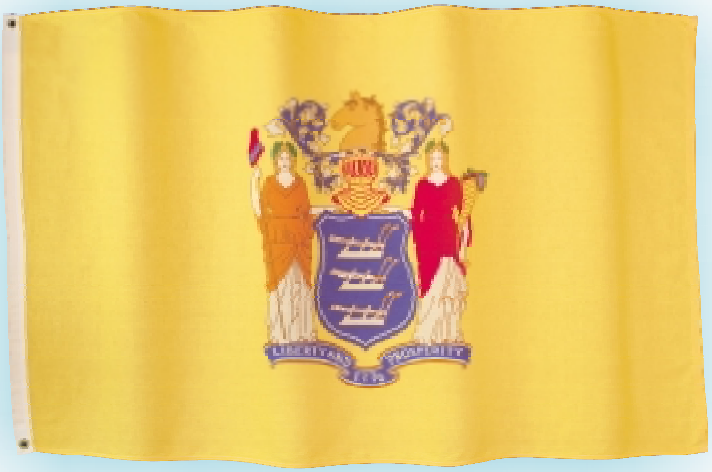
New Jersey

Drug Threat Assessment

UPDATE

August 2002

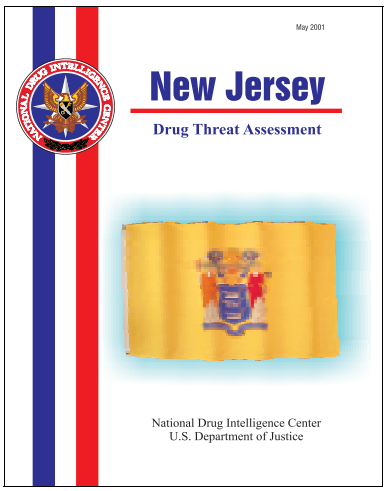


National Drug Intelligence Center
U.S. Department of Justice

Preface

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

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



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National Drug Intelligence Center

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New Jersey
Drug Threat Assessment Update

Overview

New Jersey, particularly metropolitan areas such as Newark and Camden, is a regional transportation hub and distribution center for illicit drugs. Its proximity to New York City and Philadelphia and well-developed transportation infrastructure make it ideally suited for the movement of licit and illicit goods. Drugs transported by truck, private vehicle, railcar, maritime vessel, aircraft, and parcel delivery service have an excellent chance of reaching their destinations because of the volume of traffic moving into and through the state daily. The rural areas, particularly the southern and western sections of the state, have a prosperous agricultural industry that attracts a significant number of illegal aliens. Some of these individuals cultivate cannabis and engage in other drug-related criminal activities.

Cocaine is readily available throughout the state, and its distribution and abuse are linked to more violent crime than any other illicit substance, making cocaine a significant drug threat. Low cost, high purity heroin is nearly as serious a threat. Younger individuals are abusing high purity heroin at an increasing rate, and the higher purity levels increase the risk of overdose. The distribution and abuse of heroin may become more significant than that of cocaine to New Jersey; it already has in some metropolitan areas of the state. Marijuana is the most widely available illicit drug in New Jersey, and the rate of abuse is high, particularly among teenagers and young adults. The availability of other dangerous drugs, particularly MDMA, is high, and there are indications that MDMA abuse is increasing rapidly. Diversion of pharmaceutical drugs such as OxyContin is an emerging threat to the state. The production and abuse of methamphetamine pose a low threat to New Jersey.

Table 1. Drug-Related Emergency Department Mentions, Newark, 1994–2000

	Cocaine	Heroin	Marijuana	Methamphetamine
1994	**4,228**	**4,493**	**628**	**0**
1995	**4,658**	**5,681**	**742**	**0**
1996	**4,436**	**5,386**	**627**	**0**
1997	**3,571**	**4,364**	**500**	**0**
1998	**3,743**	**5,072**	**532**	**0**
1999	**3,124**	**4,733**	**533**	**3**
2000	**2,726**	**4,399**	**538**	**6**

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, DAWN.

