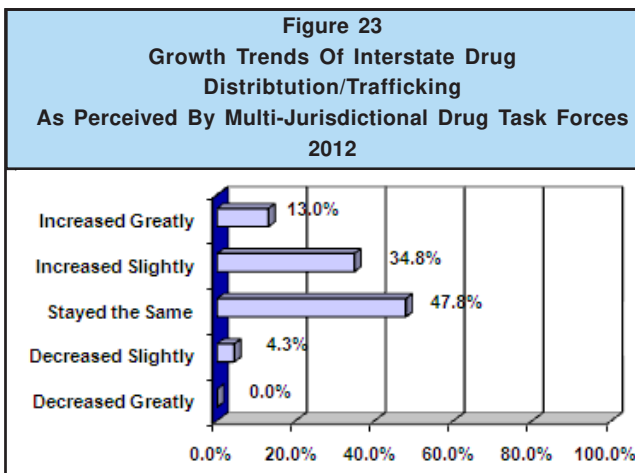
is trafficked to Kansas City and on to other Missouri areas. St. Louis is a destination city for Jamaican marijuana.

Table 16
Demographic Characteristics Of Persons Involved In Interstate Drug Distribution / Trafficking As Perceived By Multi-Jurisdictional Drug Task Forces 2012

<u>Gender</u>		
Male		65.2%
Female		0.0%
Both		34.8%
<u>Race</u>		
Caucasian		36.9%
African American		26.4%
Hispanic		36.5%
Asian		0.0%
Other		0.0%
<u>Age Group</u>		
17 & Under		2.6%
18 - 25		25.8%
26 - 35		42.8%
36 - 50		22.0%
Over 50		6.9%

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. In Fiscal Year 2011, ounces of seized marijuana increased 30.8% from 2010 to 232,006 ounces.

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 on streets / parking lots. Private residences were identified by 96.2% of the MJDTFs as locations of marijuana sales while 80.8% identified streets / parking lots as locations (Table 18). Sale of marijuana from vehicles was noted by 84.6% of the MJDTFs.



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 problem, 69.2% indicated both males and females were involved (Table 19). These MJDTFs also indicated Caucasians (50.6%), African Americans (30.4%) and Hispanics (18.6%) are involved in this industry. Over one third (31.4%) of the responding MJDTFs identified persons aged 18 through 25 as participating in this industry and 30.6% stated persons aged 26 through 35 are involved.

Table 17 Ounces of Drugs Seized By Multi-Jurisdictional Drug Task Forces FY 2003 Through FY 2011								
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
2011	232,006	4,318	121	2,089	467	<1	3	7

According to Missouri drug task forces, marijuana sale / distribution is organized to some degree throughout the State. Of the MJDTFs indicating marijuana point-of-sale distribution is a major or moderate problem, over half (76.9%) stated sellers were very organized, somewhat organized, or loosely organized (Figure 25). Of the same task forces, 57.9% indicated street gangs are associated with marijuana sale and distribution.

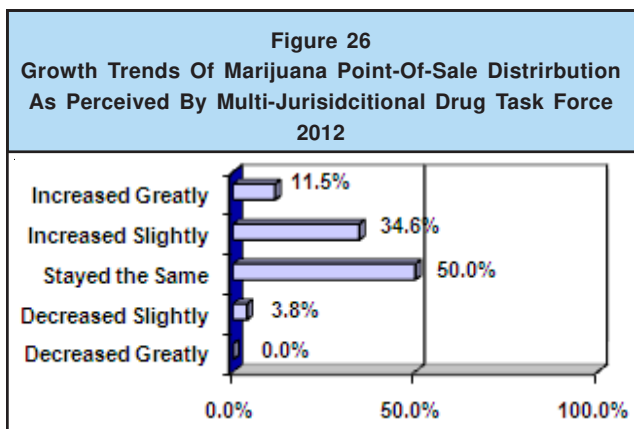
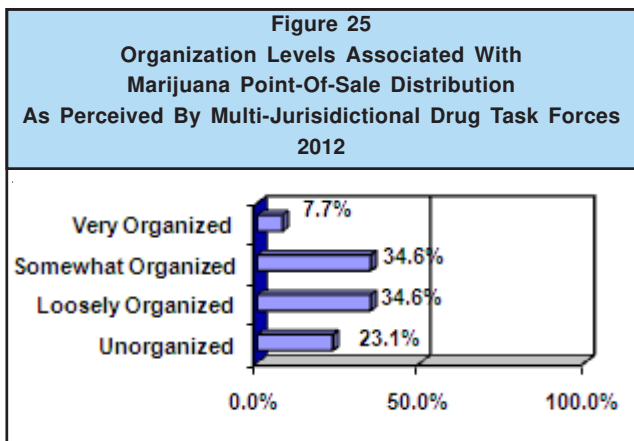
Growth of this industry is increasing in some areas served by MJDTFs but remains constant in others. Of the MJDTFs indicating this industry is a major or moderate problem, one-half (50.0%) responded marijuana point-of-sale distribution stayed the same and 46.1% stated the industry is greatly or slightly 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 Caribbean maritime routes. According to the NDIC, cocaine smuggled overland through Mexico enters the U.S. through Texas, California, and Arizona ports of entry (POE). From these POE, cocaine is then 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

