



Indiana

Drug Threat Assessment

UPDATE

May 2002

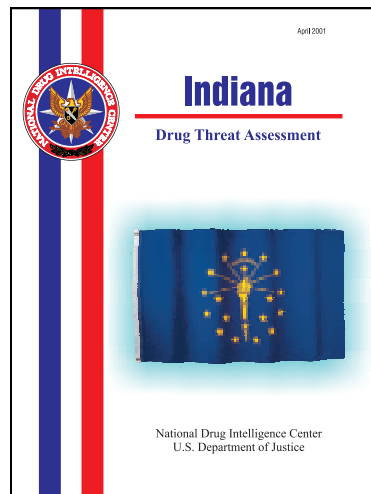


National Drug Intelligence Center
U.S. Department of Justice

Preface

This report is a brief update to the *Indiana Drug Threat Assessment*, which is a strategic assessment of the status and outlook of the drug threat to Indiana. Analytical judgment determined the threat posed by each drug type or category, taking into account the most current quantitative and qualitative information on availability, demand, production or cultivation, transportation, and distribution, as well as the effects of a particular drug on abusers and society as a whole. While NDIC sought to incorporate the latest available information, a time lag often exists between collection and publication of data. NDIC anticipates that this update will be useful to policymakers, law enforcement personnel, and treatment providers at the federal, state, and local levels.

The *Indiana Drug Threat Assessment* was produced in April 2001 and is available on NDIC's web site www.usdoj.gov/ndic or by contacting the NDIC dissemination line at 814-532-4541.





Indiana Drug Threat Assessment Update

Overview

Indiana serves as an active drug transportation and distribution area. Its proximity to Chicago and extensive transportation infrastructure are conducive to all levels of drug trafficking. Mexican criminal groups, street gangs, and local independent dealers transport and distribute cocaine, methamphetamine, marijuana, and heroin in Indiana, supplying drug markets within and outside the state.

Cocaine is the most significant drug threat to Indiana. It is readily available throughout the

state and its distribution and abuse have been linked to more drug-related violent crime than any other illicit substance. Methamphetamine poses the next greatest drug threat to the state. It is becoming increasingly available and has also been linked to violent criminal activity. Marijuana is the most widely available and frequently abused illicit drug in Indiana. Heroin abuse is increasing, but the drug's availability is primarily limited to the four most populated urban areas of the state. Other dangerous drugs such as MDMA, GHB, LSD, and diverted pharmaceuticals are emerging threats to the state.

Table 1. Primary Drug Treatment Admissions, Indiana, 1998–2000

	Cocaine	Methamphetamine	Marijuana	Heroin
1998	3,072	265	3,217	1,020
1999	5,924	694	7,006	2,137
2000	3,474	No data submitted	4,345	1,151

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set.

Cocaine

Cocaine, both powdered and crack, is the primary drug threat to Indiana. The level of cocaine abuse in the state is relatively high. According to the Treatment Episode Data Set (TEDS), the number of powdered and crack cocaine-related treatment admissions to publicly funded facilities in Indiana increased from 3,072 in 1998 to 5,924 in 1999, then decreased to 3,474 in 2000. (See Table 1 on page 1.) Additionally, 31 percent of adult male arrestees in Indianapolis tested positive for cocaine abuse in 2000, according to the Arrestee Drug Abuse Monitoring Program (ADAM).

Powdered cocaine is readily available in Indiana; crack cocaine is primarily available in the urban areas of the state, particularly in Bloomington, Gary, Fort Wayne, Indianapolis, and Terre Haute. Prices for powdered and crack cocaine are stable. According to the Drug Enforcement Administration (DEA) Indianapolis District Office, powdered cocaine sold for \$24,000 to \$26,000 per kilogram, \$900 to \$1,000 per ounce, and \$85 to \$100 per gram in Indianapolis in the first quarter of fiscal year (FY) 2002. Crack cocaine sold for \$700 to \$900 per ounce and \$10 to \$20 per rock. The DEA Merrillville Resident Office reported that powdered cocaine sold for \$18,000 to \$24,000 per kilogram, \$750 to \$1,000 per ounce, and \$70 to \$100 per gram in northwestern Indiana in the first quarter of FY2002. Crack cocaine sold for \$800 to \$1,000 per ounce and \$10 to \$20 per rock.

