State of Missouri
Department of Public Safety
Office of the Director

Edward Byrne Memorial Justice Assistance Grant (JAG) Program

Missouri Statewide Drug and Violent Crime Strategy
FY2013

FOREWORD

On behalf of the state of Missouri and the Missouri Department of Public Safety, it is my pleasure to present the FY 2013 Missouri Statewide Drug and Violent Crime Strategy. Since 1987, the Edward Byrne Memorial Justice Assistance Grant (JAG) Program (formerly known as the Edward Byrne Memorial Formula Grant and Local Law Enforcement Block Grant Programs) continues to be an essential resource in our continuing effort to meet the public safety needs of the state's criminal justice community. The Missouri Department of Public Safety remains committed to assisting criminal justice agencies in making Missouri a safer place. The JAG Program, and the addition of Recovery-JAG monies in 2009, made it possible for Missouri to aggressively address the many public safety issues associated with illicit drugs and violent crime.

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

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

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

Jerry Lee, Director
Missouri Department of Public Safety

State of Missouri
Department of Public Safety
Office of the Director
Criminal Justice/Law Enforcement Program

Edward Byrne Memorial Justice Assistance Grant (JAG) Program

July 1, 2012 – June 30, 2013

Acknowledgements

Governor Jeremiah W. (Jay) Nixon

Director Jerry Lee
Missouri Department of Public Safety

Deputy Director Andrea Spillars
Missouri Department of Public Safety

Eric E. Shepherd, Program Manager
Criminal Justice/Law Enforcement Program

Criminal Justice/Law Enforcement (CJ/LE) Staff:
Heather Haslag, Assistant Program Manager
Lisa Geiser, Program Specialist-DoD
Sarah Verhoff, Program Representative
Nancy Capps, Program Representative
Joan Dudenhoeffer, Part-Time Clerical Support
Jason Miller, Part-Time Warehouse Aid-DoD
Julie Bleich – Part-Time Warehouse Aid-DoD
Debbie Sparks, Part-Time Warehouse Clerk-DoD

Missouri State Highway Patrol, Statistical Analysis Center Staff:
Ron Beck

Operational Systems Development
Chelse Dowell

The Missouri Department of Public Safety wishes to extend its appreciation to the Criminal Justice agencies that provided the information included in this report.

This report is made possible as a result of funding from the Bureau of Justice Assistance, office of Justice Programs, U.S. Department of Justice, Award #2011-DJ-BX-2100

Researched and prepared by:
The Criminal Justice/Law Enforcement Program Staff and
Statistical Analysis Center - Missouri State Highway Patrol

Submitted to the U.S. Department of Justice, Bureau of Justice Assistance
November 2013

SECTION I: Executive Summary

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

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

In compliance with section 522(a) of the Omnibus Crime Control and Safe Streets Act, the Criminal Justice/Law Enforcement Program FY13 State Annual Report (SAR), will outline the impact of JAG (and ARRA JAG) Program funding on the criminal justice system within the jurisdictions of state and local government. During the reporting period covered in this annual report, July 1, 2012 through June 30, 2013, the Criminal Justice/Law Enforcement Program provided funding assistance in five (5) authorized purpose areas. The total monetary award for this reporting period was $7,252,824.46 for which the Criminal Justice/Law Enforcement Program was able to provide financial assistance to 32 state and local projects through the 2012 JAG solicitation, 27 local projects through the 2012 Recovery-JAG solicitation, 15 state and local projects through the 2012 MJCCG solicitation, and 105 local projects through the 2013 LLEBG solicitation.

This level of funding provided financial assistance to 147 Law Enforcement Programs (27 multi-jurisdictional drug task forces, 15 multi-jurisdictional cyber crime task forces, and 105 other law enforcement projects), 1 Prosecution & Court Programs, 1 Prevention & Education Program, 1 Drug Treatment Program, and 1 Planning, Evaluation, and Technology Improvement Programs. The total funds expended during this reporting period represent grant awards utilizing JAG Program monies from federal fiscal years 2009, 2010, 2011, & 2012.

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

INTRODUCTION

The Missouri Department of Public Safety, Office of the Director manages the distribution of federal funds provided to the State by the U.S. Department of Justice (DOJ), Office of Justice Programs (OJP), Bureau of Justice Assistance (BJA), Edward Byrne Memorial Justice Assistance Grant (JAG) Program. The unit responsible for the management of these funds is the Criminal Justice/Law Enforcement Program. Since 1987, the Edward Byrne Memorial Formula and Local Law Enforcement Block Grant Programs have provided criminal justice agencies with financial resources to confront drugs and violence. In FY2005, the Edward Byrne Memorial Justice Assistance Grant (JAG) Program blended the previous Edward Byrne Memorial Formula (Byrne) and Local Law Enforcement Block Grant (LLEBG) Programs in an effort to streamline justice funding and grant administration. The Missouri Department of Public Safety, Office of the Director is committed to assisting state and local efforts to make Missouri a safer place. Dealing head-on with illicit drugs and violent crime is critical to this effort and federal grant monies make this possible.

The Missouri Department of Public Safety has undertaken a comprehensive approach to utilizing the JAG Program dollars. Enforcement/interdiction, prevention/education, treatment, criminal litigation, improving criminal history records, and improving statewide illicit drug and violent crime data are a few of the focus areas for the FY 2013 Strategy. By addressing these issues, we believe we can receive the most benefit for the citizens of Missouri.

Since the beginning of Byrne/JAG funding in 1987, the Missouri Department of Public Safety (DPS), Criminal Justice/Law Enforcement Program (CJ/LE), has developed a comprehensive strategic approach to the drug and violent crime problems facing Missouri. The FY 2013 Strategy is an overview of a four-year plan.

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

The Missouri DPS is responsible for development and administration of the JAG Program. This responsibility is conducted in accordance with RSMO 650.005, Section 8, which provides all powers, duties, and functions for administering Federal grants, planning, and the like related to public laws 90-351 through 90-455 and related acts of Congress be assumed by the Director of Public Safety. The Program is entering its 26th year of funding.

SECTION II: Data and Analysis

INTRODUCTION

The Missouri Department of Public Safety (DPS) has undertaken a comprehensive approach to utilizing 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.

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.

DATA SOURCES

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 2012, 28,272 clients were admitted for treatment of illicit drug use. A total of 45,147 illicit drugs were mentioned by these clients. Of these, 22,015 illicit drugs were mentioned by clients as primary contributors to their abuse problems.

Another information system used to assess illicit drug use was the Patient Abstract Information System[2] maintained by Department of Health and Senior Services (DHSS). This information system captures data on patients admitted to licensed hospitals in Missouri including cases handled through hospital emergency rooms. Data were obtained on all patients admitted to these facilities from 2007 through 2011 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 Survey[3] 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 System[5] data describing drug cases processed by Missouri crime laboratories

were analyzed to identify the impact on criminal justice service agencies. Juvenile Court Information System[6] data describing referrals of juveniles for drug violations were analyzed to identify the impact of drugs on Missouri's juvenile justice system. Illicit drugs' impact on the State's penal system was identified through analysis of Department of Corrections (DOC) Offender Management Information System[7] 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 Prevention[8] data describing cases involving HIV/AIDS contracted through illicit drug use identified the impact on State-supported facilities that care for HIV/AIDS afflicted persons.

The illicit drug industry also has an impact on Missouri's economy and the criminal justice system. To determine the extent of drug industries in the State, an analysis was conducted of data contained in the Multi-Jurisdictional Drug Task Force (MJDTF) Quarterly Report Information System[9] supported under the Edward Byrne Memorial Justice Assistance Grant (JAG). These reports request information on trends in quantity and estimated street value of drugs seized as well as types of drug cases and arrests processed. Reliance also was placed on information collected in DPS' Crime Laboratory Quarterly Report System[6]. Data in this system provides information related to trends in illicit drug case processing as well as identification of new illicit drug types coming on the scene or older ones experiencing a rejuvenation of use.

This study also utilized data collected in the 2013 Missouri MJDTF Drug Industry Survey[10] 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 2010*[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 2012 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, 33.4% in the St. Louis MSA and 16.3% in the Kansas City MSA. Five MSAs contain 15.1% of the population while the Non-MSA regions of the State account for 35.2% 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 2011[14], 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; heath 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 Health[15] 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 2011, the Missouri Department of Health and Senior Services recorded 31,009 illicit drug mentions during admissions of Missouri residents to instate hospitals for medical treatment. In the diagnosis of 8,208 patients, marijuana was mentioned as a factor. Of all illicit drugs diagnosed in 2011, marijuana accounted for 26.5%. It was the second most diagnosed drug associated with statewide hospital admissions in 2011.

Marijuana was the greatest contributing factor to people seeking treatment for illicit drug abuse and dependency. Department of Mental Health states that in 2012, 28,272 clients were admitted to State-supported facilities for use of one or more illicit drugs. A total of 22,015 primary drug mentions were made by these clients. There were 8,549 clients who indicated marijuana contributed to their drug abuse problem. As a result, marijuana accounted for 38.8% 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 8,549 clients in treatment programs who indicated marijuana as a problem, 72.2% were male and 27.7% were female (Table 1). In addition, 68.3% were Caucasian, 26.2% were African American, and 5.3% were either American Indian or another race. The majority of clients were 17 years of age and older (82.0%) while 18.0% were 16 years of age or younger.

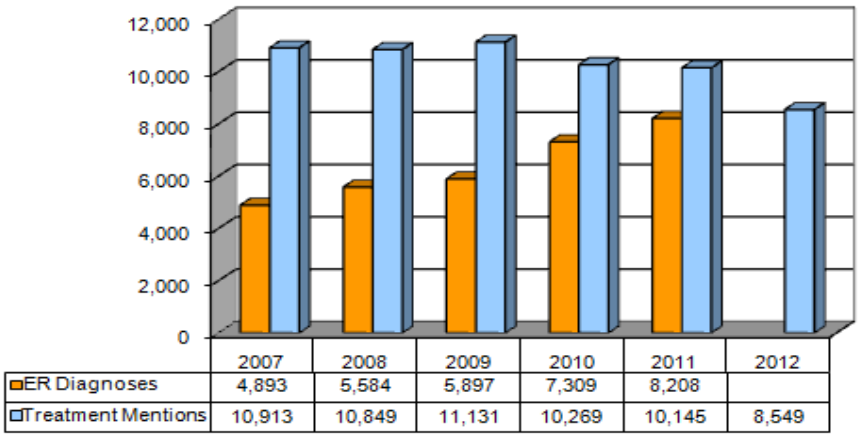
Marijuana seems to be Missouri's youth's drug of choice compared to other illicit drugs. The average age of clients receiving treatment for illicit drug use in 2012 was 31 years. However, for the 8,549 clients with a marijuana problem, the average age was 27 years. Clients with a marijuana problem first used it at a younger age than clients first used other illicit drugs. The average age of clients' first use of marijuana was 14 years compared to 19 years for clients' first use of other illicit drugs.

Table 1
Mentions of Drugs In Drug Treatment Admissions
By Demographic Characteristics Of Clients and Drug Type
2012

Gender	Marijuana	Cocaine	Methamphetamine	Heroin/Opiates	Hallucinogens
Male	72.2%	60.1%	54.5%	57.3%	56.3%
Female	27.7%	39.7%	45.4%	42.6%	43.6%
Race					
Caucasian	68.3%	31.9%	95.6%	73.9%	61.2%
African American	26.2%	63.4%	1.4%	23.1%	34.6%
American Indian	0.1%	0.2%	0.1%	0.2%	0.1%
Other	5.2%	4.3%	2.8%	2.8%	3.8%
Age Group					
16 Years & Younger	18.0%	0.5%	1.0%	0.8%	2.5%
17 Years & Older	82.0%	99.5%	99.0%	99.2%	97.5%

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 2007 (Figure 1). Marijuana mentions increased 14.1% from 2007 to 2008, 5.6% from 2008 to 2009, 23.9% from 2009 to 2010, and by 12.3% in 2011. An examination of trends of persons seeking treatment in State-supported facilities for primary problems with marijuana indicates a decrease from 2006 through 2008. Treatments of marijuana slightly increased in 2009 and then decreased by 7.7% in 2010 and by 1.2% in 2011. In 2012 the decreasing trend continues as marijuana decreases by 15.7%.

Figure 1
Marijuana Abuse Emergency Room Diagnoses And Treatment Admission Mentions
2007 Through 2012



	2007	2008	2009	2010	2011	2012
ER Diagnoses	4,893	5,584	5,897	7,309	8,208	
Treatment Mentions	10,913	10,849	11,131	10,269	10,145	8,549

A regional analysis was conducted based on hospital inpatients and outpatients receiving treatment for drug abuse in 2011. The greatest number of marijuana mentions given in hospital admissions in 2011 was found not to be regionally concentrated. Columbia MSA patients mentioned marijuana most often (32.8% of all mentions), followed by patients from Joplin MSA (30.5%), Kansas City MSA (30.2%), St. Louis MSA (26.3%), Non-MSA (25.3%), St. Joseph (21.3%), and Springfield (16.5%) 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 2011, 1.4 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.

Cocaine abuse is significant in Missouri. In 2011, the DHSS recorded 31,009 illicit drug mentions during medical treatment admissions of Missouri residents to instate hospitals. In the diagnosis of 3,812 patients, cocaine was mentioned as a factor. Of all illicit drugs diagnosed in 2011, cocaine accounted for 12.3% of the total. It was the second most diagnosed drug associated with statewide hospital admissions in 2011.

Cocaine was a contributing factor for many persons seeking treatment for illicit drug abuse and dependency. The Department of Mental Health states that in 2012, 28,272 clients were admitted to State-supported facilities for use of one or more illicit drugs. A total of 22,015 primary drug mentions were made by these clients. Cocaine was mentioned by 1,857clients as a contributor to their drug abuse problem, or 8.4% of all primary drug mentions.

A highly disproportionate number of females used cocaine compared to other major types of illicit drugs. In 2012, one-third (39.7%) of the 1,857 clients having a cocaine dependency problem admitted to State-supported treatment programs were female (Table 1). Of the 1,857 clients, 63.4% were African American while 31.9% were Caucasian. Nearly all clients were 17 years of age or older (99.5%).

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 2012 was 42 years as compared to the 31 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 years compared to 19 years for clients' first use of any illicit drug.

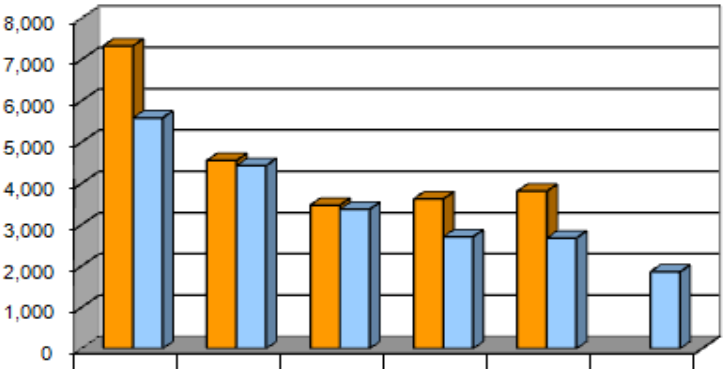
Trend analyses were conducted identifying patterns of cocaine use in Missouri over the past several years. When examining these trends, it is apparent that use of this drug may be on the decline. As seen in Figure 2, the number of persons admitted to hospitals diagnosed with a cocaine problem decreased 37.9% in 2008 (4,555), 23.7% in 2009 (3,474), increased 4.3% in 2010 and 5.1% in 2011. 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), 1.1% in 2011 (2,679) and 30.7% in 2012 (1,857).