Table 18 Location Of Marijuana Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces 2012	
Private Residences	96.2%
Streets / Parking Lots	80.8%
Vehicles	84.6%
Hotels / Motels	65.4%
Bars / Nightclubs	57.7%
Work Places	50.0%
Schools / Playgrounds	23.1%

Table 19 Demographic Characteristics Of Persons Involved In Marijuana Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces 2012		
Gender	Male	30.8%
	Female	0.0%
	Both	69.2%
Race	Caucasian	50.6%
	African American	30.4%
	Hispanic	18.6%
	Asian	0.0%
	Other	0.0%
	Age Group	
17 & Under	9.2%	
18 - 25	31.4%	
26 - 35	30.6%	
36 - 50	20.3%	
Over 50	8.7%	



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 2010, task forces seized 3,235 ounces of cocaine (Table 17). Larger quantities of cocaine were seized by MJDTFs in Fiscal Year 2011 when 4,318 ounces were seized. This is a 33.5% increase in ounces seized from 2010.

Distribution / point-of-sale of cocaine and crack cocaine occurs throughout Missouri. Of the MJDTFs that responded to the illicit drug industry survey, little over half (59.0%) 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, 88.9% identified cocaine /

crack sales and distribution commonly occur in private residences, on streets / parking lots (94.4%) and from vehicles (83.3%) (Table 20).

Cocaine and crack cocaine are commonly distributed by African American males between the ages of 26 and 35. Of the MJDTFs that indicated this industry is major or moderate problems in their area, two-thirds (66.5%) reported African Americans are participants (Table 21). Just under a half of the task forces (47.4%) indicated only males participate, and 31.7% 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, 50.0% indicated participants are somewhat organized and 16.7% indicated industry participants are very organized (Figure 27).

Many Missouri drug task forces believe cocaine / crack point-of-sale distribution has increased in their jurisdictions. One third (31.6%) of MJDTFs respondents to the drug industry survey indicated cocaine and crack cocaine distribution / point-of-sale trafficking increased slightly while 15.8% perceived this industry has greatly increased (Figure 28).

Crack is a crystal form of cocaine that can be converted with heat from powder or rock cocaine. Typically, precursor cocaine is heated on stove tops 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, 44.4% indicated crack processing was also a major or

Table 20
Location Of Cocaine / Crack Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces 2012

Private Residences	88.9%
Streets / Parking Lots	94.4%
Vehicles	83.3%
Hotels / Motels	66.7%
Bars / Nightclubs	44.4%
Work Places	27.8%
Schools / Playgrounds	11.1%

Table 21 Demographic Characteristics Of Persons Involved In Cocaine / Crack Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces 2012		
Gender		
Male		47.4%
Female		0.0%
Both		52.6%
Race		
Caucasian		15.0%
African American		66.5%
Hispanic		18.5%
Asian		0.0%
Other		0.0%
Age Group		
17 & Under		10.1%
18 - 25		30.4%
26 - 35		31.7%
36 - 50		22.6%
Over 50		5.3%

moderate problem in their jurisdictions (Table 5). Of these MJDTFs, 66.7% indicated powder cocaine was the precursor to crack and 41.7% 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, all indicated crack processing occurs in single family residence and 83.3% 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, 91.7% identified males as participants in crack cocaine processing and 79.6% identified African American participants (Table 23). Over one-half (59.1%) 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, 58.3% indicated participants are somewhat organized (Figure 29). All of these task forces also indicated street gangs are involved in crack processing.

Crack cocaine processing appears to be increasing in some parts of the State. Of the MJDTFs indicating this industry is a major or moderate problem, 50.0% responded it stayed constant while 41.7% of the MJDTFs indicated the industry increased in their jurisdictions (Figure 30).