Mexican criminal groups, street gangs, and local independent dealers are the primary transporters of powdered cocaine into Indiana. Mexican criminal groups transport multikilogram quantities of powdered cocaine from Mexico through southwestern states using commercial and private vehicles. Street gangs and independent dealers typically transport smaller quantities of powdered cocaine into Indiana from neighboring cities such as Chicago and Detroit via private and rental vehicles. Federal and state

law enforcement officials report that local independent dealers are beginning to smuggle cocaine into Indiana from California. Crack cocaine typically is not transported into the state but is converted from powder at or near the point of sale.

Mexican criminal groups are the primary wholesale distributors of powdered cocaine in the state. Street gangs and local independent dealers also distribute powdered cocaine at the wholesale level, but to a lesser extent. African American and Caucasian street gangs and independent dealers are the primary retail distributors of powdered and crack cocaine, which they sell at open-air drug markets, public housing projects, private residences, and in gang-controlled communities.

Cocaine, particularly crack, is the drug most often associated with violent crime in Indiana. Law enforcement officials across the state report that retail distributors frequently carry firearms and have committed drive-by shootings, assaults, and murders.

Methamphetamine

Methamphetamine poses the second greatest drug threat to Indiana, and abuse appears to be increasing. According to TEDS, the number of methamphetamine-related treatment admissions to publicly funded facilities more than doubled from 265 in 1998 to 694 in 1999, the most recent year for which data are available. (See Table 1 on page 1.) Additionally, federal and state law enforcement reporting indicates that methamphetamine abuse is spreading from rural southwestern areas of Indiana to more urban areas in the northeastern part of the state.

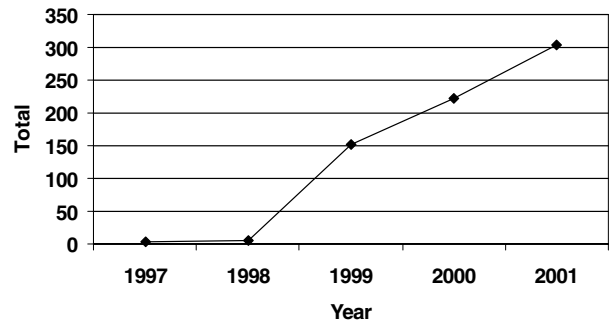
Methamphetamine produced in Mexico and southwestern states as well as locally produced methamphetamine is available; however, the availability of each type of methamphetamine varies by location. The DEA Merrillville Resident Office reports that methamphetamine produced in Mexico and southwestern states is available at an increasing rate in northwestern

Indiana. Law enforcement officials in Fort Wayne and Indianapolis report that methamphetamine produced in Mexico and southwestern states is dominant in their areas as well. The Terre Haute and Vincennes Police Departments report that locally produced methamphetamine is increasingly available in their areas; law enforcement in Evansville report increased availability of both locally produced methamphetamine and methamphetamine produced in Mexico and southwestern states.

Prices for methamphetamine are generally stable, and supply appears to be increasing. According to DEA, in the first quarter of FY2002, methamphetamine sold for \$16,000 to \$23,000 per pound, \$1,400 to \$2,000 per ounce, and \$90 to \$100 per gram in Indianapolis and the surrounding area and for \$9,000 to \$11,000 per pound, \$900 to \$1,200 per ounce, and \$100 per gram in northwestern Indiana. Federal, state, and local law enforcement officials report the growing presence of methamphetamine in their jurisdictions. This increasing supply is reflected in seizure reporting. According to the Federal-wide Drug Seizure System (FDSS), seizures of methamphetamine in the state increased significantly from 3.8 kilograms in 2000 to 31.4 kilograms in 2001.

Local independent Caucasian males are the primary producers of methamphetamine in the state. They generally use the Birch reduction method to produce the drug. This method requires anhydrous ammonia, a common agricultural fertilizer, as a precursor chemical. Law enforcement officials in many rural communities throughout Indiana report increased thefts of anhydrous ammonia that they attribute to increased methamphetamine production in their areas. Methamphetamine production is spreading throughout Indiana, particularly from southwest to northeast. This has resulted in a dramatic increase in laboratory seizures, from 3 in 1997 to 303 in 2001.