A regional analysis conducted of patients obtaining treatment for drug abuse at Missouri hospitals in 2011 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 (19.1%) followed by St. Louis MSA (16.5%) counties. Kansas City MSA counties had the next greatest proportion of cocaine mentions (15.1%) followed by St. Joseph (6.6%), Non-MSA (5.2%), Joplin MSA (4.1%), and Springfield MSA (3.3%) counties.

An analysis of cocaine ingestion methods by clients receiving drug abuse treatment in 2012 at State-supported facilities indicated 80.0% smoked cocaine. Of all clients, another 15.1% inhaled it, 2.0% ingested it orally, and 2.6% 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%.

Figure 2
Cocaine Abuse Emergency Room Diagnoses And Treatment Admission Mentions
2007 Through 2012



	2007	2008	2009	2010	2011	2012
ER Diagnoses	7,332	4,555	3,474	3,626	3,812	
Treatment Mentions	5,588	4,432	3,373	2,708	2,679	1,857

Table 3
Proportion Of Missouri High School Seniors
Who Used Cocaine In Past 30 Days
1993 Through 2009

1993	**2.0%**
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 31,009 illicit drug mentions were recorded by the DHSS during admissions of Missouri residents to instate hospitals for medical treatment in 2011. In the diagnosis of 3,717 patients, methamphetamine and amphetamine were mentioned as a factor in 12.0% of all illicit drugs diagnosed in 2011. These drugs were the fourth most diagnosed drugs associated with statewide hospital admissions in 2011.

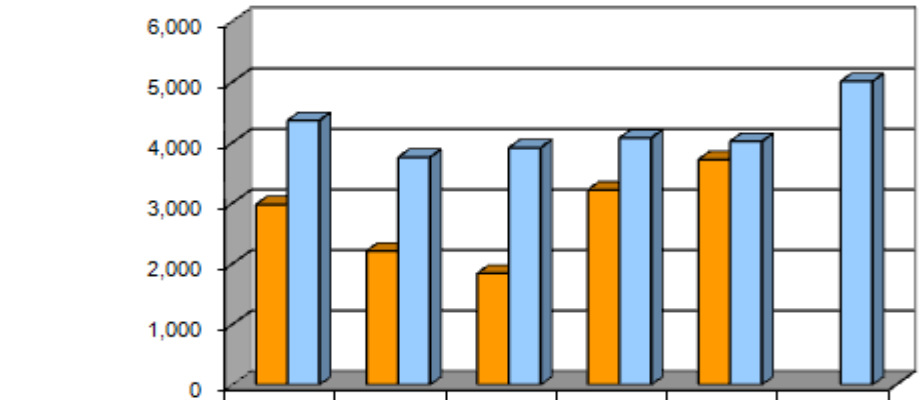
Methamphetamine and amphetamine were a contributing factor for people seeking treatment for illicit drug use. Department of Mental Health states that a total of 28,272 clients were admitted for use of one or more illicit drugs to State-supported facilities in 2012 and 22,015 primary drug mentions were made by these clients. Methamphetamine and amphetamines contributed to the drug abuse problem of 5,006 clients, or 22.7% of all primary drug mentions.

Of the 5,006 clients in treatment programs with methamphetamine or amphetamine problems, 54.5% were male and 45.4% were female (Table 1). Methamphetamine and amphetamines are disproportionately used by Missouri's Caucasian adult population. Of the total clients, 95.6% were Caucasian, 1.4% were African American, and 2.9% were other races. Clients age 17 years and older accounted for 99.0% of all clients.

The average age of people seeking drug treatment for methamphetamine and amphetamine abuse in 2012 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 2012 was 31 years while the average age of clients with a methamphetamine or amphetamine problem was 33 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 years compared to 19 years for clients' first use of any illicit drug.

Methamphetamine and amphetamine use appears to be fluctuating in Missouri. The number of persons admitted to hospitals diagnosed with methamphetamine or amphetamine decreased by 25.8% from 2007 to 2008 followed by a decrease in 2008 (2,209), a 16.7% decrease in 2009 (1,839), increased by 96.3% in 2010 (3,217), and increased by 15.5% in 2011 (3,717). 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 and increased 24.7% to 5,006 admissions in 2012.

Figure 3
Methamphetamine Abuse Emergency Room Diagnoses And Treatment Admission Mentions
2007 Through 2012



	2007	2008	2009	2010	2011	2012
ER Diagnoses	2,976	2,209	1,839	3,217	3,717	
Treatment Mentions	4,363	3,756	3,912	4,073	4,016	5,006

A regional analysis of patients obtaining treatment for drug abuse at Missouri hospitals in 2011 indicates the greatest number of methamphetamine mentions given in hospital admissions occurs in western Missouri MSAs and Non-MSAs. Joplin MSA and Springfield MSA patients sought treatment for methamphetamine most often (25.3%). Patients in Kansas City MSA (17.5%), followed by Non-MSA (17.1%), St. Joseph MSA (15.0%), Columbia MSA (9.1%), and St. Louis MSA (3.7%) counties.

An analysis was conducted of methamphetamine and amphetamine ingestion methods used by clients receiving drug abuse treatment in 2012 at State-supported facilities. Of the 5,006 clients having a problem with these drugs, 42.2% smoked methamphetamine or amphetamines, 43.7% injected the drugs, 9.0% inhaled them, 4.2% took methamphetamine or amphetamine orally, and 0.5 % 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 2011, a total of 31,009 illicit drug mentions were recorded by the DHSS during hospital admissions of Missouri residents for medical treatment. In the diagnosis of 31,009 patients, heroin and opiates were mentioned as factors, and of all illicit drugs diagnosed in 2011, heroin and opiates accounted for 45.0% (13,948). These drugs were the most diagnosed drugs associated with statewide hospital admissions in that year.

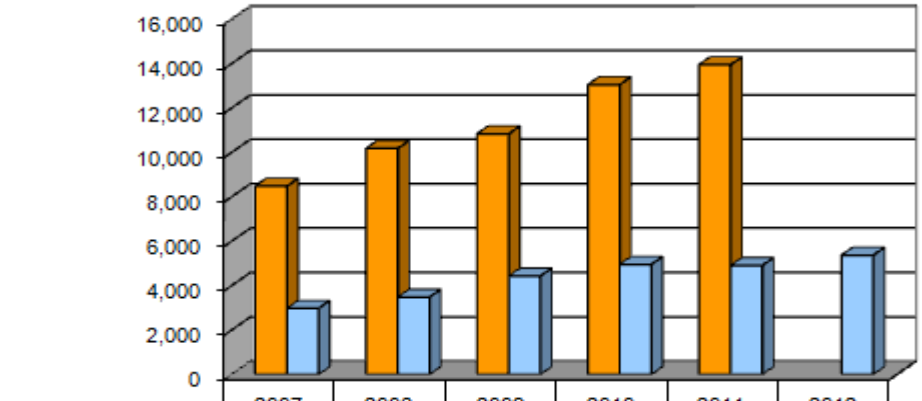
Heroin and opiates also were a significant contributing factor for people seeking treatment for illicit drug use. The Department of Mental Health states that in 2012, 28,272 clients admitted to State-supported facilities had 22,015 primary drug mentions. Heroin and opiates contributed to the drug abuse problem of 5,370 clients, or 24.3% of all primary drug mentions (Table 1). Of the 5,370 clients in treatment programs with a heroin or opiate problem, 57.3% were male and 42.6% were female. In addition, 73.9% were Caucasian, 23.1% were African American, and 3.0% were American Indian or another race. This agrees with results reported by the National Institute on Drug Abuse[19], 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 99.2% of all clients

while those 16 years or younger accounted for just 0.8% of all clients. This also agrees with National Institute on Drug Abuse analyses that indicate the average age of heroin related deaths is 35.

The average age of clients receiving treatment for heroin or opiates in 2012 was 32, only slightly older than that of clients receiving treatment for all drugs (31). 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 years compared to 19 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, 20.4% in 2010, and 6.8% in 2011 (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. Heroin and opiate treatment admissions increased 16.7% in 2008, 27.4% in 2009, and 11.7% in 2010. In 2011 the number of persons receiving treatment for heroin or opiates decreased less that 1% to 4,908 and increased 9.4% in 2012 to 5,370 clients.

Figure 4
Heroin / Opiates Abuse Emergency Room Diagnoses And Treatment Admission Mentions
2007 Through 2012



	2007	2008	2009	2010	2011	2012
ER Diagnoses	8,481	10,182	10,837	13,052	13,948	
Treatment Mentions	2,981	3,481	4,434	4,955	4,908	5,370

A regional analysis of persons obtaining illicit drug abuse treatment in 2011 at Missouri hospitals indicated the greatest number of heroin/opiate mentions given in hospital admissions in 2011 occurred in the St. Louis MSA counties where patients mentioned heroin / opiates most often (51.4%). Patients in Springfield MSA counties were next (48.4%), followed by Non-MSA (47.3%), Columbia MSA (35.9%), Joplin MSA (33.6%), Kansas City MSA (32.7%), and St. Joseph MSA (25.7%) counties.

Heroin and opiates ingestion methods used by clients receiving drug abuse treatment in 2012 at State-supported facilities also were analyzed. Of the 5,370 clients having a problem with these drugs, 53.9% injected heroin or opiates, 24.3% took the drugs orally, 19.5% inhaled heroin or opiates, 1.0% smoked them, and 1.2% 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 2011, a total of 31,009 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 202 patients, or 0.7% of all illicit drug mentions in 2011 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 2012 that 22,015 primary drug mentions were made by 28,272 clients admitted for use of one or more illicit drugs to State-supported facilities. Hallucinogens contributed to the drug abuse problem of 594 clients, or 2.6% of all primary drug mentions.

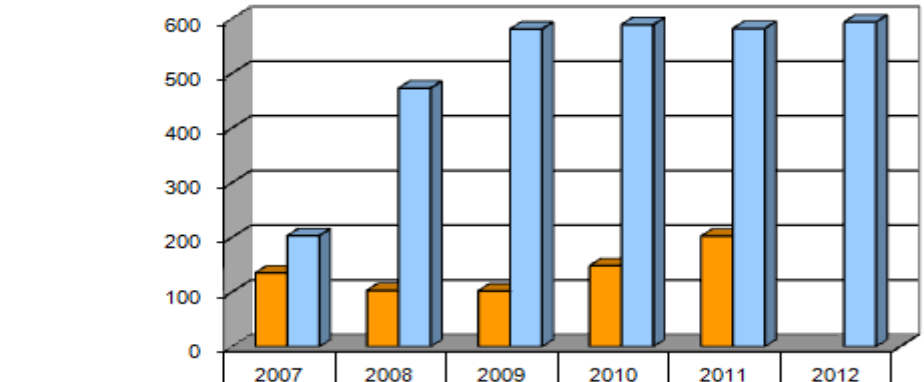
The average age of clients receiving treatment for illicit drugs in 2012 was 31 years while the average age of the 594 clients with a hallucinogen problem was 32 years. The average age of clients' first use of hallucinogens was 22 years compared to the average age of clients' first use of other drugs was 19 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 and in 2011 increased to 202 mentions. The number of persons admitted to State-supported facilities for treatment of primary problems with hallucinogens began an upward swing in 2008 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), 2011 they decreased by 1.2% (582), and 2012 increased 2.1% (594).

A regional analysis of persons admitted to hospitals for illicit drug problems in 2011 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 594 clients having a problem with these drugs, 53.7% orally ingested them, 39.7% smoked hallucinogens, 3.0% injected these drugs, and 3.4% inhaled them.

Figure 5
Hallucinogens Abuse Emergency Room Diagnoses And Treatment Admission Mentions
2007 Through 2012



	2007	2008	2009	2010	2011	2012
ER Diagnoses	135	103	102	148	202	
Treatment Mentions	203	473	581	589	582	594

Other Illicit Drugs

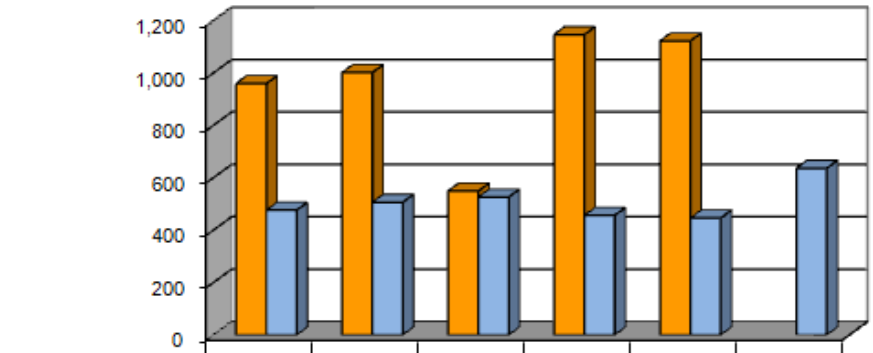
Other specific illicit drugs including inhalants, sedatives, barbiturates, tranquilizers, and benzodiazepines are abused in Missouri less than those previously discussed except for hallucinogens. In 2011, a total of 31,009 illicit drug mentions were recorded by the DHSS during admissions of Missouri residents to instate hospitals. In the diagnosis of 1,122 patients, drugs in this general group were mentioned as a factor, or 3.6% of the total mentions. Barbiturates were mentioned as a factor in the diagnosis of 476 patients, or 1.5%, 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 2012, 22,015 primary drug mentions were made by 28,272 clients admitted for use of one or more illicit drugs to State-supported facilities. These drugs contributed to the abuse problem of 636 clients, or 2.9% 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 2007 through 2008, then a deceased in 2009, followed by a increase of 108.7% in 2010 and a decrease of 2.1% in 2011 (Figure 6). The number of persons seeking treatment in State-supported facilities for primary problems with these drugs appears to fluctuate. In 2007, the number of persons seeking treatment for inhalants, sedatives, barbiturates, tranquilizers, and benzodiazepines was 476, but increased 6.3% to 506 mentions in 2008. The number of persons has remained at similar levels through 2008 (506), 2009 (526), 2010 (456), and 2011(446). The number of persons seeking treatment increased to 636 clients a 42.6% increase in 2012.

The number of other drug mentions given in hospital admissions in 2011 was found to be disproportionately greater in small MSAs and Non-MSAs. Of all illicit inhalant, sedative, barbiturate, tranquilizer, or benzodiazepine mentions in 2011, 31.2% were made by patients admitted to hospitals in St. Joseph MSA counties. This was followed by Springfield MSA (5.9%), Joplin MSA (5.2%), Non-MSA (4.4%), Kansas City MSA (3.7%), Columbia MSA (2.2%), St. Louis MSA (1.6%) and counties.