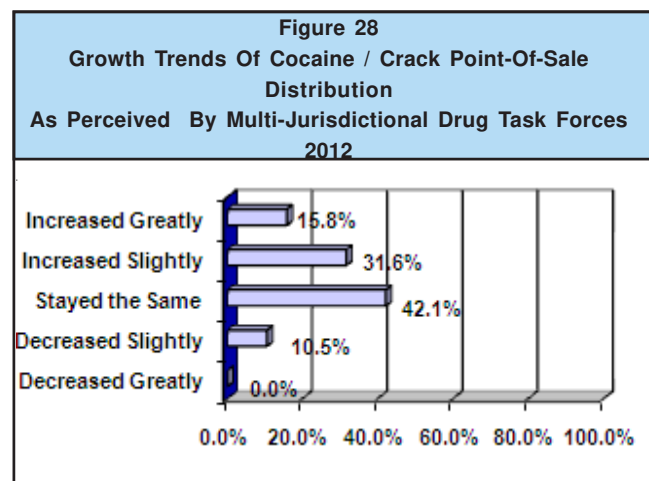
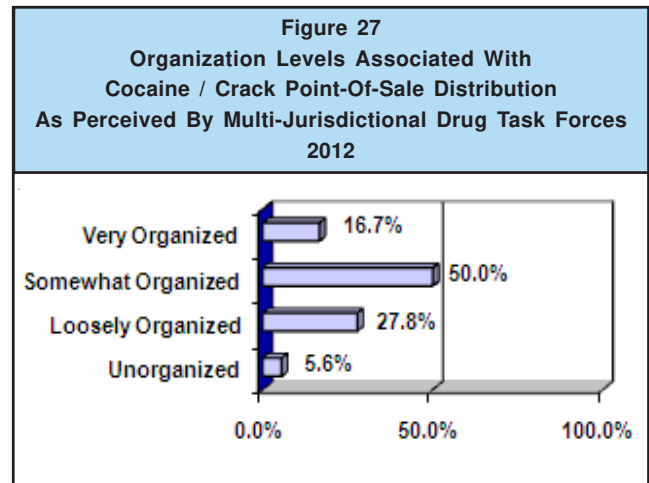
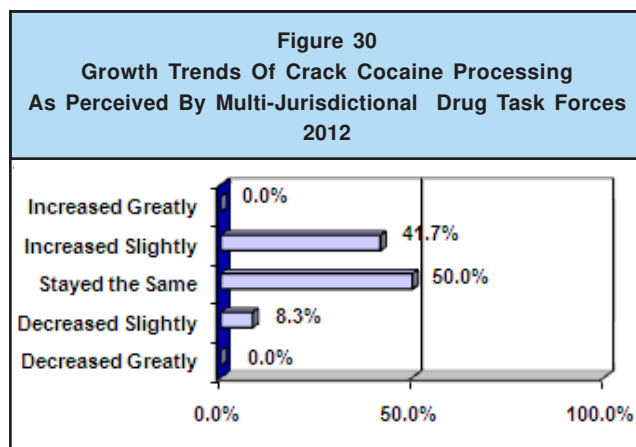
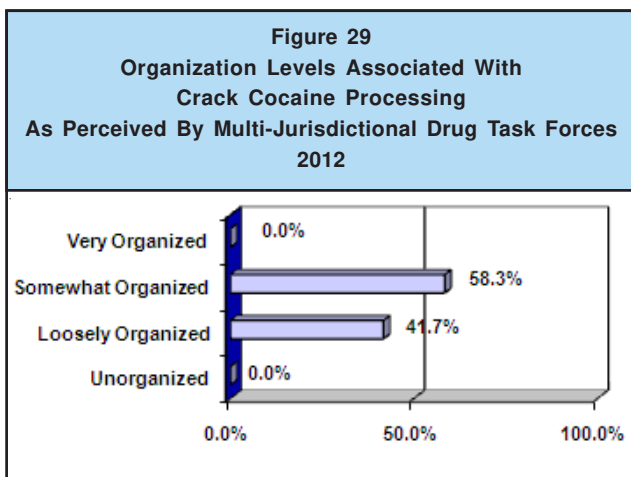


Table 22 Location Of Crack Cocaine Processing As Perceived By Multi-Jurisdictional Drug Task Forces 2012	
Single Family Residences	100.0%
Apartments / Condominiums	83.3%
Hotels / Motels	50.0%
Work Places	0.0%
Abandoned Buildings	16.7%
Garages	0.0%
Barn/ Outbuildings	8.3%

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 2012		
Gender		
Male		91.7%
Female		0.0%
Both		8.3%
Race		
Caucasian		13.0%
African American		79.6%
Hispanic		8.0%
Asian		0.0%
Other		0.0%
Age Group		
17 & Under		2.2%
18 - 25		20.8%
26 - 35		59.1%
36 - 50		17.2%
Over 50		0.8%



Analyses of amounts of methamphetamine 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 but again increased to 2,089 ounces in 2011. Except for 2008, seized doses of pseudoephedrine, a common methamphetamine precursor, 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 and 298 gallons in 2011.

Methamphetamine point-of-sale distribution is a serious problem in the State. Of all responding MJDTFs, 96.3% 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 methamphetamine distribution locations identified by MJDTFs included vehicles (84.6%), on streets / parking lots (80.8%), and at hotels / motels (80.8%).

Table 24 Doses of Drugs Seized By Multi-Jurisdictional Drug Task Forces FY 2003 Through FY 2011							
Fiscal Year	Heroin / Opiates	LSD	PCP	Ecstasy	Pseudo 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
2011	2,659	335	12	1,670	4,744	298	11,602