Chart 1. Methamphetamine Laboratory Seizures, 1997–2001



Source: Federal, state, and local law enforcement seizure data.

Mexican criminal groups transport methamphetamine produced in Mexico and southwestern states into Indiana in private vehicles. Locally produced methamphetamine typically is not transported far from laboratory sites. However, local independent producers usually transport precursor chemicals to laboratory sites throughout the state in private vehicles.

Mexican criminal groups are the primary wholesale distributors of methamphetamine produced in Mexico and southwestern states. They generally sell wholesale quantities to local independent dealers for retail distribution. Locally produced methamphetamine is not produced in quantities large enough to support wholesale distribution. Retail distribution, however, is conducted by individuals who produce the drug. Retail methamphetamine distribution usually occurs in bars, restaurants, and private residences.

Methamphetamine-related violence and property crimes are increasing in Indiana. Law enforcement officials report that methamphetamine-related shootings, assaults, and thefts have occurred over the past year.

Marijuana

Substance abuse indicators reveal that marijuana abuse is a significant problem in Indiana. According to TEDS, marijuana-related treatment admissions to publicly funded facilities significantly increased, from 3,217 in 1998 to 7,006 in 1999, then decreased to 4,345 in 2000. (See Table 1 on page 1.) Additionally, ADAM data indicate that nearly 50 percent of adult male arrestees in Indianapolis tested positive for marijuana abuse in 2000.

Marijuana is widely available throughout Indiana. Marijuana produced in Mexico is the dominant type; however, locally produced marijuana also is available in the state. According to DEA, in the first quarter of FY2002, marijuana typically sold for \$1,200 to \$1,600 per pound, \$35 to \$60 per ounce, and \$6 to \$9 per gram in Indianapolis. Marijuana sold for \$600 to \$1,200 per pound, \$30 to \$40 per ounce, and \$8 to \$10 per gram in northwestern Indiana.

Cannabis is cultivated throughout Indiana at outdoor and indoor grow sites. Outdoor grow sites are located on public or private land usually in remote areas. Indoor grows often are located at private residences. According to the DEA Domestic Cannabis Eradication/Suppression Program, 26,277 outdoor-cultivated plants were eradicated in 1999 and 27,140 in 2000. Further, 2,611 indoor-cultivated plants were eradicated in 1999 and 1,746 in 2000.

Mexican criminal groups supply most of the marijuana available in Indiana. They transport the marijuana into Indiana in bulk quantities in commercial vehicles from Mexico through southwestern states. The marijuana often is intermingled with legitimate cargo such as produce.

Mexican criminal groups generally supply wholesale quantities of marijuana to street gangs and local independent dealers for retail distribution. Locally produced marijuana usually is not

produced in quantities large enough to support wholesale distribution. Local growers generally control the retail distribution of the marijuana they produce. Marijuana typically is sold at open-air drug markets, public housing projects, private residences, and in gang-controlled communities.

Heroin

Heroin abuse also poses a problem in Indiana. Drug-related treatment admissions indicate that heroin is increasingly abused in the state. According to TEDS, heroin-related treatment admissions to publicly funded facilities more than doubled, from 1,020 in 1998 to 2,137 in 1999, and then decreased to 1,151 in 2000. (See Table 1 on page 1.) Additionally, ADAM data indicate that in 2000, over 3 percent of adult male arrestees in Indianapolis tested positive for heroin abuse.

Heroin is available primarily in the four most populated urban areas of the state—Gary, Evansville, Fort Wayne, and Indianapolis. Mexican black tar and brown powdered heroin are the most prevalent types. Southeast Asian and South American heroin reportedly also are available, but to a lesser extent. Heroin purity generally ranges from 30 percent to 70 percent. According to DEA, in the first quarter of FY2002, heroin in Indianapolis sold for \$2,500 to \$3,500 per ounce and \$200 to \$300 per gram. In northwestern Indiana (near Gary) it sold for \$2,500 to \$6,000 per ounce and \$100 to \$150 per gram.