Figure 6
Other Drug Abuse Emergency Room Diagnoses And Treatment Admission Mentions
2007 Through 2012



	2007	2008	2009	2010	2011	2012
ER Diagnoses	959	1,001	549	1,146	1,122	
Treatment Mentions	476	506	526	456	446	636

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 2008, the number of arrests decreased 8.4% from 2007. This was followed by a 2.7% decrease in 2009 (35,949), a 7.2% decrease in 2010 (33,349), a 17.8% decrease in 2011 (27,426), and a 35.8% increase in 2012. Likewise, the drug arrest rate has continued to decrease since 2007 (Figure 8). In 2008, the drug arrest rate decreased to 638.9 per 100,000 population, a 7.9% decrease from the previous year. The arrest rate decreased 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). In 2012 the arrest rate increased by 25.9% (599.3).

The number of possession and sale / manufacture drug arrests made by law enforcement agencies is indicative of the demand for illicit drugs. In 2012, 37,246 drug arrests were made by Missouri law enforcement agencies. Of these arrests, 32,097, or 86.2%, were for drug possession. Another 5,149 arrests (13.8%) were for sale or manufacture of drugs.

Figure 7
Number of Missouri Drug Offense Arrests
2007 Through 2012

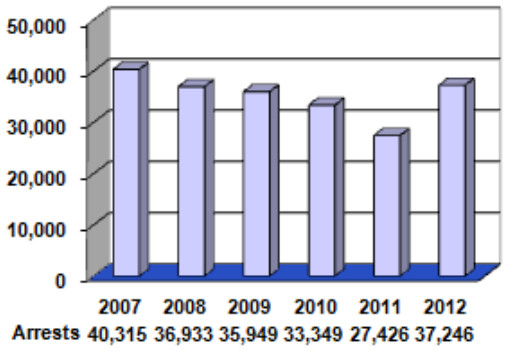
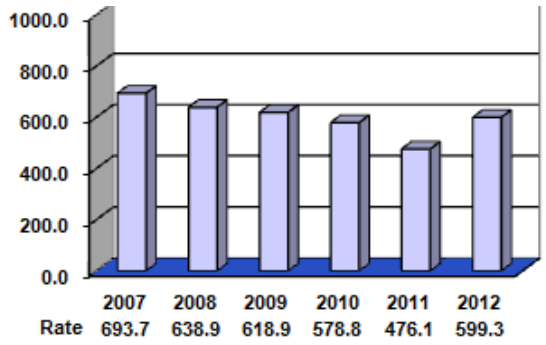


Figure 8
Rate of Missouri Drug Offense Arrests
2007 Through 2012



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 2012, 25,952 cases were processed in thirteen State crime laboratories. Of these cases, 26,785 (96.9%) resulted in detection of one or more illicit drugs. In 3.1% 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 have increased (Figure 9).

Figure 9
Cases Processed By Missouri Crime Laboratories
With Identified Drug
2006 Through 2012

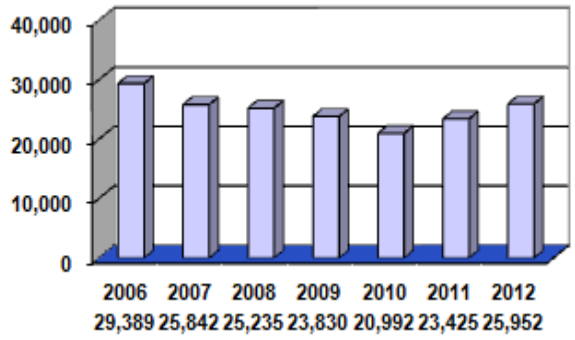
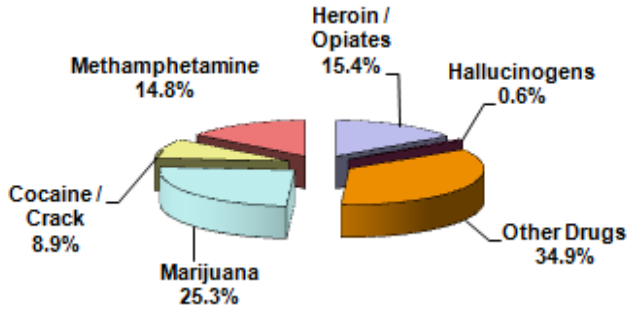


Figure 10
Illicit Drugs Identified In Missouri Crime Laboratory Cases
By Drug Type
FY 2012



In 2012, 39,496 drugs were identified in 26,785 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 2011, 29,089 referrals were made by juvenile courts. Of these, 2,321, or 8.0% were involved with dangerous drug law violations (Figure 11). Of the drug related referrals, 27.6% 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 and increases in 2011 (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. There was an increase of 2.9% in 2011.

One of the most severe sanctions societies 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 from 2007 to 2008 but has since remained fairly constant. Incarcerated drug violators decreased 58.5% from 6,153 in 2007 to 2,556 in 2008. The number of new drug violation admissions in 2010 was 2,657, 2011 had 2,714, and 2012 2, (Figure 13).

Figure 11
Missouri Juvenile Court Referral
2011

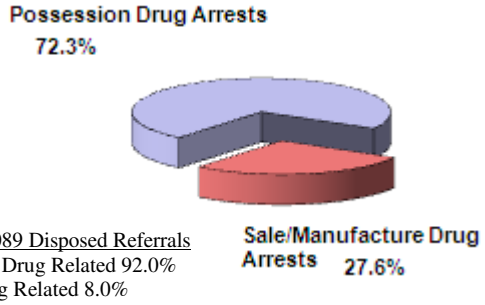


Figure 12
Missouri Juvenile Court Referrals For
Drug Related Law Violations
2005 through 2011

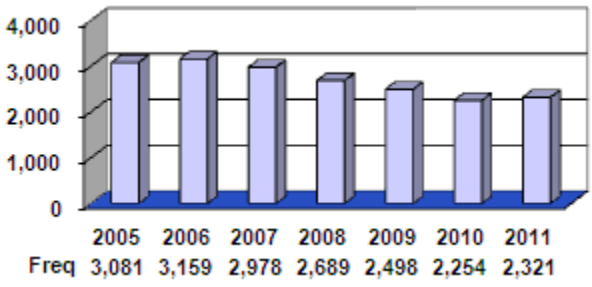
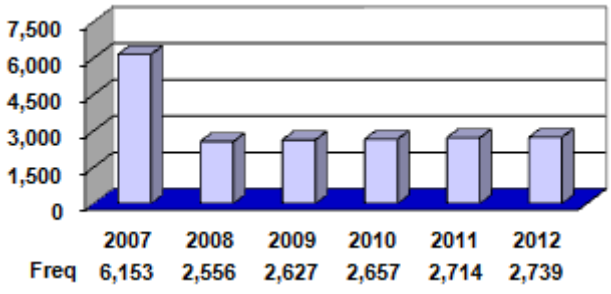


Figure 13
Department Of Corrections Clients
Sentenced For Drug Violations
2007 Through 2012



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 31,009 illicit drugs diagnosed in hospital admissions in 2011, 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, 169.4% in 2010, and 8.8% in 2011 as compared to each previous year.

Figure 14
Missouri Hospital Illicit Drug Mentions In Patient
Diagnoses By Drug Type
2011

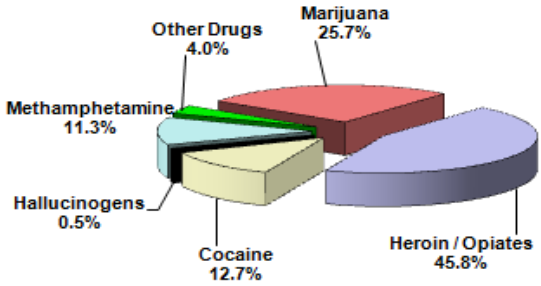
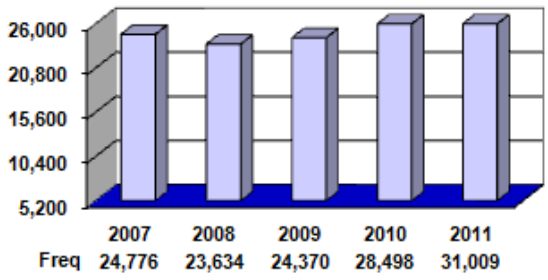


Figure 15
Diagnoses Of Illicit Drug Abuse In
Missouri Hospital Emergency Room Admissions
2007 Through 2011



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 2012, 51 state-supported agencies operated approximately 263 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 2011, 403 AIDS cases and 237 HIV cases were diagnosed in Missouri where intravenous drug use was suspected as the primary means of infection (Table 4). Another 367 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 prostitution. When these persons contact HIV/AIDS through intravenous drug use, they transmit the disease to numerous sex partners they come in contact with. Sexual contact is another way this deadly disease is transmitted. In addition, a number of infected drug dealers who also are intravenous drug users frequently transmit the HIV virus.

Table 4
HIV / AIDS Cases Contracted By Intravenous Drug Use
2002 Through 2011

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
2011	237	403	207	367

ILLICIT DRUG INDUSTRY IN MISSOURI

Missouri has a substantial illicit drug industry. It not only supports illicit drug users in the State, but also involves exportation and distribution of illicit drugs on an interstate basis. A variety of data sources were used to assess Missouri's drug industries. Reliance was placed on existing law enforcement arrest and illicit drug activity information systems and quarterly program progress reports. Published federal and state law enforcement agency reports describing State illicit drug industries and results of a 2013 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 2013 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.

Table 5
Seriousness Of Specific Illicit Drug Industries In Missouri
As Perceived By Multi-Jurisdictional Drug Task Forces
2013

Drug Industry	Major Problem	Moderate Problem	Minor Problem	No Problem
Marijuana Cultivation	7.4%	44.4%	48.1%	0.0%
Methamphetamine Production	74.1%	22.2%	3.7%	0.0%
Interstate Drug Distribution / Trafficking	55.6%	37.0%	7.4%	0.0%
Point-Of-Sale Distribution				
Marijuana	74.1%	25.9%	0.0%	0.0%
Cocaine / Crack Cocaine	29.6%	25.9%	44.4%	0.0%
Methamphetamine	92.6%	7.4%	0.0%	0.0%
Heroin / Opiates	40.7%	22.2%	33.3%	3.7%
Hallucinogens	3.7%	11.1%	77.8%	7.4%
Ecstasy / Designer Drugs	3.7%	33.3%	63.0%	0.0%
Illicit Pharmaceutical Drugs	77.8%	11.1%	11.1%	0.0%
Crack Cocaine Processing	18.5%	22.2%	40.7%	18.5%

Marijuana Cultivation

According to the 2011 National Survey on Drug Use & Health[17] marijuana was used in the past month by 18.1 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 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 2012, a total of 12,972 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.

Table 6
Eradication Of Cultivated And Sinsemilla Marijuana Plants
By Multi-Jurisdictional Drug Task Forces
Fiscal Years 2003 Through 2012

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
2012	12,972	39

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, 92.9% indicated marijuana is grown indoors in their jurisdictional area and 85.7% 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 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, 58.3% reported marijuana is grown on natural / undisturbed fields dispersed in existing legitimate crops (Table 7). Also, 75.0% 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 in grow houses from incorrectly rewired electrical bypasses. 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 76.9% indicated it is grown in barns / outbuildings.

Table 7
Location of Outdoor and Indoor Marijuana Cultivation
As Perceived By Multi-Jurisdictional Drug Task Forces
2013

Outdoor Locations	
Natural / Undisturbed Fields	58.3%
Cultivated / Fallow Farmland	50.0%
River / Stream Banks	58.3%
Dispersed In Existing Crops	41.7%
Government Forest	75.0%
Along Railroad Lines	25.0%
Along Roadsides	8.3%
Other	33.3%
Indoor Locations	
Private Residences	100.0%
Garages	61.5%
Barns / Outbuildings	76.9%
Abandoned Buildings	21.1%
Other	7.7%

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, 78.6% indicated males were involved in this industry, 88.8% indicated Caucasians were involved, and 39.3% indicated persons aged 26 through 35 were involved (Table 8).

Of those MJDTFs indicating marijuana cultivation is a major or moderate problem, 64.3% indicated this industry is loosely organized or unorganized (Figure 16).

Half (51.8%) of the MJDTFs indicating marijuana cultivation is a major or moderate problem believe marijuana cultivation is slightly increasing while 71.4% 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
2013

Gender		
	Male	**78.6%**
	Female	**0.0%**
	Both	**21.4%**
Race		
	Caucasian	**88.8%**
	African American	**3.6%**
	Hispanic	**6.7%**
	Asian	**0.5%**
	Other	**0.7%**
Age Group		
	17 & Under	**0.9%**
	18 - 25	**23.2%**
	26 - 35	**39.3%**
	36 - 50	**31.1%**
	Over 50	**5.4%**

Figure 16
Organization Levels Associated With Marijuana Cultivation
As Perceived By Multi-Jurisdictional Drug Task Forces
2013

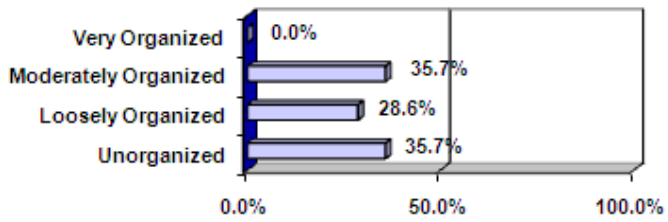
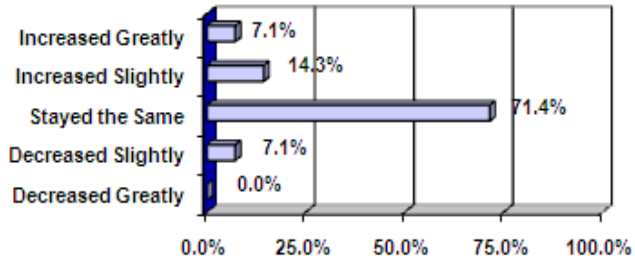


Figure 17
Trends of Marijuana Cultivation Industry
As Perceived By Multi-Jurisdictional Drug Task Forces
2013



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 2012, 1,709 clandestine methamphetamine laboratories were destroyed by multi-jurisdictional drug task forces in Missouri. Of these, 54.1% were destroyed in non-MSA counties and 30.9% were destroyed in St. Louis MSA counties. Springfield MSA counties accounted for 6.3% of the total destroyed clandestine methamphetamine labs, followed by counties in the Joplin MSAs (4.4%), Columbia MSA (3.5%), Kansas City MSA (0.6%), and St. Joseph MSA (0.2%).

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 2006 through 2007 but has steadily increased from 2008 through 2012 (Figure 19). Seizures increased 9.9% in 2011 followed by an increase of 7.3% in 2012 as compared to each previous year.