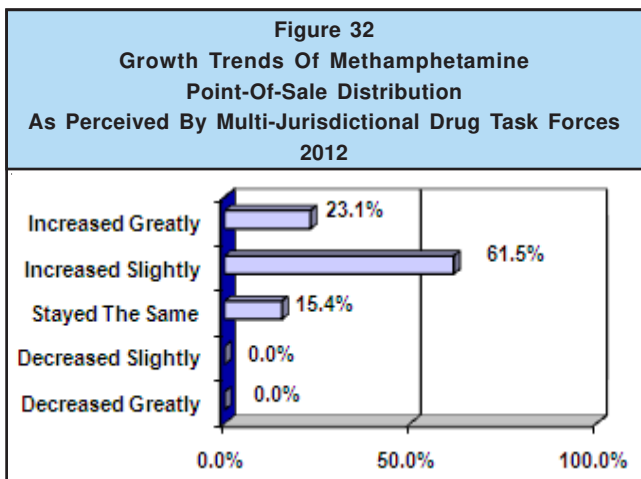
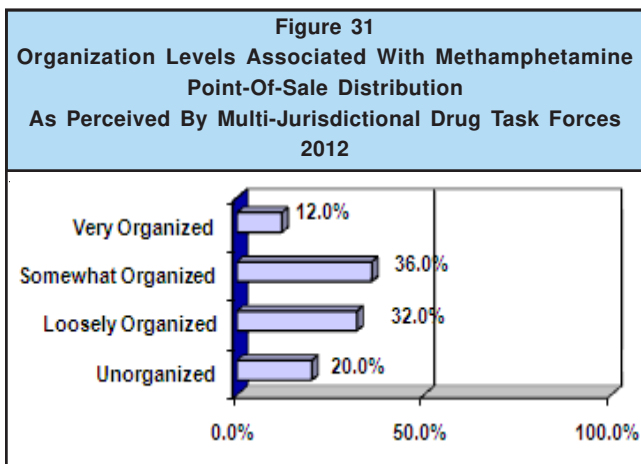
Task force survey results indicate Caucasian males and females are typically involved in distributing and selling methamphetamine. Of the MJDTFs indicating this industry is a major or moderate problem, 76.3% indicated participants in this illicit industry were Caucasian (Table 26). The task forces also 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, 36.9% stated participants are between the ages of 26 and 35 and 26.1% stated they are aged 18 through 25.

Table 25 Location Of Methamphetamine Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces 2012	
Private Residences	96.2%
Vehicles	84.6%
Streets / Parking Lots	80.8%
Hotels / Motels	80.8%
Work Places	50.0%
Bars / Night Clubs	61.5%
Schools / Playgrounds	7.7%

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, 48.0% indicated participants are somewhat to very organized and 32.0% indicated participants are loosely organized (Figure 31). Several gang types are involved with this industry as well. According to the MJDTFs that responded methamphetamine point-of-sale distribution is a major or moderate problem in their jurisdictions, 47.1% stated street gangs are involved in this industry and 35.3% stated motorcycle gangs are involved.

Methamphetamine point-of-sale distribution is increasing throughout the State. Of the MJDTFs indicating this industry is a major or moderate problem, 84.6% noted it has slightly or greatly increased (Figure 32).

Table 26 Demographic Characteristics Of Persons Involved In Methamphetamine Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces 2012		
<u>Gender</u>	Male	34.6%
	Female	0.0%
	Both	65.4%
<u>Race</u>	Caucasian	76.3%
	African American	4.3%
	Hispanic	18.5%
	Asian	0.0%
	Other	0.9%
<u>Age Group</u>	17 & Under	4.6%
	18 - 25	26.1%
	26 - 35	36.9%
	36 - 50	26.3%
	Over 50	6.2%



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. It is smuggled into the U.S. via ports of entry along the Mexico border and then transported 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 usually 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 2011, task forces seized 467 ounces of heroin / opiates (Table 17), which was a significant increase from 2010 when 67 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 seized heroin 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 Missouri. Of the surveyed MJDTFs, just over half (57.7%) 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, 88.2% indicate sales occur on streets and parking lots. These task forces also identified sales commonly occur in private residences (Table 27).

Persons involved with heroin / opiates point-of-sale distribution are typically Caucasians or African Americans over 17 years of age. A little over one-third (38.1%) of task forces identifying this industry as a major or moderate problem indicated Caucasians are involved and 49.4% indicated African Americans are involved. Of these same MJDTFs, 61.1% stated that both males and females were involved (Table 28), as were persons aged 18 through 35 (66.8%) 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, 44.5% indicated heroin / opiates point-of-sale distribution is very organized to somewhat organized (Figure 33). Another 50.0% of these MJDTFs stated this industry is loosely organized. Street gangs and ethnic / nationalist gangs are

Table 27
Location Of Heroin / Opiates Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces 2012

Private Residences	82.4%
Vehicles	82.4%
Streets / Parking Lots	88.2%
Bars / Night Clubs	47.1%
Hotels / Motels	58.8%
Work Places	35.3%
Schools / Playgrounds	11.8%

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 some areas where it is a major or moderate problem. Of the MJDTFs indicating heroin / opiates point-of-sale distribution is a major or moderate problem, 73.7% noted the industry has increased in their jurisdictions while 21.1% stated it has remained constant (Figure 34).