Street gangs and local independent dealers typically travel to other cities including Chicago, Detroit and, in some cases, New York to purchase retail quantities of heroin to sell in Indiana. The heroin usually is packaged in 100-milligram quantities in small squares of aluminum foil. It is sold at open-air drug markets, public housing projects, private residences, and in gang-controlled communities.

Other Dangerous Drugs

The distribution and abuse of other dangerous drugs such as MDMA, GHB, and LSD pose an increasing threat, particularly to the state's teenagers and young adults. The diversion and abuse of pharmaceuticals also are concerns in the state.

MDMA

The availability and abuse of MDMA (3,4-methylenedioxymethamphetamine) are increasing in Indiana, primarily in areas with colleges and universities. Most of the MDMA currently available in the state is transported from Chicago by local independent dealers. The drug typically is distributed to high school and college students at raves and dance clubs for \$15 to \$30 per tablet.

MDMA, also known as ecstasy, Adam, XTC, E, and X, is a stimulant and low-level hallucinogen. Sometimes called the hug drug, MDMA purportedly helps abusers to be more "in touch" with others and "opens channels of communication." However, abuse of the drug can cause psychological problems similar to those associated with methamphetamine and cocaine abuse including confusion, depression, sleeplessness, anxiety, and paranoia. The physical effects can include muscle tension, involuntary teeth clenching, blurred vision, and increased heart rate and blood pressure. MDMA abuse also can cause a marked increase in body temperature leading to muscle breakdown, kidney failure, cardiovascular system failure, stroke, or seizure as reported in some fatal cases. Research suggests that MDMA abuse may result in long-term and sometimes permanent damage to parts of the brain that are critical to thought and memory.

GHB

The availability and abuse of GHB (gamma-hydroxybutyrate) also are increasing in Indiana. GHB generally is produced outside of Indiana and transported into the state by local independent dealers. The Evansville Police Department reports that GHB was produced in its area by a college student using a recipe obtained from the Internet. GHB typically is distributed to high school and college students at raves and dance clubs for \$5 to \$10 per dose.

LSD

The hallucinogen LSD (lysergic acid diethylamide) available in some urban areas of Indiana. It is transported from California and distributed at the retail level by local independent dealers for \$2 to \$4 per dose. LSD often is applied to blotter paper and candy or disguised as breath freshener drops.

Diverted Pharmaceuticals

Pharmaceuticals are diverted, distributed, and abused in Indiana; however, the threat posed by diverted pharmaceuticals is less than that of other illicit drugs. Commonly abused diverted pharmaceuticals include OxyContin, Valium, Vicodin, and Xanax. Pharmaceuticals generally are acquired by abusers and distributors through forged or stolen prescriptions, "doctor shopping" (individuals who may or may not have a legitimate ailment visit numerous physicians to obtain drugs in excess of what should be legitimately prescribed), and theft from pharmacies and nursing homes.

Outlook

Cocaine, particularly crack cocaine, will likely remain the most significant drug threat to Indiana because of its ready availability and association with violent crime. Mexican criminal groups, street gangs, and local independent dealers will continue to dominate the transportation and wholesale distribution of cocaine. Local African American and Caucasian street gangs and independent dealers will maintain control of the retail distribution of both powdered cocaine and crack.

Methamphetamine availability and abuse likely will increase, particularly if methamphetamine production in the state continues to escalate. Methamphetamine produced in Mexico and southwestern states will remain readily available in the state.

Marijuana will inevitably remain the most widely available and frequently abused illicit drug in Indiana. Cannabis will continue to be cultivated at indoor and outdoor grow sites throughout the state; however, marijuana from Mexico will remain the type most commonly abused.

Heroin will continue to pose a drug threat to Indiana, though not to the extent of other illicit drugs. However, if more established criminal groups begin to exploit heroin markets in Indiana, abuse of the drug likely will escalate.

MDMA and GHB abuse will continue, particularly among teenagers and young adults. Raves and dance clubs will remain the primary outlets for these drugs, but they will likely be sold at an increasing number of other venues.

GHB, LSD, and diverted pharmaceuticals will remain lower threats than other illicit drugs in Indiana.

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