Figure 18
Clandestine Methamphetamine Laboratory Seizures
By County
2012

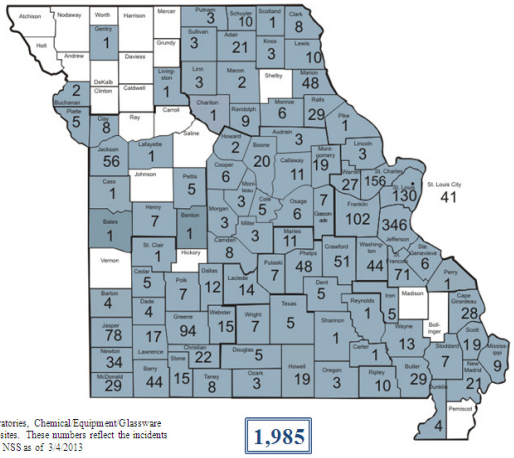
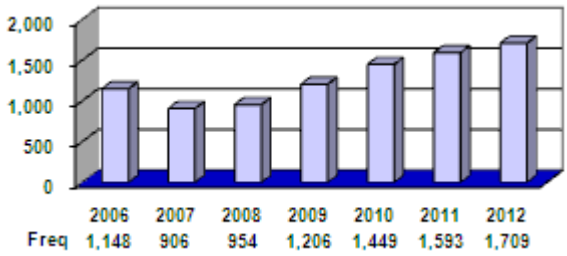


Figure 19
Clandestine Methamphetamine Laboratories Seized
By Multi-Jurisdictional Drug Task Forces
FY 2006 through FY 2012



An examination of Missouri crime laboratory case processing data suggests methamphetamine manufacturing has increased substantially only in the past year since 2007. In 2012, Missouri crime laboratories processed only 903 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 80.8% 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

Table 9
Cases with Methamphetamine Products And Precursors
Detected By Missouri Crime Laboratories
FY 2002 through FY 2012

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
2012	447	82	374	903

Table 10
Locations Used For Clandestine
Methamphetamine Production As Perceived By
Multi-Jurisdictional Drug Task Forces
2013

Outdoor Locations		
	Wooded Areas / Rural Fields	**90.5%**
	Campgrounds	**52.4%**
	River Banks / Accesses	**76.2%**
	Farmland	**47.6%**
	Caves	**19.0%**
	Public Parks	**52.4%**
	Gravel Roads	**76.2%**
	Vehicles	**95.2%**
	Government Forest	**57.1%**
	Other	**4.8%**
Indoor Locations		
	Hotels / Motels	**62.5%**
	Workplaces	**8.3%**
	Abandoned Buildings	**75.0%**
	Barns / Outbuildings	**75.0%**
	Garages	**83.3%**
	Single Family Residences	**95.8%**
	Apartments / Condominiums	**83.3%**
	Commercial Storage Unit	**37.5%**
	Other	**0.0%**

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, 100.0% stated that Shake/Bake method was the most commonly used (Figure 20). Also MJDTF indicated that powder is the form most produced of methamphetamine.

In the 2013 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 and cold capsules/ephedrine, are most commonly used to produce the drug (Table 11).

Figure 20
Types of Chemical Processing Associated With Methamphetamine Production
As Perceived By Multi-Jurisdictional Drug Task Force
2013

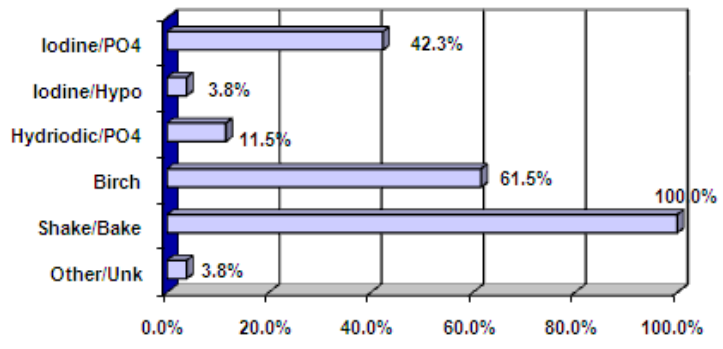


Table 11
Clandestine Methamphetamine Precursor Chemicals
As Perceived By Multi-Jurisdictional Drug Task Forces
2013

Precursor Chemicals	
Anhydrous Ammonia	69.2%
Ether / Starting Fluid	84.6%
Liquid Iodine	46.2%
Highway Flares	23.1%
Lithium Batteries	96.2%
Camping Fuels	100.0%
Cold Capsules / Ephedrine	100.0%
Organic Solvent	84.6%
Acids	73.1%
Red Devil Dye	76.9%
Hydrogen Peroxide	53.8%
Ammonia Sulfate	38.5%
Ammonia Nitrate	73.1%

The sources of precursor chemicals used to process methamphetamine in clandestine laboratories vary. Retail / supply stores are the most common source of precursor chemicals according to 96.2% of MJDTFs that indicated methamphetamine production is a major or moderate problem in their jurisdictions (Table 12). Portable field tanks (73.7%) are the most common source of anhydrous ammonia identified by task forces with a major or moderate clandestine methamphetamine laboratory problem. Other sources for anhydrous ammonia include homemade (68.4%).

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, 54.2% indicated participants are male, 91.6% indicated participants are Caucasian, and 43.5% indicated their ages range from 26 through 35 (Table 13).

Table 12
Sources of Methamphetamine Precursor Chemicals
As Perceived By Multi-Jurisdictional Drug Task Forces
2013

Precursor Chemical Sources		Anhydrous Ammonia	
Mail Order	0.0%	Field Tanks	73.7%
Catalogs / Farm Supply	65.4%	Farm Supply Stores	47.4%
Stores / Veterinarian	7.7%	Farm Co-ops	52.6%
Suppliers / Retail	96.2%	Bulk Fertilizer Plants	26.3%
Discount Chemical Supply	3.8%	Poultry Processing Plants	0.0%
Hardware Warehouse	76.9%	Imported From Other States	5.3%
Drug Stores	92.3%	Home Made	68.4%
Overseas Pharmaceutical	3.8%	Other	0.0%
Other	0.0%		

Table 13
Demographic Characteristics of Persons Involved In Clandestine Methamphetamine Production As Perceived By Multi-Jurisdictional Drug Task Forces 2013

Gender		
	Male	54.2%
	Female	0.0%
	Both	45.8%
Race		
	Caucasian	91.6%
	African American	2.16%
	Hispanic	5.6%
	Asian	0.1%
	Other	0.5%
Age Group		
	17 & Under	1.6%
	18 - 25	20.7%
	26 - 35	43.5%
	36 - 50	28.3%
	Over 50	5.9%

One half of the task forces indicated persons in this industry are loosely organized (54.2%) and may share processing techniques or equipment (Figure 21). Another third (37.5%) 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 (50.0%) indicated this industry had a slight or great increase in growth in their jurisdiction (Figure 22).

Figure 21
Organization Levels Associated With Clandestine Methamphetamine Production As Perceived By Multi-Jurisdictional Drug Task Forces 2013

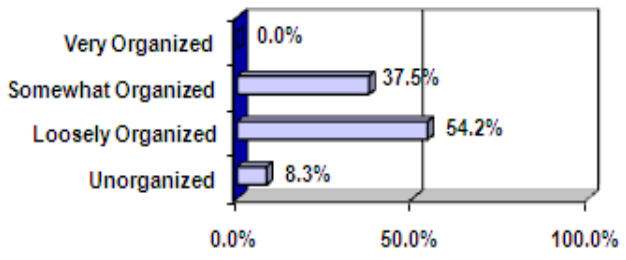
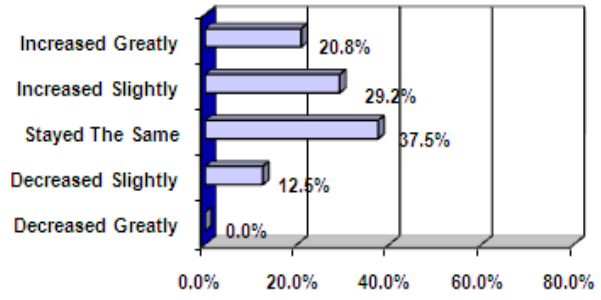


Figure 22
Trends of Clandestine Methamphetamine Production As Perceived By Multi-Jurisdictional Drug Task Forces 2013



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 (72.0%) and methamphetamine (88.0%).

Table 14
Types of Drugs Transported Across Missouri
As Perceived By Multi-Jurisdictional Drug Task Forces
2013

Cocaine / Crack	**72.0%**
Marijuana	**100.0%**
Methamphetamine	**88.0%**
Ecstasy / Designer Drugs	**32.0%**
Heroin / Opiates	**60.0%**
Pharmaceuticals	**36.0%**
Hallucinogens	**8.0%**
Khat	**4.0%**

MJDTFs were asked to identify vehicle types and transportation systems commonly used to transport illicit drugs across the State. Of the MJDTFs indicating interstate drug distribution / trafficking is a major or moderate problem, 96.0% stated drugs are transported by noncommercial vehicles on interstate roadways (Table 15). Other common vehicle types used for drug distribution / trafficking are mail couriers (76.0%) and commercial vehicles (68.0%).

Table 15
Vehicle Types Used To Transport Drugs Across Missouri
As Perceived By Multi-Jurisdictional Drug Task Forces
2013

Vehicle Type	
Non Commercial Vehicles	**96.0%**
Commercial Vehicles	**68.0%**
Mail Couriers	**76.0%**
Bus Lines	**28.0%**
Train Lines	**16.0%**
Commercial Airlines	**0.0%**
Private Airlines	**4.0%**

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, 28.0% indicated only males distribute / traffic drugs while 72.0% stated both males and females participate (Table 16). Of the MJDTFs with a moderate or major drug distribution / trafficking problem, 44.9% indicated Caucasians are participants and 27.3% stated Hispanics participate. Of these same MJDTFs, 43.1% indicated persons aged 26 through 35 were most commonly involved in this industry.

Table 16
Demographic Characteristics of Persons Involved In
Interstate Drug Distribution / Trafficking
As Perceived By Multi-Jurisdictional Drug Task Forces
2013

Gender		
	Male	**28.0%**
	Female	**0.0%**
	Both	**72.0%**
Race		
	Caucasian	**44.9%**
	African American	**26.5%**
	Hispanic	**27.3%**
	Asian	**1.2%**
	Other	**0.1%**
Age Group		
	17 & Under	**2.1%**
	18 - 25	**21.5%**
	26 - 35	**43.1%**
	36 - 50	**25.9%**
	Over 50	**7.3%**

Interstate drug distribution is more organized than other illicit drug industries. Of the MJDTFs indicating interstate drug distribution is a major or moderate problem, 72.0% indicated this industry is very or somewhat organized. Also, 18.5% 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 (48.0%) responded drug distribution / trafficking is slightly or greatly increasing (Figure 23). In addition, 56.0% of the responding task forces consider the purity of distributed / trafficked drugs to be staying the same while 44.0% believe purities of transported drugs are increasing (Figure 24).

Figure 23
Growth Trends Of Interstate Drug Distribution / Trafficking
As Perceived By Multi-Jurisdictional Drug Task Forces
2013

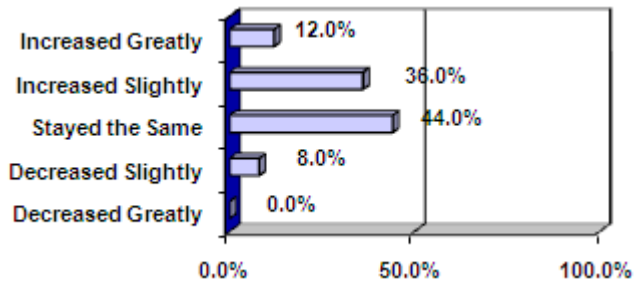
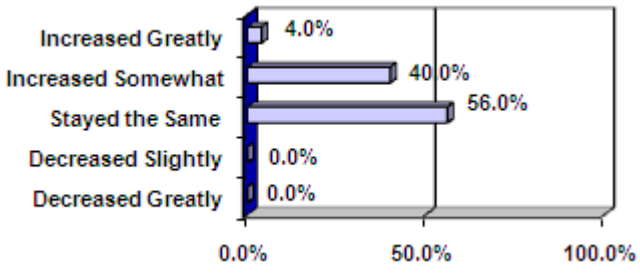


Figure 24
Purity Trends Of Interstate Drug Distribution / Trafficking
As Perceived By Multi-Jurisdictional Drug Task Forces
2013



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.

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 2012, 190,601 ounces of marijuana were seized. This is a decrease of 17.8% from 2011.

Table 17
Ounces of Drugs Seized By
Multijurisdictional Drug Task Forces
FY 2004 Through FY 2012

Fiscal Year	Marijuana	Cocaine	Crack	Meth	Heroin / Opiates	LSD	PCP	Ecstasy*
2004	324,671	4,759	414	4,918	223	<1	50	459
2005	176,497	14,598	833	3,059	575	1	5	1,470
2006	311,138	14,232	5,919	3,200	1,331	8	535	1,743
2007	179,389	17,968	667	6,721	739	<1	531	11,440
2008	375,502	14,016	291	508	180	<1	275	13,195
2009	157,861	5,610	297	2,815	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
2012	190,601	4,566	54	37,294	255	27	494	18

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 92.6% of the MJDTFs as locations of marijuana sales while 85.2% identified streets / parking lots as locations (Table 18). Sale of marijuana from vehicles was noted by 81.5% of the MJDTFs.

Table 18
Location Of Marijuana Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces
2013

Private Residences	92.6%
Streets / Parking Lots	85.2%
Vehicles	81.5%
Hotels / Motels	63.0%
Bars / Nightclubs	63.0%
Work Places	33.3%
Schools / Playgrounds	29.6%

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, 70.4% indicated both males and females were involved (Table 19). These MJDTFs also indicated Caucasians (51.2%), African Americans (30.2%) and Hispanics (17.7%) are involved in this

industry. Over one third (31.7%) of the responding MJDTFs identified persons aged 18 through 25 as participating in this industry and 36.4% stated persons aged 26 through 35 are involved.

Table 19
Demographic Characteristics Of Persons Involved In Marijuana Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces 2013

Gender		
	Male	**29.6%**
	Female	**0.0%**
	Both	**70.4%**
Race		
	Caucasian	**51.2%**
	African American	**30.2%**
	Hispanic	**17.7%**
	Asian	**0.8%**
	Other	**0.1%**
Age Group		
	17 & Under	**5.0%**
	18 - 25	**31.7%**
	26 - 35	**36.4%**
	36 - 50	**20.4%**
	Over 50	**5.2%**

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 (80.8%) stated sellers were very organized, somewhat organized, or loosely organized (Figure 25). Of the same task forces, 75.0% 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, almost one-half (48.1%) responded marijuana point-of-sale distribution stayed the same and 51.8% stated the industry is greatly or slightly increasing (Figure 26).

Figure 25
Organization Levels Associated With Marijuana Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces 2013

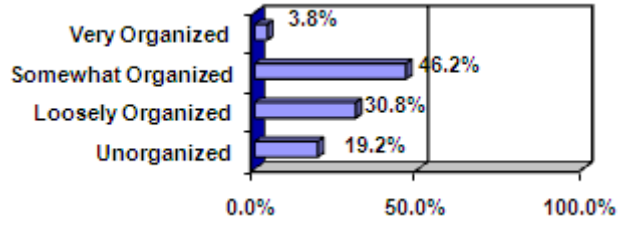
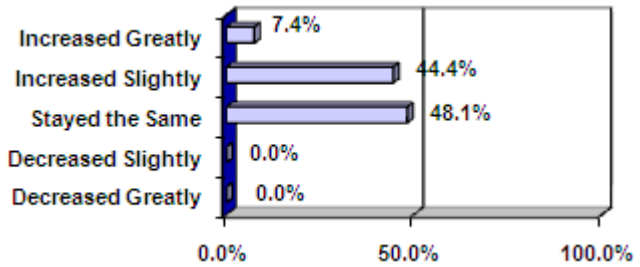


Figure 26
Growth Trends Of Marijuana Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces 2013



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 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 third to marijuana. In Fiscal Year 2011, task forces seized 4,318 ounces of cocaine (Table 17). Larger quantities of cocaine were seized by MJDTFs in Fiscal Year 2012 when 4,566 ounces were seized. This is a 5.7% increase of ounces seized in 2012.