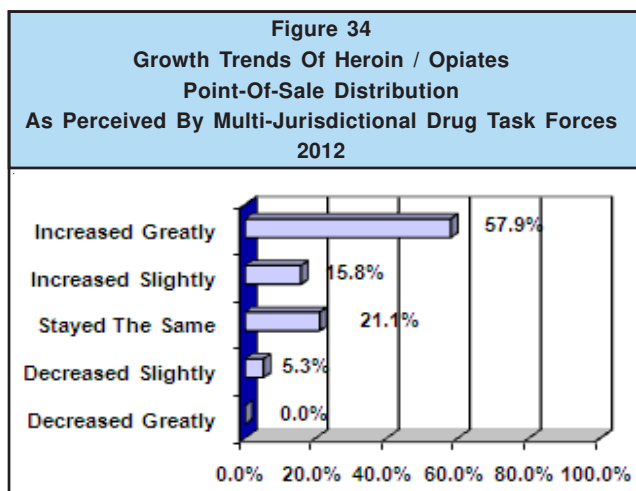


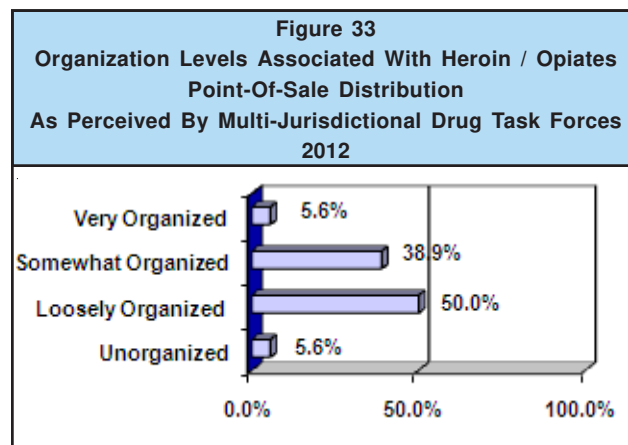
Table 28
Demographic Characteristics Of Persons
Involved In Heroin / Opiates Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces
2012

Gender	
Male	38.9%
Female	0.0%
Both	61.1%
Race	
Caucasian	38.1%
African American	49.4%
Hispanic	10.8%
Asian	0.0%
Other	1.8%
Age Group	
17 & Under	11.0%
18 - 25	30.7%
26 - 35	36.1%
36 - 50	16.7%
Over 50	5.8%

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.

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 2011, task forces seized 3 ounces of PCP and less than 1 ounce of LSD (Table 17). The number of doses of hallucinogenic drugs seized by MJDTFs decreased in 2011 to 347 doses compared to 811 in 2010, a 57.2% drop (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).

Table 29 Location Of Hallucinogens Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces 2012	
Private Residences	100.0%
Vehicles	66.7%
Streets / Parking Lots	50.0%
Bars / Night Clubs	33.3%
Hotels / Motels	33.3%
Work Places	16.7%
Schools / Playgrounds	33.3%

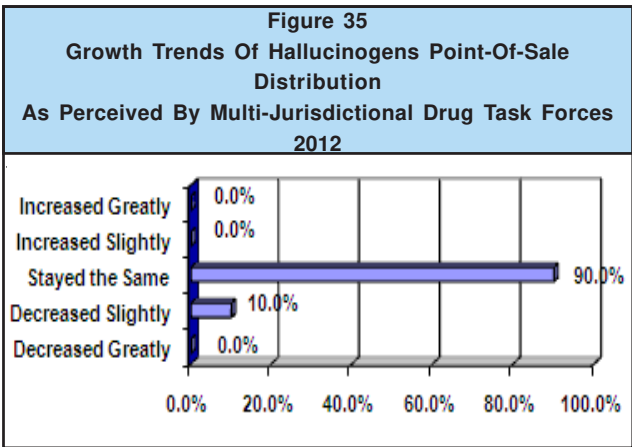


Table 30 Demographic Characteristics Of Persons Involved In Hallucinogens Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces 2012	
Gender	
Male	25.0%
Female	0.0%
Both	75.0%
Race	
Caucasian	56.7%
African American	26.7%
Hispanic	17.0%
Asian	0.0%
Other	0.0%
Age Group	
17 & Under	0.0%
18 - 25	40.0%
26 - 35	30.0%
36 - 50	15.0%
Over 50	15.0%

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, 90.0% 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.

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 both males and females are involved in this industry (Table 30). Over half (56.7%) of these task forces indicated industry participants are Caucasian and (40.0%) indicated participants are between the ages of 18 and 25.

An analysis of ecstasy and designer drugs quantities seized by MJDTFs indicates distribution of these drugs fluctuates in Missouri. A very large seizure of 36,613 ounces of ecstasy was made in Fiscal Year 2005 (Table 17). In contrast, only 3 ounces of ecstasy were seized by drug task forces in Fiscal Year 2010 and 7.16 ounces were seized in Fiscal Year 2011. In Fiscal Year 2010, 14,305 doses of ecstasy was seized while only 1,670 doses were seized in Fiscal Year 2011 (Table 24).

Hallucinogens point-of-sale distribution is not widespread in Missouri and loosely organized. Street gangs were reported to be involved in this industry by 66.7% of these task forces and ethnic / nationalist gangs were identified to be involved by 33.3%. 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.