Cocaine

Cocaine, both powdered and crack, is a significant drug threat to New Jersey. Although abuse indicators appear to be declining, the level of cocaine abuse remains high. For example, the number of cocaine-related treatment admissions is higher than for any other illicit drug except heroin. According to the New Jersey Department of Health and Senior Services, there were 7,810 primary admissions for powdered and crack cocaine abuse in New Jersey in 1998, 6,646 in 1999, and 6,009 in 2000. According to the Drug Abuse Warning Network (DAWN), there were more emergency department (ED) mentions for cocaine abuse in Newark each year from 1994 through 2000 than for abuse of any other illicit substance except heroin. (See Table 1.) Cocaine is also a factor in a significant number of deaths in the Newark area (Essex, Morris, and Union Counties). According to DAWN mortality data, there were 137 cocaine-related deaths in these three counties in 2000. Data from the 1999 National Household Survey on Drug Abuse (NHSDA) indicate that 2.1 percent of New Jersey residents abused cocaine at least once in the year preceding the survey compared with 1.7 percent nationwide.

Cocaine is readily available throughout New Jersey. Cocaine is seized more frequently in the state than any other drug except marijuana. According to the Federal-wide Drug Seizure System (FDSS) data, federal law enforcement officials in New Jersey seized 1,339 kilograms of cocaine in 1999, 1,709 in 2000, and 1,065 in 2001. The percentage of drug-related federal sentences related to cocaine in New Jersey was high but lower than the national percentage each year from FY1996 through FY2000. (See Table 2 on page 4.)

Cocaine prices vary depending on the location and quantity sold; however, low, stable prices indicate there is an abundant supply of cocaine in New Jersey. Powdered and crack cocaine prices are generally cheaper in southern New Jersey where Philadelphia-based distributors compete with sources in New York City, the primary distribution city for cocaine available in New Jersey. In northern New Jersey powdered cocaine sold for $22,000 to $34,000 per kilogram, $750 to $1,200 per ounce, and $25 to $85 per gram in the second quarter of FY2002, according to the Drug Enforcement Administration (DEA) Newark Division. In southern New Jersey powdered cocaine sold for $25,000 to $34,000 per kilogram, $500 to $1,200 per ounce, and $30 to $100 per gram during that period. Crack sold for $750 to $2,250 per ounce in northern New Jersey and for $600 to $2,000 per ounce in southern New Jersey in the second quarter of FY2002. A rock of crack sold for $5 to $20 throughout the state during the same period.

Dominican, Puerto Rican, and Mexican criminal groups are the dominant transporters of powdered cocaine into New Jersey. Dominican criminal groups often transport powdered cocaine in commercial and private vehicles from the Washington Heights section of Upper Manhattan, using the easily accessed George Washington Bridge that connects New York to New Jersey via Interstate 95. Puerto Rican criminal groups frequently transport kilogram-size cocaine bricks on commercial airlines from San Juan, Puerto Rico. The cocaine typically is wrapped in duct tape and then in clear plastic and concealed inside large pieces of luggage. According to the DEA Newark Division, Mexican criminal groups sometimes transport cocaine into New Jersey in tractor-trailers hauling commercial goods. A variety of other criminal groups and independent dealers also transport cocaine into New Jersey. In response to the 2001 National Drug Intelligence Center (NDIC) National Drug Threat Survey, federal, state, and local law enforcement officials reported that criminal groups and local independent dealers in at least one state, New York, transport cocaine into New Jersey.

Colombian drug trafficking organizations (DTOs) and criminal groups and Dominican criminal groups are the primary wholesale distributors of cocaine in New Jersey. African American and Dominican criminal groups are the dominant cocaine distributors at the retail level. Colombian, Puerto Rican, Jamaican, Mexican, Cuban, and other criminal groups also distribute retail quantities of cocaine in the state. Powdered cocaine and crack cocaine typically are packaged in small baggies or plastic vials and sold at open-air markets in the state. However, some dealers, particularly in Trenton and Cumberland County, do not package crack and instead break off small pieces from a larger piece stored usually in their crotch area. Many of these dealers believe that concealing crack in this fashion will prevent law enforcement from discovering the drugs because it is unlikely that they would be strip-searched on the street. Others believe that they could claim the crack was for personal use, therefore excluding them from being prosecuted for distribution.