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 (55.5%) 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, 77.8% identified cocaine / crack sales and distribution commonly occur in private residences, on streets / parking lots (88.9%) 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, over two-thirds (75.4%) reported African Americans are participants (Table 21). Just over half of the task forces (55.6%) indicated only males participate and 42.1% identified participants in this industry are between the ages of 26 and 35.

Table 20
Location Of Cocaine/Crack Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces
2013

Private Residences	**77.8%**
Streets / Parking Lots	**88.9%**
Vehicles	**83.3%**
Hotels/Motels	**55.6%**
Bars/Nightclubs	**55.6%**
Work Places	**16.7%**
Schools/Playgrounds	**16.7%**

Table 21
Demographic Characteristics Of Persons Involved In
Cocaine/Crack Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces
2013

Gender		
	Male	**55.6%**
	Female	**0.0%**
	Both	**44.4%**
Race		
	Caucasian	**19.3%**
	African American	**75.4%**
	Hispanic	**4.9%**
	Asian	**0.4%**
	Other	**0.0%**
Age Group		
	17 & Under	**4.4%**
	18 - 25	**26.6%**
	26 - 35	**42.1%**
	36 - 50	**21.1%**
	Over 50	**5.7%**

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, 35.3% indicated participants are somewhat organized and 58.8% indicated industry participants are loosely organized (Figure 27).

Many Missouri drug task forces believe cocaine / crack point-of-sale distribution has increased in their jurisdictions. Less than one third (22.2%) of MJDTFs respondents to the drug industry survey indicated cocaine and crack cocaine distribution/point-of-sale trafficking increased slightly while 72.2% perceived this industry has stayed the same (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, 40.7% indicated crack processing was also a major or moderate problem in

their jurisdictions (Table 5). Of these MJDTFs, 90.9% indicated powder cocaine was the precursor to crack and 45.5% indicated rock cocaine was a precursor

Figure 27
Organization Levels Associated With
Cocaine / Crack Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces
2013

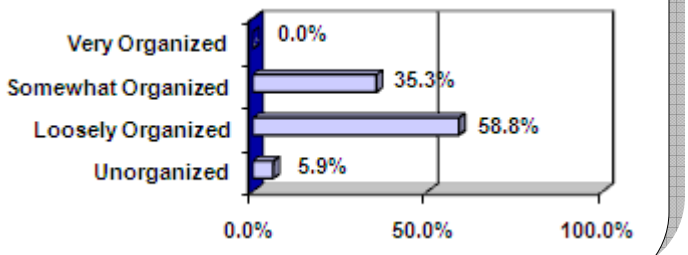
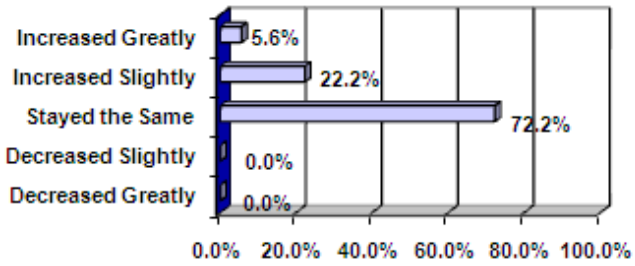


Figure 28
Growth Trends Of Cocaine / Crack Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces
2013



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 100.0% indicated it occurs in apartments/condominiums and single family residence/mobile homes (Table 22).

Table 22
Location Of Crack Cocaine Processing
As Perceived By Multi-Jurisdictional Drug Task Forces
2013

Single Family Residences	**100.0%**
Apartments / Condominiums	**100.0%**
Hotels / Motels	**63.6%**
Work Places	**0.0%**
Abandoned Buildings	**0.0%**
Garages	**18.2%**
Barn/ Outbuildings	**0.0%**

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, 63.6% identified males as participants in crack cocaine processing and 82.1% identified African American participants (Table 23). Over one-third (39.5%) of these task forces indicated persons aged 26 through 35 are involved.

Crack processing in Missouri is moderate to well organize according to drug task forces. Of the MJDTFs identifying this industry as a major or moderate problem, 63.6% 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, 72.7% responded it stayed constant while 27.3% of the MJDTFs indicated the industry increased in their jurisdictions (Figure 30).

Table 23
Demographic Characteristics Of Persons Involved In Crack Processing
As Perceived By Multi-Jurisdictional Drug Task Forces
2013

Gender		
	Male	**63.6%**
	Female	**0.0%**
	Both	**36.4%**
Race		
	Caucasian	**13.9%**
	African American	**82.1%**
	Hispanic	**2.8%**
	Asian	**0.5%**
	Other	**0.0%**
Age Group		
	17 & Under	**3.8%**
	18 - 25	**31.4%**
	26 - 35	**39.5%**
	36 - 50	**20.7%**
	Over 50	**3.6%**

Figure 29
Organization Levels Associated With
Crack Cocaine Processing
As Perceived By Multi-Jurisdictional Drug Task Forces
2013

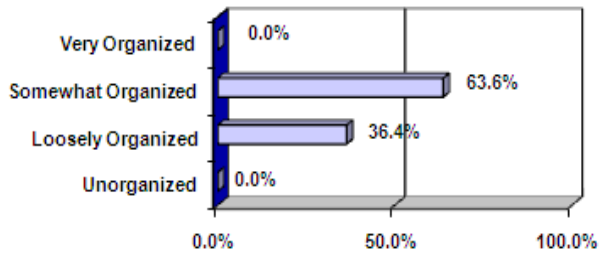
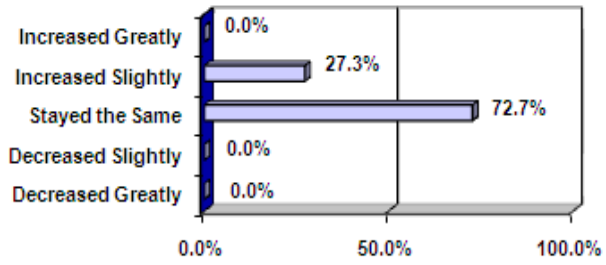


Figure 30
Growth Trends Of Crack Cocaine Processing
As Perceived By Multi-Jurisdictional Drug Task Forces
2013



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.

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 slightly decreased in 2011 to 2,089 ounces but significantly increased to 37,294 ounces in 2012. The significant jump in meth ounces seized is due to one drug task force which is in the middle of several ongoing FBI cases that have been identified with selling large amounts of methamphetamines in Missouri.

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 2011 to 298 gallons and significantly decreased to 15 gallons in 2012.

Methamphetamine point-of-sale distribution is a serious problem in the State. Of all responding MJDTFs, 100.0% stated this industry is a major or moderate problem in their jurisdictions (Table 5). These task forces indicated methamphetamine is distributed at many locations. Of the MJDTFs that indicated this industry is a major or moderate problem, 96.2% identified private residences as point-of-sale locations (Table 25). Other common methamphetamine distribution locations identified by MJDTFs included vehicles (85.2%), on streets / parking lots (88.9%), and at hotels / motels (81.5%).

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, 72.8% 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, 41.7% stated participants are between the ages of 26 and 35 and 26.2% stated they are aged 18 through 25.

Table 24
Doses of Drugs Seized By
Multi-Jurisdictional Drug Task Forces
FY 2004 through FY 2012

Fiscal Year	Heroin / Opiates	LSD	PCP	Ecstasy	Gallons Pseudo Ephedrine	Anhydrous Ammonia	Other Drugs
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
2012	3,508	461	3	2,461	4,474	15	33,539

Table 25
Location Of Methamphetamine Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces
2013

Private Residences	92.6%
Vehicles	85.2%
Streets/Parking Lots	88.9%
Hotels/Motels	81.5%
Work Places	40.7%
Bars/Night Clubs	70.4%
Schools/Playgrounds	7.4%

Table 26
Demographic Characteristics Of Persons
Involved In Methamphetamine Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces
2013

Gender		
	Male	55.6%
	Female	0.0%
	Both	70.4%
Race		
	Caucasian	72.8%
	African American	8.9%
	Hispanic	17.9%
	Asian	0.3%
	Other	0.1%
Age Group		
	17 & Under	1.8%
	18 - 25	26.2%
	26 - 35	41.7%
	36 - 50	26.3%
	Over 50	4.0%

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, 74.1% indicated participants are somewhat to very organized and 22.2% 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, 47.6% stated street gangs are involved in this industry and 52.4% 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, 66.6% noted it has slightly or greatly increased (Figure 32).

Figure 31
Organization Levels Associated With Methamphetamine Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces
2013

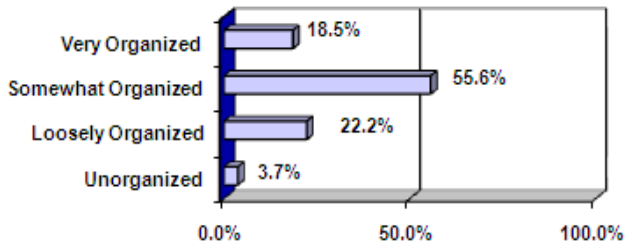
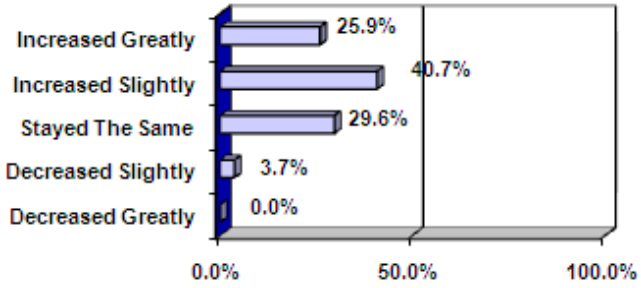


Figure 32
Growth Trends Of Methamphetamine Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces
2013



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. For Fiscal Year 2012, task forces seized 255 ounces which was a 45.4% decrease compared to Fiscal Year 2011. Doses of seized heroin increased 31.9% from 2,659 doses in 2011 to 3,508 doses in 2012 (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 (62.9%) responded this industry is a major or moderate problem (Table 5). Heroin/opiate sales 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, 88.9% indicate sales occur on streets and parking lots. These task forces also identified sales commonly occur in private residences (Table 27).

Table 27
Location Of Heroin / Opiates Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces
2013

Private Residences	**77.8%**
Vehicles	**83.3%**
Streets / Parking Lots	**88.9%**
Bars / Night Clubs	**44.4%**
Hotels / Motels	**61.1%**
Work Places	**27.8%**
Schools / Playgrounds	**27.8%**

Persons involved with heroin/opiates point-of-sale distribution are typically Caucasians or African Americans over 17 years of age. Over one-third (48.3%) of task forces identifying this industry as a major or moderate problem indicated Caucasians are involved and 45.1% 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 (71.5%) of the MJDTFs.

Table 28
Demographic Characteristics Of Persons
Involved In Heroin / Opiates Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces
2013

Gender		
	Male	**38.9%**
	Female	**0.0%**
	Both	**61.1%**
Race		
	Caucasian	**48.3%**
	African American	**45.1%**
	Hispanic	**5.6%**
	Asian	**0.4%**
	Other	**0.0%**
Age Group		
	17 & Under	**4.6%**
	18 - 25	**31.3%**
	26 - 35	**40.2%**
	36 - 50	**18.3%**
	Over 50	**5.6%**

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, 41.2% indicated heroin / opiates point-of-sale distribution is very organized to somewhat organized (Figure 33). Another 52.9% of these MJDTFs stated this industry is loosely organized. Street gangs and ethnic/nationalist gangs are involved in this industry according to all MJDTFs with a major or moderate heroin / opiate point-of-sale distribution problem.

Generally this industry is increasing in 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, 83.3% noted the industry has increased in their jurisdictions while 11.1% stated it has remained constant (Figure 34).

Figure 33
Organization Levels Associated With Heroin / Opiates Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces 2013

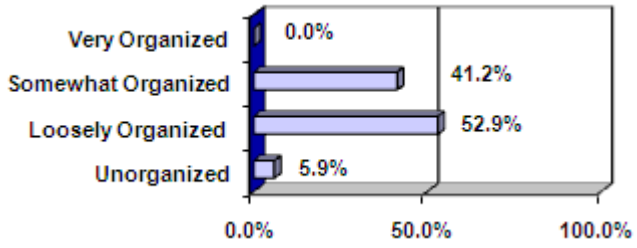
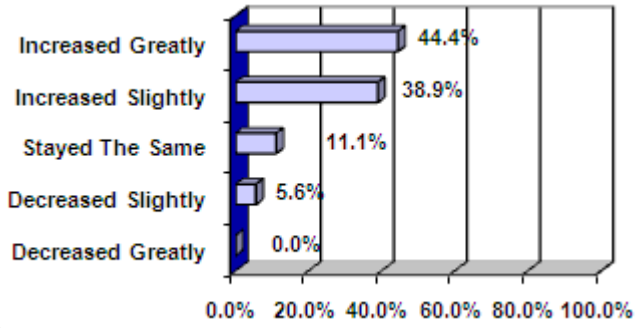


Figure 34
Growth Trends Of Heroin / Opiates Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces 2013



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 2012, task forces seized 494 ounces of PCP and 27 ounce of LSD (Table 17). The number of doses of hallucinogenic drugs seized by MJDTFs increased in 2012 to 464 doses compared to 347 in 2011, a 33.7% increase (Table 24).

Of the MJDTFs responding to a drug industry survey, only 14.8% 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, 80.0% stated hallucinogens are sold from private residences (Table 29).

Hallucinogen dealers are typically younger white males and females. Of the MJDTFs indicating hallucinogen point-of-sale distribution is a major or moderate problem, all stated either males or both males and females are involved in this industry (Table 30). Over half (64.6%) of these task forces indicated industry participants are Caucasian and (37.0%) indicated participants are between the ages of 18 and 25.

Hallucinogens point-of-sale distribution is not widespread in Missouri and loosely organized. Both street and outlaw motorcycle gangs were reported to be involved in this industry by 57.1% of these task forces and ethnic/ nationalist gangs were identified to be involved by 14.3%. 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.

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

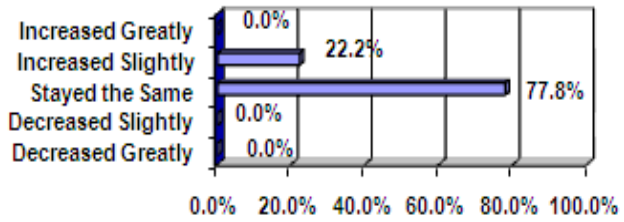
Table 29
Location Of Hallucinogens Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces
2013

Private Residences	**80.0%**
Vehicles	**50.0%**
Streets/Parking Lots	**70.0%**
Bars/Night Clubs	**30.0%**
Hotels/Motels	**30.0%**
Work Places	**20.0%**
Schools/Playgrounds	**10.0%**

Table 30
Demographic Characteristics Of Persons
Involved In Hallucinogens Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces
2013

Gender		
	Male	**33.3%**
	Female	**0.0%**
	Both	**66.7%**
Race		
	Caucasian	**64.6%**
	African American	**32.4%**
	Hispanic	**2.0%**
	Asian	**1.0%**
	Other	**0.0%**
Age Group		
	17 & Under	**7.0%**
	18 - 25	**37.0%**
	26 - 35	**44.0%**
	36 - 50	**10.0%**
	Over 50	**2.0%**

Figure 35
Growth Trends Of Hallucinogens Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces
2013



Ecstasy

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

An analysis of ecstasy and designer drugs 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 7 ounces of ecstasy were seized by drug task forces in Fiscal Year 2011 and 18 ounces were seized in Fiscal Year 2012. In Fiscal Year 2011, 1,670 doses of ecstasy were seized while 2,461 doses were seized in Fiscal Year 2012 (Table 24).