In an industry profile survey completed by multi-jurisdictional drug task forces, 7.7% 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, bars / nightclubs, vehicles, or streets and parking lots. Of the MJDTFs that stated a major or moderate problem with this industry, 85.7% indicated ecstasy was sold from private residences and 71.4% indicated it was sold from bars / nightclubs (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, (82.6%) identified both males and females as industry participants (Table 32). Over half (70.0%) of these task forces identified Caucasians as participants and 49.0% 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 57.1% indicated the industry is loosely organized while 42.9% indicated ecstasy / designer drugs point-of-sale distribution is unorganized (Figure 36). Of the MJDTFs stating this industry is a major or moderate problem in their jurisdictions, 75.0% indicated street gangs were involved and 25.0% identified ethnic / nationalist gangs as participants.

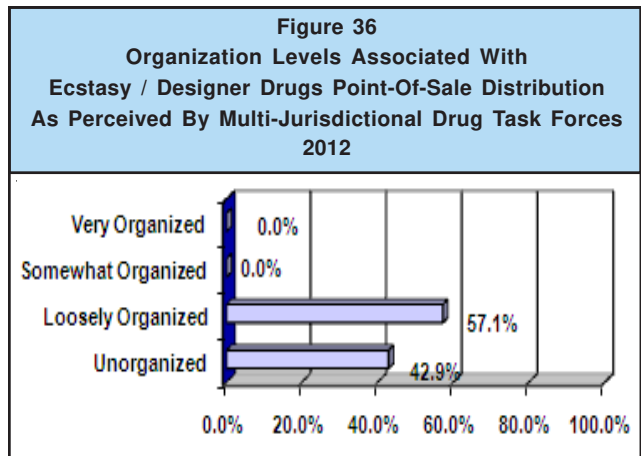
Ecstasy / designer drug point-of-sale distribution appears to be staying the same in Missouri. Over three-fourth (88.9%) of the MJDTFs with a major or moderate problem with this industry stated it has remained the same (Figure 37).

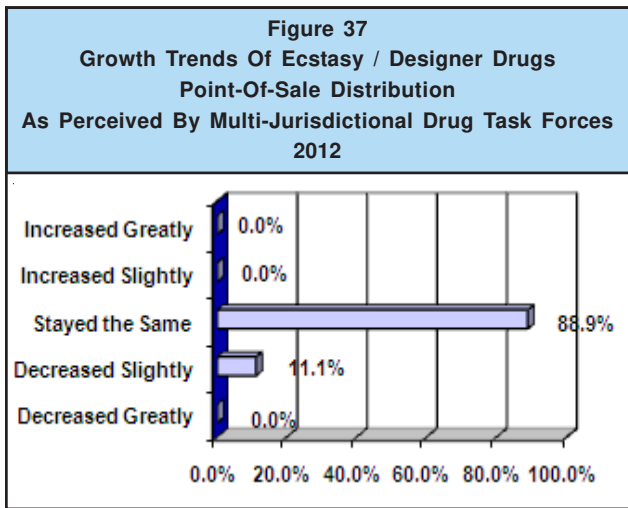
Pharmaceuticals

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 regions 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 Drugs*, a trend among young people is meeting at

Table 31 Location Of Ecstasy / Designer Drug Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces 2012	
Private Residences	85.7%
Bars / Night Clubs	71.4%
Vehicles	57.1%
Streets / Parking Lots	57.1%
Hotels / Motels	28.6%
Work Places	0.0%
Schools / Playgrounds	14.3%

Table 32 Demographic Characteristics Of Persons Involved In Ecstasy / Designer Drugs Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces 2012	
Gender	
Male	14.3%
Female	0.0%
Both	82.6%
Race	
Caucasian	70.0%
African American	15.0%
Hispanic	15.0%
Asian	0.0%
Other	0.0%
Age Group	
17 & Under	0.0%
18 - 25	49.0%
26 - 35	31.5%
36 - 50	11.5%
Over 50	11.5%





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, 88.9% 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 and in Fiscal Year 2011 11,602 doses were seized (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, 95.7% 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 the solution is then 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, 91.3% stated Vicoden is illicitly distributed and over half (73.9%) 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, 95.7% indicated Xanax is illegally sold (Table 33). Of these task forces, 65.2% also identified Valium as an illegally distributed pharmaceutical drug.

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. Just over half (52.2%) of the MJDTFs that perceived point-of-sale distribution of pharmaceutical drugs as a

Table 33
Narcotics, Depressants, And Stimulants Associated With
Pharmaceutical Drug Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces
2012

<u>Narcotics</u>	
Oxycontin	95.7%
Vicodin	91.3%
Morphine	73.9%
Fentanyl	65.2%
Dilaudid	21.7%
Codeine	34.8%
Methadone	39.1%
Avinza	0.0%
Other	13.0%
<u>Depressants</u>	
Xanax	95.7%
Valium	65.2%
Seconal	4.3%
Other	4.3%
<u>Stimulants</u>	
Adderal	52.2%
Ritalin	17.4%
Dexedrine	0.0%
Meridia	0.0%
Other	0.0%
<u>Other Pharmaceuticals</u>	
Anabolic Steroid	8.7%
Testosterone	4.3%
Dextromethorphan	0.0%
Viagra	4.3%
Other	0.0%

major or moderate problem also indicated Adderal is illegally sold (Table 33).