Cocaine, particularly crack, is the drug most often associated with violent crime in New Jersey. Federal, state, and local law enforcement officials report that dealers frequently carry firearms and commit drive-by shootings, assaults, and murders.

Heroin

Heroin poses a serious threat to New Jersey, particularly to Newark. The number of heroin-related treatment admissions in New Jersey is significantly higher than for any other drug. According to the New Jersey Department of Health and Senior Services, there were 25,009 primary admissions for heroin abuse in New Jersey in 1998, 24,010 in 1999, and 25,316 in 2000. According to DAWN data, there were more ED mentions for heroin abuse in Newark each year from 1994 through 2000 than for any other illicit substance. (See Table 1 on page 2.) Newark had the highest rate of ED mentions (238) per 100,000 population in the nation in 2000. Additionally, in 2000 heroin was a factor in more deaths in the Newark area than any other illicit drug. According to DAWN mortality data, there were 179 heroin-related deaths in Essex, Morris, and Union Counties.

Heroin from all major source areas (South America, Southeast Asia, Southwest Asia, and Mexico) is available in New Jersey. However, South American heroin is by far the type most readily available. According to DEA, all the heroin purchased under the auspices of the Domestic Monitor Program (DMP) in Newark in the first half of FY2002 was identified as South American heroin and had an average purity of 78.6 percent. This is the first time that Newark reported higher purity levels than Philadelphia, which previously had the highest purity levels in the country.

Heroin is seized at an increasing rate in New Jersey but is seized less frequently than either cocaine or marijuana. According to FDSS data, federal law enforcement officials in New Jersey seized 54 kilograms of heroin in 1999, 91 in 2000, and 169 in 2001. Further, the percentage of drug-related federal sentences related to heroin in New Jersey was significantly higher than the national percentage

Table 2. Drug-Related Federal Sentences, New Jersey, FY1996–FY2000

Cocaine					
	1996	1997	1998	1999	2000
New Jersey	47.0	37.4	39.8	42.9	36.9
United States	52.5	49.6	47.3	45.0	44.2
Heroin					
	1996	1997	1998	1999	2000
New Jersey	46.1	58.6	44.8	38.6	50.0
United States	10.3	9.7	8.9	8.0	7.7
Marijuana					
	1996	1997	1998	1999	2000
New Jersey	3.5	2.0	13.0	11.4	3.7
United States	24.9	27.5	NA	31.5	31.2
Methamphetamine					
	1996	1997	1998	1999	2000
New Jersey	0.9	1.0	1.1	4.5	4.9
United States	9.7	10.2	11.4	12.8	14.5

Source: U.S. Sentencing Commission.

each year from FY1996 through FY2000. (See Table 2.)

Heroin prices in New Jersey are relatively stable and reflect two distinct markets—northern and southern New Jersey. The distance between the distribution site and the source, primarily New York City, is one factor that might explain why heroin prices are significantly higher in southern New Jersey. In northern New Jersey heroin sold for $60,000 to $120,000 per kilogram, $1,600 to $4,200 per ounce, and $60 to $150 per gram in the second quarter of FY2002, according to the DEA Newark Division. In southern New Jersey heroin sold for $125,000 to $250,000 per kilogram, $4,500 to $9,000 per ounce, and $80 to $300 per gram during the same period.

Colombian DTOs and criminal groups and Dominican criminal groups dominate the transportation of South American heroin into New Jersey, particularly Newark. These DTOs and criminal groups usually employ couriers to smuggle heroin aboard commercial aircraft or occasionally transport significant quantities of heroin, sometimes intermingled with large shipments of cocaine or marijuana, on containerized vessels. During the second quarter of 2002, U.S. Customs Service (USCS) inspectors confiscated almost 17 kilograms of heroin in 13 seizures and made 13 arrests at Newark International Airport. A significant portion (at least 6 kilograms) was sewn into the collars and waistbands of clothing transported by couriers directly from Bogota, Colombia. Nigerian and other West African criminal groups smuggle Southeast Asian heroin, and Lebanese, Pakistani, Nigerian, and other criminal groups smuggle Southwest Asian heroin. Both Southeast Asian heroin and Southwest Asian heroin are smuggled from source countries to Newark International Airport usually by couriers who conceal the drug in their clothing or in hidden compartments within their luggage. Additional quantities of heroin are

transported in commercial and private vehicles from the Southwest Border and from states such as Florida and New York.