In an industry profile survey completed by multi-jurisdictional drug task forces, 37.0% of the respondents 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, 84.6% indicated ecstasy was sold from private residences and 69.2% indicated it was sold from vehicles (Table 31).

Most MJDTFs survey respondents reported ecstasy is distributed by young white adults. Of the MJDTFs indicating ecstasy point-of-sale distribution is a major or moderate problem, (53.8%) identified both males and females as industry participants (Table 32). Over half (71.8%) of these task forces identified Caucasians as participants and 56.2% 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 33.3% indicated the industry is loosely organized while 25.0% 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 37.5% identified outlaw motorcycle gangs as participants.

Ecstasy/designer drug point-of-sale distribution appears to be staying the same in Missouri. Over half (53.8%) of the MJDTFs with a major or moderate problem with this industry stated it has remained the same (Figure 37).

Table 31
Location Of Ecstasy/Designer Drug
Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces
2013

Private Residences	**84.6%**
Bars/Night Clubs	**61.5%**
Vehicles	**69.2%**
Streets/Parking Lots	**61.5%**
Hotels/Motels	**61.5%**
Work Places	**23.1%**
Schools/Playgrounds	**15.4%**

Table 32
Demographic Characteristics Of Persons
Involved In Ecstasy / Designer Drugs
Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces
2013

Gender		
	Male	**46.2%**
	Female	**0.0%**
	Both	**53.8%**
Race		
	Caucasian	**71.8%**
	African American	**20.8%**
	Hispanic	**6.9%**
	Asian	**0.6%**
	Other	**0.0%**
Age Group		
	17 & Under	**13.1%**
	18 - 25	**43.1%**
	26 - 35	**31.3%**
	36 - 50	**11.9%**
	Over 50	**0.6%**

Figure 36
Organization Levels Associated With
Ecstasy/Designer Drugs Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces
2013

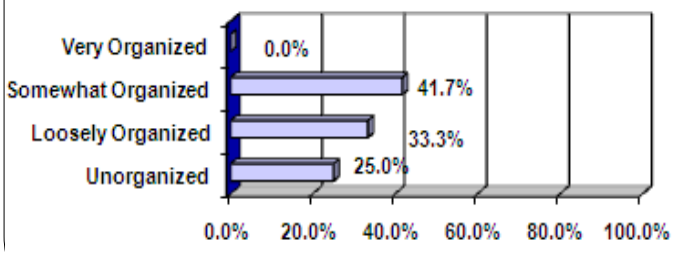
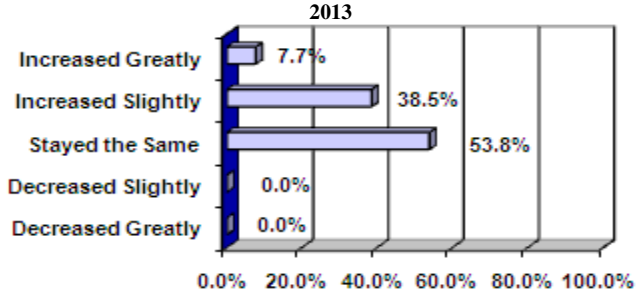


Figure 37
Growth Trends Of Ecstasy/Designer Drugs
Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces
2013



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 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 (Table5). In Fiscal Year 2011, 11,602 doses of pharmaceutical drugs were seized by MJDTFs and in Fiscal Year 2012 33,539 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, 96.2% 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, 100.0% stated Vicoden is illicitly distributed and over half (69.2%) 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, 100.0% indicated Xanax is illegally sold (Table 33). Of these task forces, 76.9% 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. Half (50.0%) of the MJDTFs that perceived point-of-sale distribution of pharmaceutical drugs as a major or moderate problem also indicated Adderal is illegally sold (Table 33).

Table 33
Narcotics, Depressants, And Stimulants Associated With Pharmaceutical Drug Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces
2013

Narcotics		Stimulants	
Oxycontin	96.2%	Adderal	50.0%
Vicodin	100.0%	Ritalin	23.1%
Morphine	69.2%	Dexedrine	0.0%
Fentanyl	53.8%	Meridia	0.0%
Methadone	42.3%	Other	7.7%
Codeine	42.3%		
Dilaudid	34.6%		
Avinza	0.0%		
Depressants		**Other Pharmaceuticals**	
Xanax	100.0%	Anabolic Steroid	7.7%
Valium	76.9%	Testosterone	7.7%
Seconal	0.0%	Viagra	0.0%
Other	15.4%	Dextromethorphan	3.8%

Pharmaceuticals are illegally sold from many locations. Of the MJDTFs noting this industry as a major or moderate problem, nearly all (92.6%) 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, 88.9% identified both males and females were participants (Table 35). In addition, 76.0% of these task forces noted Caucasians are involved and 28.5% identified person's aged 18 through 35 illegally sold pharmaceutical drugs.

Table 34
Location Of Pharmaceutical Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces
2013

Private Residences	**92.6%**
Vehicles	**81.5%**
Streets/Parking Lots	**85.2%**
Hotels/Motels	**63.0%**
Work Places	**33.3%**
Bars/Night Clubs	**63.0%**
Schools/Playgrounds	**29.6%**

Table 35
Demographic Characteristics Of Persons
Involved In Pharmaceutical Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces
2013

Gender		
	Male	**7.4%**
	Female	**3.7%**
	Both	**88.9%**
Race		
	Caucasian	**76.0%**
	African American	**17.8%**
	Hispanic	**5.4%**
	Asian	**0.8%**
	Other	**0.1%**
Age Group		
	17 & Under	**5.4%**
	18 - 25	**28.5%**
	26 - 35	**30.6%**
	36 - 50	**25.8%**
	Over 50	**10.8%**

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, 32.0% indicated industry participants are unorganized (Figure 38). Another 68.0% 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, 60.0% indicated involvement by street gangs and 80.0% 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, 62.9% noted it is greatly or slightly increasing in their jurisdictions (Figure 39).

Figure 38
Organization Levels Associated With
Pharmaceutical Drug Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces
2013

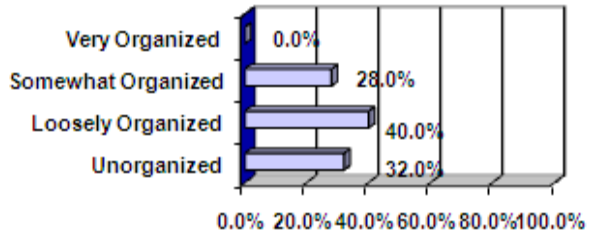
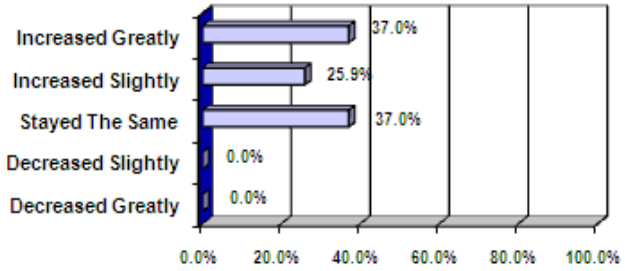


Figure 39
Growth Trends Of
Pharmaceutical Drug Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces
2013



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.

Club Drugs

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

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

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

Benzylpiperizine is often sold as a dietary supplement but has no dietary value. Retailers claim that BZP is a “natural” product, describing it as an “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. BZP produced effects 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 illegalize it. In 2010 the 95th Missouri General Assembly passed House Bill (HB) 1472 that added K2 (1-pentyl-3-(1-naphtholy)indole) to the Schedule 1 controlled substances list.

Mescaline

Mescaline (3, 4, 5-trimethoxyphenethylamine) is a 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 a 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 methylenedioxypyrovalerone (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.

VIOLENT CRIME IN MISSOURI

Crime and the threat of being victimized have a continuing impact on Missouri citizens. In a public opinion survey conducted by the MSHP in 2011, Missouri citizens were asked to rank ten social issues facing America in order of importance. These issues were analyzed based on their being ranked as one of the top three problem areas in the nation (i.e., ranked 1, 2, or 3). In 2011, crime was considered the most important social issue followed by problems relating to the economy and public education. Responses to a similar 2008 survey were quite different in ranking than 2011. In 2008, crime was considered the most important social issue followed by drug abuse and health care.

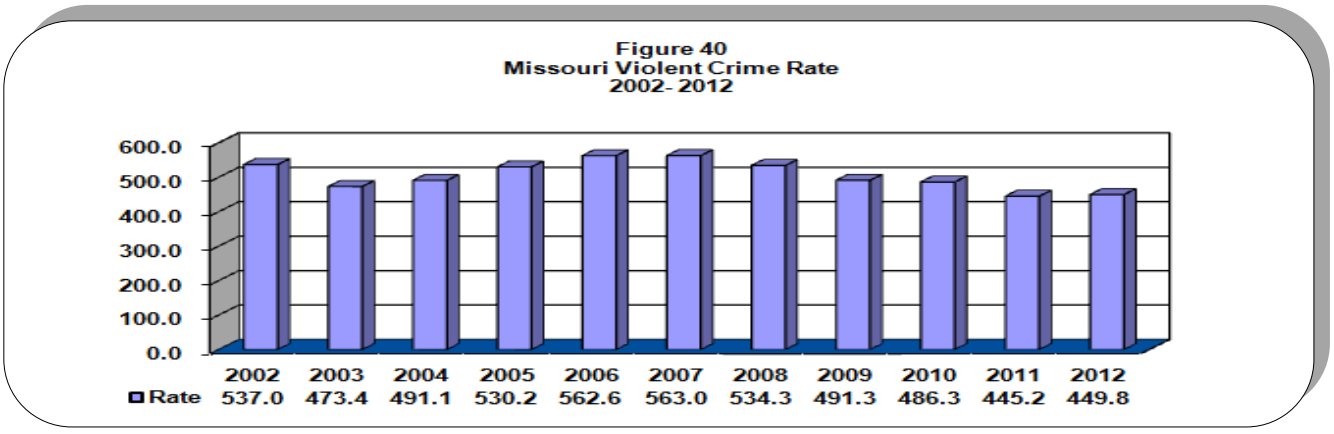
In the same 2011 survey respondents also were asked the extent to which they were concerned about being victimized by crime. Of the respondents 40.0% indicated they were seriously or moderately concerned about being victimized by crime in their residence or neighborhood. Also, respondents were concerned about being victimized by crime while traveling Missouri roadways. Of the total, 40.2% indicated they were seriously or moderately concerned. An even higher proportion was concerned about being involved in a traffic accident while traveling on Missouri roadways. Of the total, 40.3% indicated they were seriously or moderately concerned. One of the primary sources of data related to the occurrence of violent crime in Missouri is the Missouri Uniform Crime Reporting (UCR) Program. This information system contains data on the number of violent crimes reported to police as well as arrests made for violent crime incidents. In 2001, reporting to the UCR Program became mandatory for all Missouri law enforcement agencies. Law enforcement agencies' compliance to this mandate is nearly 100%.

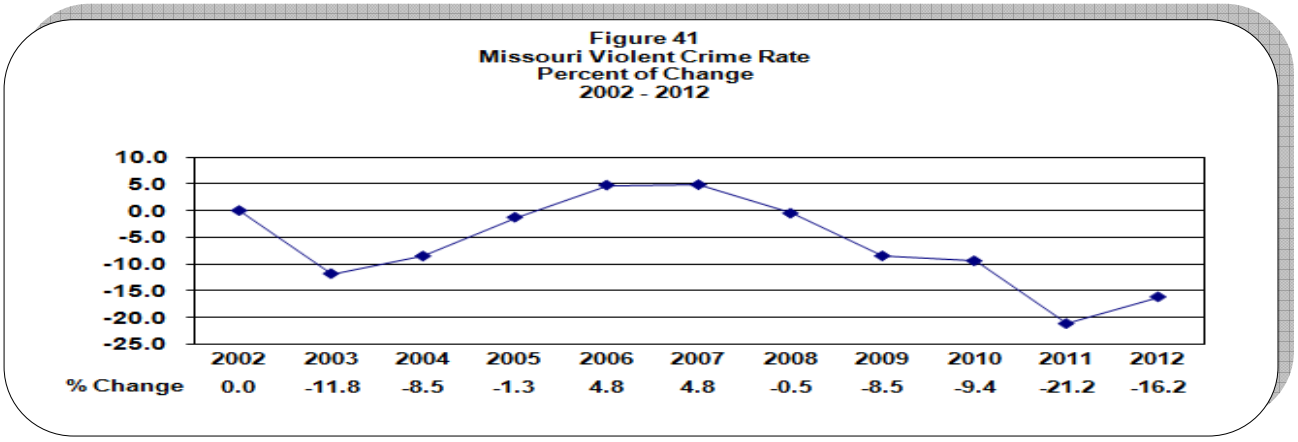
In the UCR Program, eight major offenses are used to measure the magnitude of crime. These offenses are included because of their frequency of occurrence and the fact they are most likely to be reported to law enforcement agencies. These eight offenses are: murder, forcible rape, robbery, aggravated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

Violent Crime

In 2012, 27,161 violent crime index offenses occurred in the State of Missouri. In other words, one violent crime was committed every 19.4 minutes.

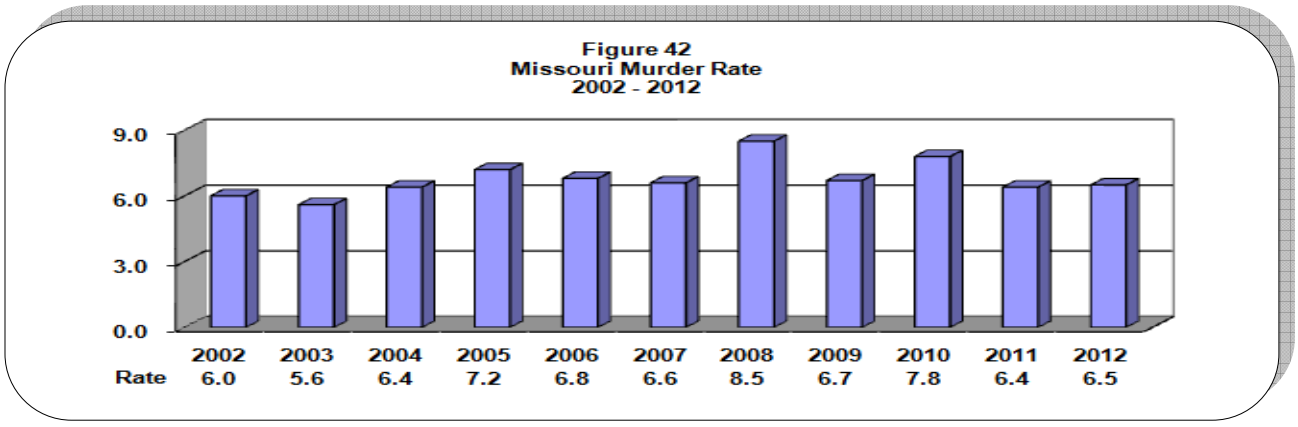
On a per 100,000 population basis, 449.8 violent crime index offenses were committed in 2012. Comparing the 2012 violent crime rate with 2011 (449.8 vs. 445.2), Missouri experienced a 1.0% increase (Figure 40). Comparing annual rates of change in violent crime since 2002, Missouri experienced a 16.2% decrease in violent crime on a per 100,000 population basis in 2012 (Figure 41).