Pharmaceuticals are illegally sold from many locations. Of the MJDTFs noting this industry as a major or moderate problem, nearly all (95.7%) identified residences as illegal pharmaceutical sale locations (Table 34). Other pharmaceutical point-of-sale locations identified by MJDTFs include vehicles, streets / parking lots, hotels / motels, work places, bars / nightclubs, and schools / playgrounds. Most sellers and distributors of illegal pharmaceutical drugs are white males or females of all ages. Of the MJDTFs noting this industry as a major or moderate problem in their jurisdictions, 82.6% identified both males and females were participants (Table 35). In addition, 76.1% of these task forces noted Caucasians are involved and 53.1% identified persons aged 18 through 35 illegally sold pharmaceutical drugs.

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, 40.9% indicated industry participants are unorganized (Figure 38). Another 59.1% of these task forces indicated the industry is somewhat organized or loosely organized. Three 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, 55.6% indicated involvement by street gangs and 55.5% noted ethnic / nationalist or outlaw motorcycle gang involvement. It is not known whether these gang types are associated with point-of-sale distribution of a specific pharmaceutical drug.

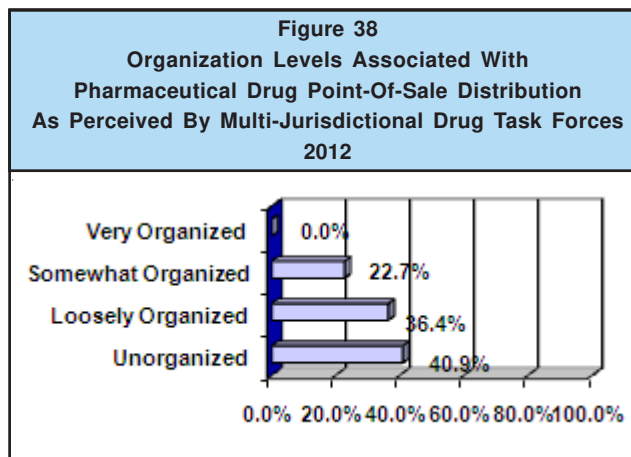
Point-of-sale distribution of pharmaceutical drugs is increasing in most areas of Missouri. Of the MJDTFs indicating this industry is a major or moderate problem, 78.3% noted it is greatly or slightly increasing in their jurisdictions (Figure 39).

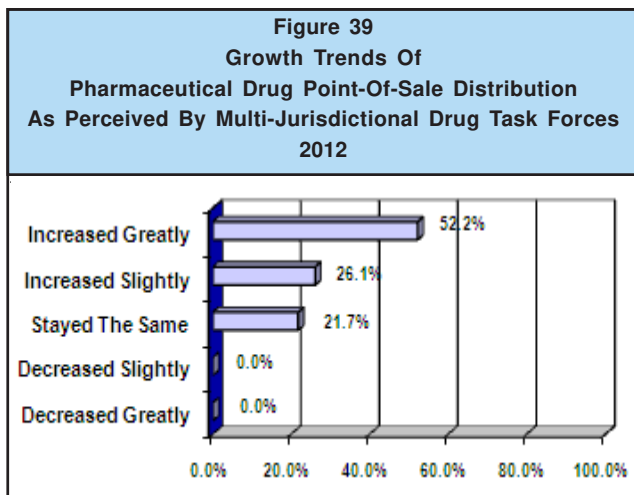
New Illicit Drugs

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

Table 34 Location Of Pharmaceutical Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces 2012	
Private Residences	95.7%
Vehicles	91.3%
Streets / Parking Lots	82.6%
Hotels / Motels	69.6%
Work Places	69.6%
Bars / Night Clubs	73.9%
Schools / Playgrounds	52.2%

Table 35 Demographic Characteristics Of Persons Involved In Pharmaceutical Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces 2012	
Gender	
Male	8.7%
Female	8.7%
Both	82.6%
Race	
Caucasian	76.1%
African American	16.4%
Hispanic	7.2%
Asian	0.2%
Other	0.2%
Age Group	
17 & Under	10.4%
18 - 25	25.9%
26 - 35	27.2%
36 - 50	24.8%
Over 50	11.8%





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, benzylpiperazine (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.

Benzylpiperazine 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 has been 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 both indoors and outdoors in Hawaii and California. Salvinorin A is ingested by smoking or chewing the plant or by drinking brewed tea. The plant is typically purchased on the Internet from retailers in California, Hawaii, Missouri, New York, Washington, and Wisconsin. Although the drug is widely available, its popularity has not increased because of its antisocial hallucinogen effects.

Alkyl Nitrates

Alkyl nitrates, once used to medicinally ease chest pains or angina, are now inhaled recreationally. They are distributed in small bottles filled with liquid alkyl nitrates which are broken and then inhaled, leading to their street name of poppers or snappers. Unlike other inhalants that act directly on the central nervous system, alkyl nitrates act primarily to dilate 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. It is known by several names such as Summit, Standard, and Citron. When smoked, the mixture produces 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 legal in most states, Kansas and Missouri have passed legislation to legalize it. In 2010 the 95th Missouri General Assembly passed House Bill (HB) 1472 that added K2 (1-pentyl-3-(1-naphthyl) indole) to the Schedule 1 controlled substances list.