Colombian DTOs and criminal groups and Dominican criminal groups are the dominant wholesale distributors of South American heroin in New Jersey. Nigerian and other West African criminal groups are the dominant wholesale distributors of Southeast Asian heroin. Lebanese, Pakistani, Nigerian, and other criminal groups distribute Southwest Asian heroin in New Jersey.

African American criminal groups and street gangs and Dominican criminal groups are the dominant retail distributors of South American heroin. Nigerian and other West African criminal groups distribute Southeast Asian heroin, while Lebanese, Pakistani, and other criminal groups distribute Southwest Asian heroin at the retail level in New Jersey. Chinese, Colombian, Puerto Rican, and other Caribbean criminal groups, local independent dealers, Jamaican "posses," and various street gangs also sell retail quantities of heroin in the state. Heroin is sold primarily at open-air markets or in low-income housing developments in metropolitan centers including Camden, Elizabeth, Jersey City, Newark, and Paterson. It is usually packaged in glassine envelopes and sold in bags, bundles, or bricks. Most bags contain one-tenth gram and are stamped with a logo reflecting popular movies or events. Some of the more popular logos include Ground Zero, Money Train (with a picture of a locomotive), Lethal Injection (picture of two syringes), Scarface, and 9-11 (picture of the World Trade Center twin towers). Most bundles contain 8 to 10 bags wrapped in a rubber band; a bundle of heroin in the Camden area usually contains 13 bags. Bricks usually contain five bundles (50 bags) wrapped in newspaper. In Camden, "sleeves" that contain 250 bags wrapped in telephone book pages are also available.

Marijuana

Marijuana is the most widely available and commonly abused illicit drug in New Jersey. There were a significant number of marijuana-related treatment admissions in New Jersey from 1998 through 2000, and that number gradually increased during that period. According to the New Jersey Department of Health and Senior Services, there were 5,508 primary admissions for marijuana abuse in New Jersey in 1998, 5,530 in 1999, and 5,714 in 2000. According to DAWN data, the number of ED mentions for marijuana abuse in Newark fluctuated annually from 1994 through 2000 and was significantly lower than the number of ED mentions for cocaine or heroin. (See Table 1 on page 2.) Data from the 1999 NHSDA indicate that 17.4 percent of New Jersey residents aged 18 to 25 used marijuana in the month preceding the survey, a higher percentage than for any other age category.

Marijuana is the most frequently seized illicit drug in New Jersey. Of the 10,825 kilograms of illicit drugs seized by federal law enforcement officials in the state from 1999 through 2001, almost 60 percent of the total (6,397) involved marijuana. Nonetheless, the percentage of drug-related federal sentences related to marijuana in New Jersey was significantly lower than the national percentage each year from FY1996 through FY2000. (See Table 2 on page 4.)

Marijuana, usually commercial-grade, typically is sold in small vials, tinfoil, or small plastic baggies in New Jersey, and prices are relatively stable. In northern New Jersey domestic marijuana sold for $600 to $2,000 per pound, $100 to $400 per ounce, and $5 to $10 per gram in the second quarter of FY2002, according to the DEA Newark Division. In southern New Jersey domestic marijuana sold for $800 to $3,000 per pound, $250 to $650 per ounce, and $10 per gram during that period. In the second quarter of FY2002, law enforcement officials in the southern part of the state reportedly seized a new type of marijuana referred to as hydro. Hydro is marijuana that has been saturated in undetermined liquids, possibly PCP, that reportedly increase its effects; hydro is not the same as marijuana that is produced using hydroponic methods. Hydro typically sells for $3,000 per pound and is produced locally and in Canada.