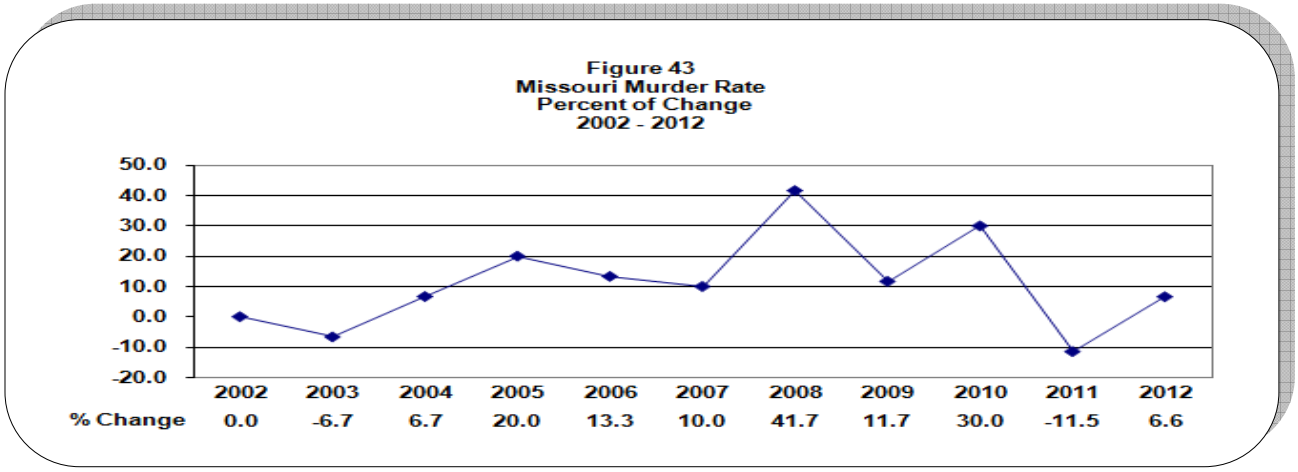




Murder

Although murder is the least frequently occurring violent index offense, it is the most important since loss of life is involved. Since 2002, the murder rate has mostly decreased except in years 2004, 2005, 2008, 2010, and 2012 (Figure 42). The murder rate increased from 6.4 in 2011 to 6.5 in 2012, a 1.5% increase. Comparing annual percents of change for this offense since base year 2002, Missouri experienced a 6.6% decrease in 2012 (Figure 43).

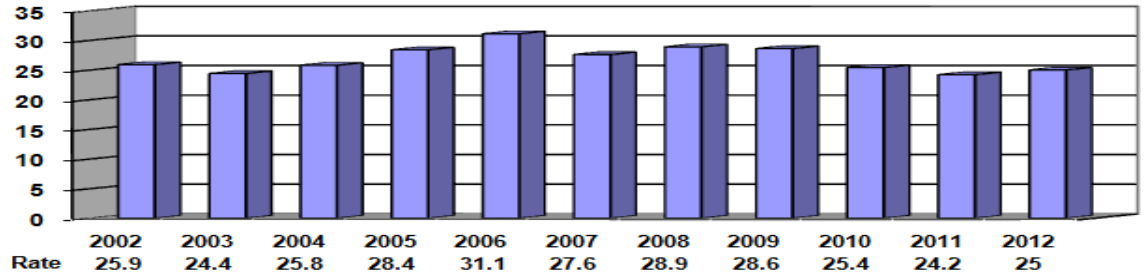




Rape

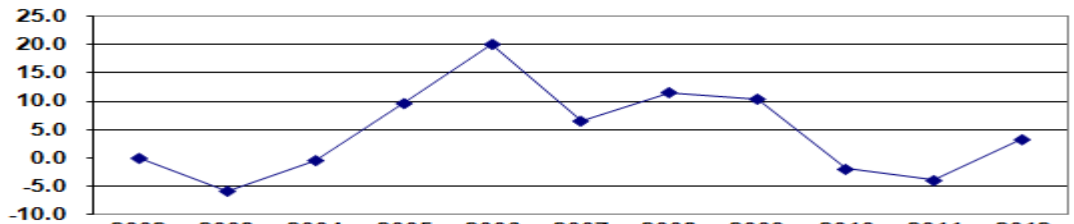
In 2002, the rape offense rate per 100,000 populations was 25.9 (Figure 44). An examination of the long-term trends associated with this offense shows an increase from 2003 through 2006 and then deceases from 2008 through 2011. The rate of rape slightly decreased in 2007 and again from 2009 through 2011. Missouri experienced a rate increase in 2012 of 3.3% from the previous year. When examining annual rape percents of change since base year 2002, Missouri experienced a 3.5% decrease in 2012 (Figure 45).

Figure 44
Missouri Rape Rate
2002 - 2012



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Rate	25.9	24.4	25.8	28.4	31.1	27.6	28.9	28.6	25.4	24.2	25

Figure 45
Missouri Rape Rate
Percent of Change
2002 - 2012

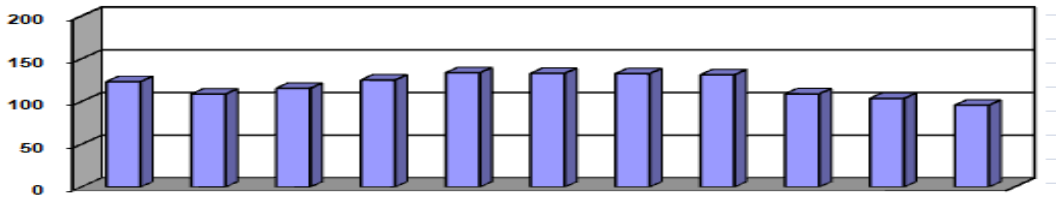


	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
% Change	0.0	-5.8	-0.4	9.7	20.1	6.6	11.6	10.4	-1.9	-3.9	3.3

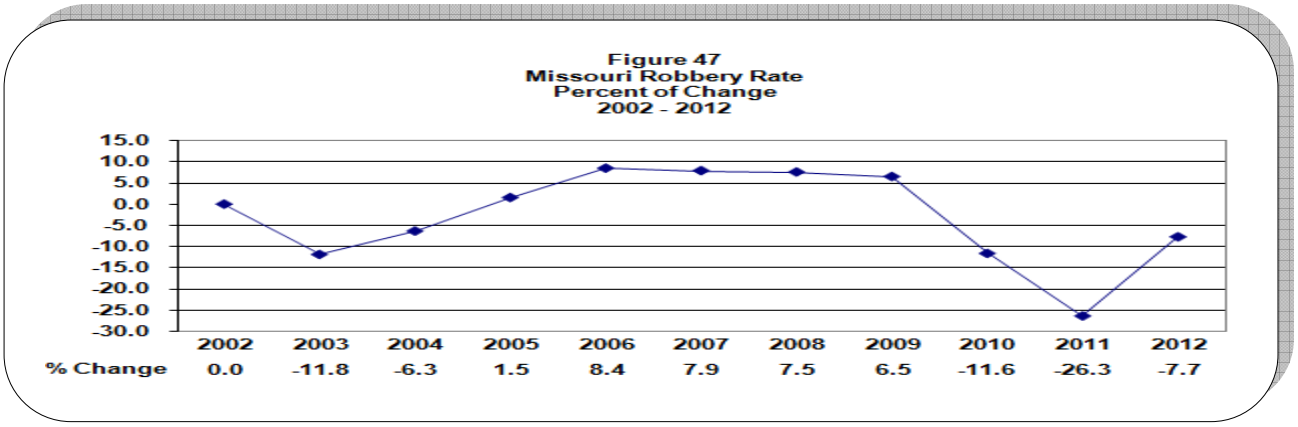
Robbery

The robbery offense rate per 100,000 populations was 123.3 in 2002 (Figure 46). It is apparent from examination of the long-term trends of robbery offense rates per 100,000 populations decreased from 2001 through 2003 but have generally increased from that year through 2006 and the rates continually decreased through 2012. When compared to base year 2002, Missouri has experienced an overall 7.7% decrease in its robbery rate in 2012(Figure 47).

Figure 46
Missouri Robbery Rate
2002 - 2012

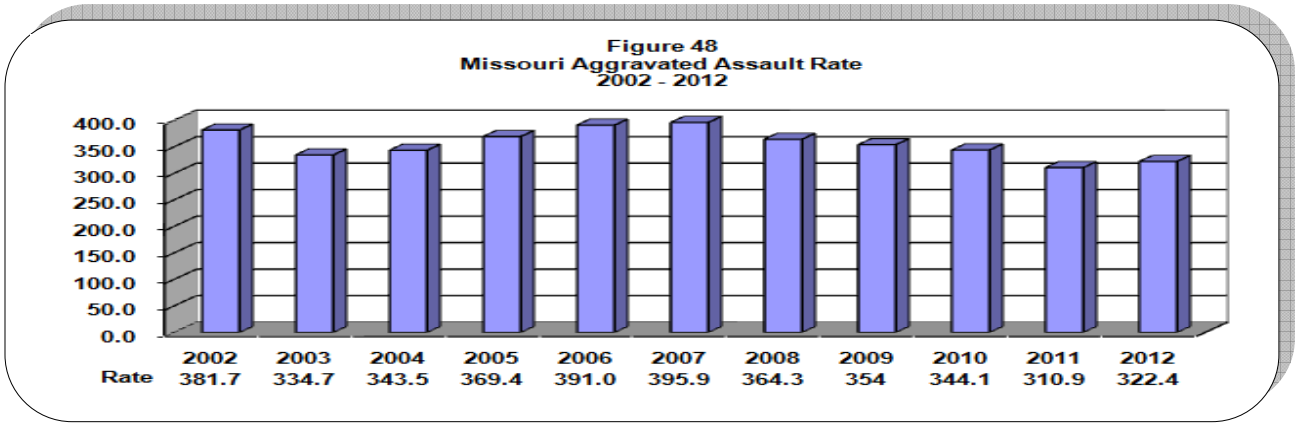


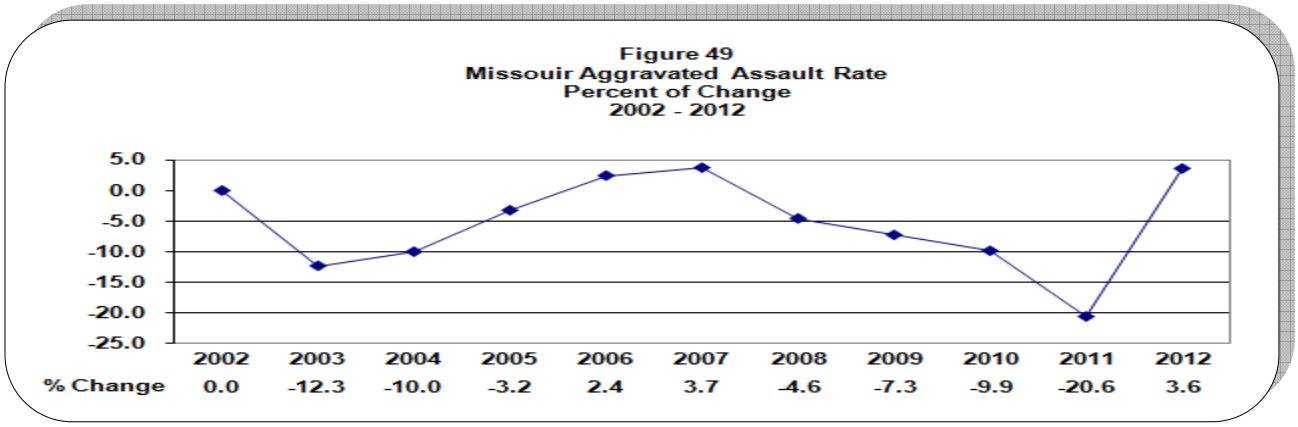
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Rate	123.3	108.7	115.5	125.2	133.7	133.0	132.6	131.3	109	103.7	95.7



Aggravated Assault

Missouri experienced 322.4 aggravated assaults per 100,000 in 2012 (Figure 48). When examining long-term trends using 2002 as a base year, aggravated assault rates have fluctuated. In 2012 however, Missouri experienced a 3.6% increase in aggravated assaults compared to 2011. However compared to 2002, Missouri had a 15.3% decrease in this offense type in 2012 (Figure 49).





SECTION III: Resource Needs

PROBLEM AREAS AND RESPONSES

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

Problem

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

Proposed Response

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

Prosecution and Court Programs

Problem

- The top two social concerns of Missouri citizens are drug abuse and crime
- Decreasing budgets and increased demand for criminal justice services
- Increased filing of drug related charges throughout Missouri state court systems
- Increase in enforcement and prosecution programs resulting in an increase of drug related charges
- Increased arrests and prosecution arising from increased use of illicit drugs
- Increase demand for manpower and resources
- Child abuse has been increasing at an alarming rate
- Missouri was ranked 8th in child abuse and neglect fatalities in the United States in 1997
- Funding is limited for specialized investigators and prosecutors

- Funding is limited for specialized training for investigators and prosecutors
- Funding is limited for specialized equipment needed for child abuse and neglect investigations

Proposed Response

- Maintain and enhance current community policing programs in Missouri designed to increase community and Law Enforcement partnerships
- Develop and implement new public awareness and crime prevention programs targeting drug abuse and crime
- Continue to implement Community Oriented Programs across the state of Missouri
- Implement data collection, analysis, and evaluation components for CJ/LE strategic planning and contract administration
- Promote cooperation and communication between Law Enforcement and communities
- Continue efforts to upgrade state and local criminal justice information systems to improve illicit drug and violent crime case processing
- Increase support, training and technology for court services
- Promote the enhancement of Prosecutorial and defense programs statewide
- Provide offender based education, and life skills training
- Implement data collection, analysis, and evaluation components for CJ/LE strategic planning and contract administration.
- Promote specialized investigative and prosecutorial units to investigate child abuse and neglect cases
- Promote and increase specialized training for child abuse and neglect investigations and prosecution
- Increase specialized equipment needed for child abuse and neglect investigations
- Continue efforts to upgrade state and local criminal justice information systems to improve illicit drug and violent crime case processing
- Address defendant's needs through effective case management
- Develop and continue current court delay reduction programs to relieve the back log of court cases and expedite court process.
- Implement court supervised drug treatment programs which would be alternatives to incarceration
- Continue to provide alternative sentencing programs

Prevention and Education Programs

Problem

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

Proposed Response

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

Planning, Evaluation, and Technology Improvement Programs

Problem

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

Proposed Response

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

SECTION IV: Priorities and the National Drug Control Strategy

STRATEGIC PLAN IMPLEMENTATION STATUS

Implementation of the 2012/2013 JAG (and ARRA JAG) funding year began with the review of project applications on May 7, 2012 by a grant review committee consisting of the DPS - CJ/LE Program staff and individuals from the criminal justice and private sector. Forty-seven (47) requests for funding were reviewed within the approved project categories as described below. The grant evaluation process was competitive in nature, and only those grant applications determined to coordinate with the goals and objectives of the statewide strategy were considered for funding. Thirty-two (32) grant awards were made to state and local recipients in the amount of $4,383,294.05.