Mescaline

Mescaline (3, 4, 5-trimethoxyphenethylamine) substance that is contained in tops of peyote cactus plants. The drug is obtained by cutting the top of the cactus plant and removing the oval “buttons” contained in the cactus crown. These brown oval buttons are then dried and consumed by either smoking or chewing the substance. The substance can also be soaked in water creating an intoxicating liquid. The affects of peyote is visual hallucinations and users can experience a dream like state of mind. Side effects of the drug include an increased heart rate, vomiting, headaches, and dizziness.

Bath Salts

Ingestion of bath salt has emerged as a new trend among young adults and teens. According to the NIDA, synthetic powders can be obtained on-line or from drug paraphernalia stores under the names of “Ivory Wave”, “Purple Wave”, “Red Dove”, “Blue Silk”, “Zoom”, “Bloom”, “Cloud Nine”, “Ocean Show”, “Lunar Wave”, “Vanilla Sky”, “White Lightning”, “Scarface”, and “Hurricane Charlie”. Bath salts often contain various amphetamine-like chemicals, such as methylenedioxypropylvalerone (MPDV), mephedrone and pyrovalerone. They are typically taken orally, inhaled, or injected. Because use of this drug is relatively new, short and long term affects the drug are not well documented but chest pain, increased blood pressure, increased heart rate, agitation, hallucinations, extreme paranoia, and delusions have been reported.

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

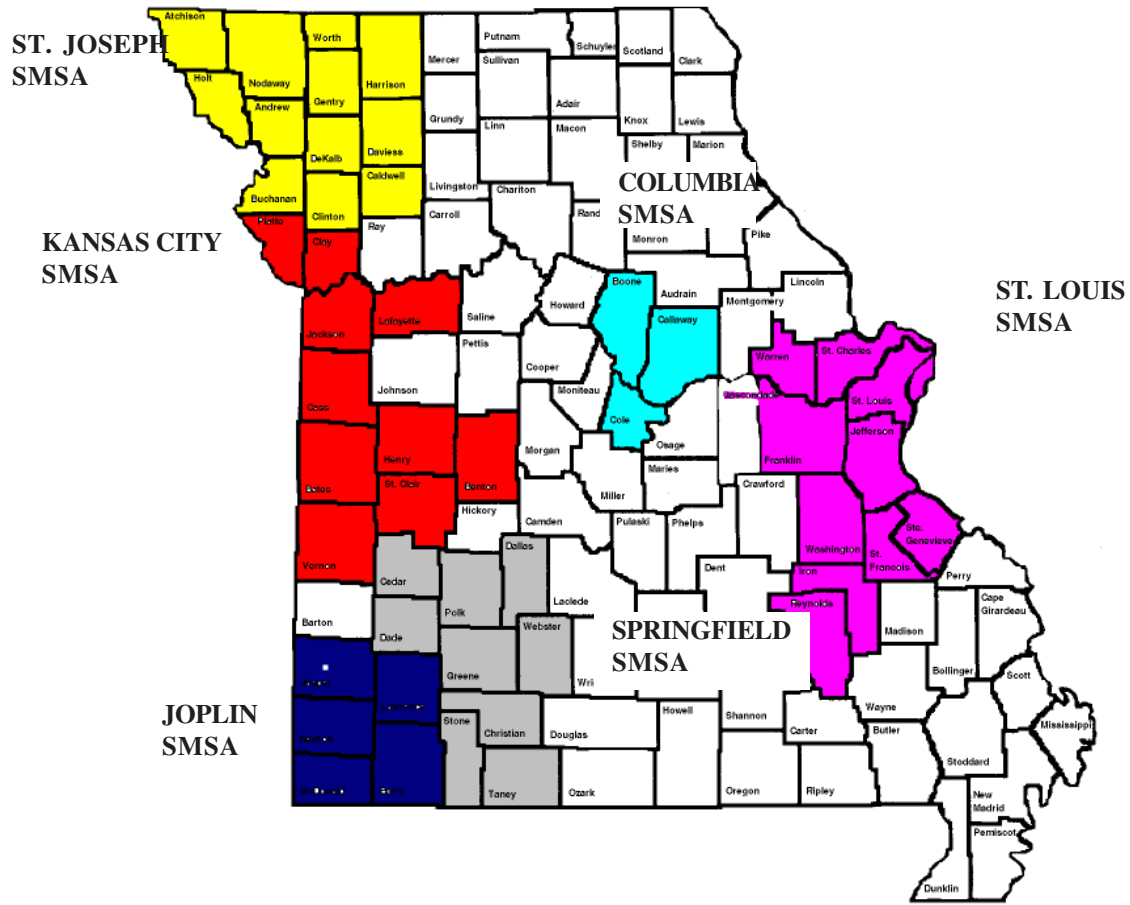
St. Joseph SMSA:

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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