Cannabis is cultivated both indoors and outdoors throughout rural New Jersey, particularly in Atlantic, Cumberland, Gloucester, and Warren Counties. It also is cultivated indoors in metropolitan areas of the state. Cannabis plants often are hidden in farmers' fields by replacing corn plants with cannabis plants or by planting the cannabis between the rows of corn. Indoor grows often are located in private residences. According to the DEA Domestic Cannabis Eradication/Suppression Program, law enforcement officials eradicated 2,873 outdoor-cultivated plants in New Jersey in 1999 and 3,713 in 2000. Further, law enforcement officials eradicated 629 indoor-cultivated plants in 1999 and 1,171 in 2000.

Although Jamaica- and Mexico-based criminal groups are dominant marijuana transporters, no particular criminal group or independent dealer controls the transportation of marijuana into New Jersey. Most marijuana available in New Jersey, particularly in Newark, originates in Mexico and Jamaica. Marijuana produced in Mexico frequently is smuggled in multiton shipments inside tractor-trailers from California and southwestern states into New Jersey. Additional quantities of Mexico-produced marijuana, usually ranging from 7 to 30 pounds, are usually transported into New Jersey in mail parcels, on commercial airlines, and in private vehicles. Marijuana produced in Jamaica usually is smuggled into New Jersey in commercial maritime vessels and aircraft and through express mail services. Some marijuana produced in Jamaica is smuggled in maritime vessels to other U.S. states and then transported in private and commercial vehicles into New Jersey. In response to the 2001 NDIC National Drug Threat Survey, federal, state, and local law enforcement officials reported that criminal groups and local independent dealers in at least two states, New York and Pennsylvania, transport marijuana into New Jersey.

Although Jamaica- and Mexico-based criminal groups are dominant marijuana distributors, no single criminal group or independent dealer controls the wholesale or retail distribution of marijuana in New Jersey. Marijuana typically is sold in the same venues where cocaine is available.

Other Dangerous Drugs

The distribution and abuse of other dangerous drugs (ODDs) such as MDMA, GHB and its analogs, khat, ketamine, LSD, and PCP pose serious threats, particularly to the state's teenagers and young adults. The diversion and abuse of pharmaceuticals are also concerns in the state.

MDMA

MDMA (3,4-methylenedioxymethamphetamine) is the most readily available and frequently abused ODD in New Jersey. Most MDMA available in the state is distributed and abused by teenagers and young adults. However, older adults, particularly in Middlesex and Monmouth Counties, are abusing MDMA at an increasing rate. Law enforcement officials in Camden report that "parachuting" is a new trend in their area. Parachuting reportedly involves taking MDMA to achieve a euphoric effect and then taking Valium or Xanax to mitigate the depressive effect.

MDMA

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

MDMA is sold primarily at raves or techno parties, nightclubs, rock concerts, and on college campuses in New Jersey, but dealers are increasingly selling the drug from residences and on street corners. Various criminal groups and independent dealers have started to distribute MDMA in New Jersey. According to the DEA Newark Division, Colombian and Mexican criminal groups and local independent dealers are beginning to sell MDMA in the Camden area. These distributors typically purchase wholesale quantities of MDMA in Philadelphia and, to a lesser extent, New York City. Many of these distributors try to sell MDMA on the Philadelphia side of the Walt Whitman and Benjamin Franklin Bridges, which connect Camden with Philadelphia, to circumvent more stringent MDMA laws in New Jersey. According to the DEA Newark Division, Dominican independent dealers started to sell MDMA in Hudson and other counties in 2001 because of the large profits generated by MDMA distribution. The DEA Newark Division further indicates that Hispanic and Portuguese dealers from Newark and New York City are distributing MDMA in the cities of Kenilworth and Union. Wholesale quantities (500 MDMA tablets or more) usually sell for $3 to $5 per tablet, according to the DEA Newark Division. Retail quantities of MDMA, sold loose, in plastic bags, or stacked in heat-sealed baggies known as sticks, usually sell for $20 to $30 per tablet. Sticks typically contain three to five MDMA tablets.