In addition, twenty-nine (29) requests for funding were received through the 2012/2013 Recovery-JAG Program. These project applications were reviewed internally by the DPS – CJ/LE Program staff and were intended to supplement the JAG funding for multi-jurisdictional drug task forces. Twenty-seven (27) grant awards were made to the multi-jurisdictional drug task forces in the amount of $1,225,479.14.

Fifteen (15) requests for funding were received through the 2012/2013 Recovery-MJCCG Program. These project applications were reviewed on May 9, 2012 by a grant review committee consisting of the DPS – CJ/LE Program staff and individuals from criminal justice agencies. Fifteen (15) grant awards were made to state and local recipients in the amount of $999,813.17.

Finally, two hundred eight (208) requests for funding were received through the 2013 LLEBG Program. These project applications were reviewed on October 24-25, 2012 by a grant review committee consisting of the DPS – CJ/LE Program staff and individuals from criminal justice agencies. The grant evaluation process was competitive in nature, and only those grant applications determined to coordinate with the goals and objectives of the statewide strategy with an emphasis on officer safety were considered for funding. One hundred five (105) grant awards were made to local recipients in the amount of $644,238.10.

Following is a brief summary on each category funded through the DPS - CJ / LE Program during the 2012 / 2013 funding cycle.

Law Enforcement Programs

The DPS - CJ/LE Program awarded $3,943,503.07 to seventy-seven (27) multi-jurisdictional drug task forces and $161,694.35 to 1 multi-agency law enforcement group from JAG Program monies. The DPS – CJ/LE Program also awarded $1,225,479.14 to twenty-seven (27) multi-jurisdictional drug task forces from Recovery-JAG Program monies as a supplement to their JAG award. Of the 114 counties in the state of Missouri, 98 were active participants/members of these multi-jurisdictional enforcement efforts.

The DPS – CJ/LE Program awarded $999,813.17 to fifteen (15) multi-jurisdictional cyber task forces from Recovery-MJCCG Program monies. Of the 114 counties in the state of Missouri, 102 were active participants/members of these multi-jurisdictional enforcement efforts.

Finally, the DPS - CJ/LE Program awarded $644,238.10 to one hundred five (105) equipment projects from LLEBG Program monies.

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

During FY 2013, the illicit drug methamphetamine continued to be a priority for an aggressive law enforcement strategy, designed to slow or halt the spread of this drug. As the scope of the methamphetamine problem extends beyond the capabilities of a single entity, many partnerships have been forged in response to this threat to public safety, public health and the environmental sovereignty of our state. Through local, state and federal collaborations and a continued aggressive response, we anticipate the rise in methamphetamine related activity to peak and eventually decline.

During the past three fiscal years, the following statistics were collected for the Multi-Jurisdictional Drug Task Forces throughout the state as funded by the DPS – CJ/LE Program. The following statistics are an example of the data collected through the Quarterly Progress Report.

	FY 2011	FY 2012	FY 2013
Arrested with one or more drug charges	7,141	7,792	6,315
Search warrants served	1,134	1,188	1,220
Consent searches performed	2,903	3,480	3,700
Methamphetamine labs seized/destroyed:	1,593	1,709	1,395

OUNCES OF DRUGS SEIZED	**FY 2011**	**FY 2012**	**FY 2013**
Marijuana	232,006	190,604	152,434
Methamphetamine	2,089	37,294	3,266
Cocaine	4,318	4,566	1,522
Crack	121	54	115
Heroin	467	255	204
LSD	0.85	27	8
PCP	3	494	126
Ecstasy	7	18	10
Pseudoephedrine	1,955	49	81
Anhydrous Ammonia (gallons)	0	5,648	1,637
Other Drugs	779	6,614	3,575
Total value of all drugs seized:	$41,450,744	$54,643,359	$47,719,856

Doses of Drugs Seized			
Ecstasy:	1,670	2,461	1,861
Pseudoephedrine / Ephedrine:	4,744	4,474	3,226
Gallons of Drug Precursors Seized			
Anhydrous Ammonia:	298	15	154

Top Five Drug Arrest Charge Codes:	**FY 2011**	**FY 2012**	**FY 2013**
	Sale/Methamphetamine	Sale/Methamphetamine	Sale/Methamphetamine
	Poss/Marijuana	Poss/Marijuana	Poss/Methamphetamine
	Poss/Methamphetamine	Poss/Methamphetamine	Poss/Marijuana
	Sale/Marijuana	Poss/Paraphernalia	Sale/Marijuana
	Poss/Paraphernalia	Sale/Marijuana	Poss/Other

***The above statistical data is obtained from the Quarterly Reports submitted by the multi-jurisdictional enforcement groups receiving JAG Program funding between July 1, 2012 and June 30, 2013.**

Prosecution and Court Programs

The DPS – CJ/LE Program awarded $29,850.92 to one (1) prosecution/court project from JAG program monies to implement and enhance the response of criminal justice agencies to criminal activity. The purpose area allowed the agency to establish communication lines between involved criminal justice agencies.

Prevention and Education Programs

The DPS - CJ/LE Program awarded $155,902.68 to one (1) prevention/education projects from JAG program monies. This purpose area aided in providing the proper supplies and reference material to Missouri law enforcement, fire service and other emergency response officials to help them safely respond to methamphetamine laboratory incidents and perform their jobs with reduced risk of injury to themselves, the public, and the environment.

Corrections and Community Corrections Programs

No funding assistance provided to this approved purpose area during the FY 2013 funding cycle.

Drug Treatment Programs

The DPS - CJ/LE Program awarded $23,698.14 to one (1) drug treatment project from JAG program monies. The purpose area allowed the agency to identify and meet the treatment needs of adults and juvenile drug dependents and alcohol dependent officers.

Planning, Evaluation, and Technology Improvement Programs

The DPS – CJ/LE Program awarded $68,644.89 to one (1) projects from JAG program monies. The project continued to enhance the State's ability to collect accurate criminal history record information in a timely manner. This goal remains a top priority for the State of Missouri and this approved purpose area provides the financial mechanism that enables the State to collect the required criminal records data from all criminal justice entities and provide the appropriate storage mechanism within the Missouri Criminal Records Repository.

Crime Victim and Witness Programs

No funding assistance provided to this approved purpose area during the FY 2013 funding cycle.

SECTION V: Coordination Efforts

It is recognized illicit drug use and distribution are linked to other types of criminal behavior contributing to social problems facing the State of Missouri. These only can be addressed through coordination of efforts and resources at all levels. For this reason, the Missouri Department of Public Safety (DPS) assists in coordinating programs between federal, state, and local law enforcement agencies. For enforcement purposes, departments are strongly encouraged to develop cooperative agreements with federal agencies such as the Drug Enforcement Agency (DEA), Federal Bureau of Investigation (FBI), Bureau of Alcohol, Tobacco, and Firearms, (ATF), U.S. Postal Inspection, U.S. Attorney's Offices, and the National Guard. In addition, every attempt is made by the Missouri Department of Public Safety to coordinate CJ/LE programs with other resources coming to the state of Missouri such as High Intensity Drug Trafficking Area (HIDTA), the less than $10,000 share of the JAG Program for which Missouri continued to call the Local Law Enforcement Block Grant (LLEBG) Program, the Residential Substance Abuse Treatment (RSAT) Program, and the Department of Defense (DOD) Property Program. The DOD, LLEBG, and RSAT Programs are administered and coordinated by the DPS - CJ/LE Program to prevent duplication of efforts and to build a comprehensive enforcement strategy.

COORDINATING PROGRAMS/PROJECTS:

Department of Defense (DOD) 1033 Excess Property Program

During July 1, 2012 and June 30, 2013, there continued to be an increase in the number of agencies that have registered to participate in the DOD 1033 Excess Property Program (Program). The Missouri Department of Public Safety (DPS) continues to see an increase in the number of agencies that are processing requests compared to FY12. With the ever increasing budget restraints and manpower shortages, the number of agencies utilizing the electronic screening process over the internet-based website for the Defense Logistics Agency's (DLA) Disposition Services Agency (DSA) is increasing as well. The cost of shipping equipment directly to their agency is by far cheaper than the agency traveling to the Disposition Services Location (DSL) to pick the item(s) up. This in turn increases the total dollar amount of property the agencies are receiving each fiscal year.

As an approved Transitional Distribution Center (Center), DPS staff continued to screen and tag mostly IT equipment, such as desktop and laptop computers. Staff can bring these items back to the Center and refurbish them prior to issuing them out to the requesting local agencies. This IT equipment is assisting law enforcement agencies in capturing crime statistics data and managing records as well as inter-agency networking via the Internet.

Types of property these local agencies are tagging include, but are not limited to: watercraft, for the agencies located along one of the many rivers or lakes in the State of Missouri; generators, to assist during power losses due to storms; off-road 4x4 vehicles, to assist with drug eradication; and specialty gear, such as night vision goggles, spotting scopes, red dot rifle scopes, and load-bearing tactical vests, used by tactical teams for high risk entry. In addition, during FY13, DPS staff has seen a significant increase in the number of agencies requesting weapons for high-risk search warrant entry and active shooter incident response along with an increase in requests for the off road HMMWV (Hummer).

Local Law Enforcement Block Grant Program

Prior to FY 2005, there existed two separate federal grant programs for the purpose of assisting law enforcement and improving public safety. These two programs were known as the Edward J. Byrne Formula (Byrne) Grant and the Local Law Enforcement Block Grant (LLEBG). The LLEBG Program originated as the HR728 Local Government Law Enforcement Block Grant Act of 1995 and was authorized under the Omnibus Fiscal Year 1996 Appropriations Act (Public Law 104-134).

In FY 2005, the Edward Byrne Memorial Justice Assistance Grant (JAG) Program replaced the Byrne Grant and the LLEBG Program with a simple funding mechanism to simplify the administration process for grantees. For simplicity purposes, however, the DPS – CJ / LE Program has continued to administer contracts under the purpose area of the LLEBG Program for the purchase of equipment.

The LLEBG Program is a vital funding mechanism for law enforcement. Requiring as little as 10% match, this program is essential for small law enforcement agencies with limited resources, whose funding requests support the program objective of reducing crime and improving public safety.

During the 2012 / 2013 reporting period, DPS – CJ / LE made 105 LLEBG awards to law enforcement agencies across the State. The total award amount for this period was $644,238.10. Six (6) month contracts are awarded in amounts up to $10,000 for the purchase of basic law enforcement and officer safety equipment that will enable Missouri law enforcement to meet their local needs. Such items include, but are not limited to, light bars, sirens, radios and repeaters, flashlights, handcuffs, leg irons, security systems, protective clothing, ballistic vests, car cages and partitions, mobile data terminals, in-car cameras, locks, and trauma kits. The LLEBG contracts, administered by the DPS - CJ / LE Program, are awarded only to law enforcement agencies through their respective state or local unit of government. Eligible applicants may not have received a direct FY2012 JAG award from the Bureau of Justice Assistance (BJA).

Residential Substance Abuse Treatment (RSAT) Grant Program

The Residential Substance Abuse Treatment (RSAT) Program was authorized under the federal Violent Crime Control and Law Enforcement Act of 1994, as amended and reauthorized [Public Law 103-322, 42 U.S.C. 3796ff-1(3)]. The U.S. Department of Justice (DOJ), Office of Justice Programs (OJP), Bureau of Justice Assistance (BJA) is the awarding agency of these federal funds.

The goal of the RSAT Program is to break the cycle of drugs and violence by reducing the demand for, use, and trafficking of illegal drugs.

The objectives of the RSAT Program are to: 1) Enhance the capability of states and units of local government to provide residential substance abuse treatment for incarcerated inmates; 2) Prepare offenders for their reintegration into the communities from which they came by incorporating re-entry planning activities into treatment programs; and 3) Assist both the offenders and their communities through the reentry process

During the FY 2013 reporting period, DPS – CJ/LE made two (2) RSAT awards to state and local recipients in the State. The total award amount for this period was $415,731.45. Twelve (12) month contracts were awarded to the Missouri Department of Corrections in Bowling Green, MO and the St. Louis County Justice Services Department in Clayton, MO.

The Missouri Department of Corrections project continued the provision of residential substance abuse treatment services to mobility impaired and other special needs offenders who received programming services at Northeast Correctional Center. These clinical services included assessment and treatment planning, group education, group counseling, individual case management, employability skills, individual counseling and referral to community continuing care in the community.

The St. Louis County Justice Services project continued the provision of jail-based substance abuse treatment services to inmates sentenced to the Department of Justice Services Choices Program. In addition, the inmates, as well as released inmates, were given the opportunity to attend weekly Aftercare groups and individual sessions to ensure their continued sobriety and success within the community.

References

[1] *Client Tracking, Registration, Admission, and Commitment (CIMOR)*. 2012. Missouri Department of Mental Health

[2] *Patient Abstract System Data*. 2011. Missouri Department of Health, Bureau of Health Services Statistics

[3] *Youth Risk Behavior Surveillance Survey.* 2009. Missouri Department of Elementary and Secondary Education

[4] *Uniform Crime Reporting Program*. 2012. Missouri State Highway Patrol

[5] *Summary Statistics, Missouri Crime Laboratories* 4th Quarter, FY 2012. Missouri Department of Public Safety

[6] *Juvenile Court Statistics Report, Juvenile Court Referrals*. 2010. Missouri Department of Juvenile Services, Division of Youth Services

[7] *Admissions Department of Corrections Drug Offenses*. CY 2011. Missouri Department of Corrections

[8] *HIV / STD Statistics*. 2011. Bureau of HIV, STD and Hepatitis, Missouri Department of Health and Senior Services

[9] *Summary Statistics, Multi-Jurisdictional Drug Task Forces*. 4th Quarter, FY 2012. Missouri Department of Public Safety

[10] *Multi-Jurisdictional Drug Task Forces Illicit Drug Industry Survey*. 2013. Missouri Department of Public Safety.

[11] *National Drug Threat Assessment*. 2010. National Drug Information Center

[12] *Midwest High Intensity Drug Trafficking Area*. 2009. National Drug Intelligence Center, U.S. Department of Justice

[13] *Street Drugs, A Drug Identification Guide*. 2008 and 2009 Editions. Publishers Group, LLC

[14] *Public Opinion Survey*. 2011. Missouri Department of Public Safety

[15] *Treatment Provider Directory.* 2011. Missouri Department of Mental Health

[16] *National Survey on Drug Use and Health*. 2011. U.S. Department of Health and Human Services

[17] NDIC InfoFacts: *Science-Based Facts on Drug Abuse and Addiction.* 2010. National Institute on Drug Abuse