GHB and Analogs

The availability and abuse of GHB (gamma-hydroxybutyrate) and its analogs—GBL, BD, GHV, and GVL—also are increasing in New Jersey.

GHB analogs are drugs that possess chemical structures that closely resemble GHB, a central nervous system depressant. GHB and its analogs are also known as liquid ecstasy, soap, scoop, Georgia homeboy, grievous bodily harm, liquid X, and goop. At lower doses they cause drowsiness, dizziness, nausea, and visual disturbances. At higher doses, unconsciousness, seizure, severe respiratory depression, and coma can occur. Because of their sedative properties, GHB and its analogs also have been used to facilitate sexual assaults throughout the nation.

GHB Analogs

Analog	Chemical/Alternative Name
GBL	gamma-butyrolactone furanone di-hydro dihydrofuranone
BD	1,4 butanediol tetramethylene glycol sucol-B butylene glycol
GVL	gamma-valerolactone 4-pentanolide
GHV	gamma-hydroxyvalerate methyl-GHB

GHB generally is produced outside New Jersey and transported into the state by local independent dealers. GHB typically is distributed to high school and college students at raves and dance parties. In Atlantic City an 8-ounce bottle sells for $100 to $300, according to the DEA Newark Division.

Khat

The stimulant khat is readily available in New Jersey, particularly in Newark. Khat use can produce manic behavior, paranoid delusions and hallucinations, as well as damage to the nervous and respiratory systems. Law enforcement officers often seize khat at Newark International Airport. Khat use appears to be limited to some members of an ethnic-cultural enclave consisting of immigrant communities from Arabian, East African, and Middle Eastern countries.

Ketamine

Ketamine availability and abuse vary throughout New Jersey. The drug is readily available in Bergen, Hudson, Ocean, and Passaic Counties. Ketamine, also known as K, special K, vitamin K, and cat valium, is an injectable anesthetic that, when taken in large doses, causes effects similar to those

experienced with PCP abuse. Liquid ketamine can be injected or boiled into powdered ketamine that can be put into capsules. According to the DEA Newark Division, ketamine usually sells for $20 per bag and $100 to $125 per 10-milliliter vial. Much of the ketamine sold in New Jersey is stolen from veterinary offices in the state or is shipped from Mexico through California to metropolitan areas in New Jersey and other states. According to the DEA Newark Division, agents intercepted several shipments of ketamine that were sent via package delivery services from San Diego to New Jersey during the second quarter of FY2002. The ketamine was bottled in 10-milliliter vials.

LSD

The hallucinogen LSD (lysergic acid diethylamide), also known as acid, boomer, and yellow sunshine, is sporadically available in New Jersey. According to the DEA Newark Division, LSD typically sells for $0.50 to $15 per dose known as a hit, $1.50 to $3.50 per dose for a 100-dose sheet, $600 per liquid vial, and $10 to $15 per gelatin capsule in New Jersey. In February 2001 law enforcement officials in Somerset County seized over 100 LSD-laced sugar cubes. Law enforcement officials in Hunterdon County reported that MDMA tablets were saturated with LSD and sold during the second quarter of FY2002.

PCP

The hallucinogen PCP (phencyclidine), also known as angel dust, ozone, wack, and rocket fuel, is increasingly available in New Jersey, particularly in Sussex County. Powdered PCP generally sells for $15 to $25 per bag, $20 to $30 per gram, and $5 per capsule in New Jersey, according to the DEA Newark Division. Liquid PCP usually sells for $200 to $600 per ounce. Cigarettes and marijuana joints frequently are dipped in PCP and sold for $20 to $30 each. Ounce and half-ounce bottles of PCP are also available in the state.

Diverted Pharmaceuticals

Diverted pharmaceuticals are distributed and abused in New Jersey at an increasing rate. Narcotics investigators in Camden County report that OxyContin, Percocet, and Xanax are increasing in popularity. According to DEA, there were three OxyContin overdose deaths in Camden in the first quarter of FY2002. Most pharmaceutical abusers are in their late 30s to early 40s or are high school and college age. Narcotics task force officers in several counties report that the level of prescription fraud, particularly in suburban areas, has increased in their areas. Pharmacy burglaries also occur frequently in New Jersey. According to the DEA Newark Division, in the second quarter of FY2002, diverted OxyContin sold for $35 per 80-milligram tablet and $25 per 20-milligram tablet. Diverted Percodan and Percocet sold for $3 to $6 per tablet, and diverted Xanax sold for $1 to $2 per tablet.

Methamphetamine

Methamphetamine distribution and abuse pose a lower threat to New Jersey than the threats posed by other major illicit drugs. The New Jersey Department of Health and Senior Services does not separately record primary admissions for methamphetamine abuse since there are so few in comparison with other drugs. According to DAWN data, there were no ED mentions for methamphetamine abuse in Newark from 1994 through 1998, three in 1999, and six in 2000. According to DAWN mortality data, there was one methamphetamine-related death in Essex County and none in Morris or Union Counties in 2000.

Methamphetamine is sporadically available in New Jersey. However, the drug is increasingly available in southern New Jersey, particularly in Atlantic County. According to FDSS data, federal law enforcement officials seized a total of 2 kilograms of methamphetamine from 1999 through 2001. In northern New Jersey methamphetamine sold for $8,500 to $20,000 per kilogram, $800 to $1,500 per ounce, and $50 to $80 per gram in the

second quarter of FY2002, according to the DEA Newark Division. In southern New Jersey methamphetamine sold for $35,000 per kilogram, $800 to $2,000 per ounce, and $80 to $100 per gram during the same period. The percentage of drug-related federal sentences related to methamphetamine in New Jersey was significantly lower than the national percentage each year from FY1996 through FY2000. (See Table 2 on page 4.)

Most of the methamphetamine available in New Jersey is produced using the P2P (phenyl-2-propanone) method. Law enforcement officials seized at least one P2P methamphetamine laboratory each year in New Jersey from 1997 through 1999 and none in 2000.

Although methamphetamine production currently is rare in New Jersey, chemicals used to produce methamphetamine frequently are diverted from chemical companies in New Jersey to methamphetamine producers and distributors. In January 2002 agents and diversion investigators from the DEA Newark Division arrested the production manager of a chemical company in East Windsor for diverting more than 19 tons of precursor chemicals used to manufacture methamphetamine. The company supplied pseudoephedrine and ephedrine to at least 40 methamphetamine laboratories throughout the United States during the past several years.

Methamphetamine is transported into New Jersey from California and southwestern states in tractor-trailers, private vehicles, and airmail parcels routed through package delivery services. Additional quantities are smuggled into New Jersey via private vehicles.

Outlaw motorcycle gangs (OMGs) such as Breed, Pagan's, and Warlocks are the dominant wholesale distributors of methamphetamine in New Jersey. They usually sell retail quantities of methamphetamine to other OMGs, primarily in the central and southern counties, and in states such as Pennsylvania, Ohio, West Virginia, and North Carolina. In addition, teenagers and young adults sell methamphetamine at raves.

Outlook

Cocaine will remain a significant illicit drug threat to New Jersey because it is readily available, frequently abused, and its distribution and abuse are more frequently associated with violent crime than any other drug. Colombian DTOs and criminal groups and Dominican criminal groups have historically dominated the distribution of cocaine in New Jersey, and there are no indications that this will change.

Heroin, primarily South American, will continue to pose a significant threat to the state. Treatment indicators suggest that heroin abuse is a serious problem, and there are no indications that abuse levels will decrease in the near future. The distribution and abuse of heroin may become more significant than that of cocaine.

Marijuana will remain the most commonly available and widely abused drug in New Jersey. Cannabis will continue to be cultivated at outdoor and indoor grow sites; however, marijuana produced in Mexico and Jamaica will remain more prevalent.

MDMA will continue to be the most widely distributed and abused ODD in New Jersey. Dominicans and other historically violent criminal groups are now distributing MDMA, and it is likely that the level of MDMA-related violence will increase. There are no indications that the trends associated with other ODDs in New Jersey will change.

Methamphetamine will continue to pose the lowest drug threat to New Jersey. Availability and abuse of the drug are low and should remain low in the near term.

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