

National Drug Threat Survey 2007

U.S. Department of Justice National Drug Intelligence Center 319 Washington Street, 5th Floor Johnstown, PA 15901-1622 Phone: (800) 624-4958

Fax: (814) 532-4690



Please note any changes from label:								
Law Enforcement Agency								
Title (of person completing the survey) First Name	MI	Last Name						
Address								
City	State	Zip						
Telephone	Fax							
E-mail Address								
General Instruc	 ctions							

Your response to this survey will help us understand the drug situation in your area. Your input, when combined with similar data collected across the country, will be invaluable in preparing our annual National Drug Threat Assessment as well as periodic regional drug threat assessments.

Please fill out the survey as thoroughly as possible, fully darkening the circles, using black or blue ink.

Please mail your completed survey in the enclosed self-addressed stamped envelope or fax it to NDIC using the fax number listed above by May 31, 2007.

Thank you for participating in the NDIC National Drug Threat Survey 2007

Paperwork Reduction Act Notice - A person is not required to respond to a collection of information unless it displays a valid OMB control number. We try to create instructions and forms that are accurate, easily understood, and impose the least possible burden. The estimated average time to complete the form is 30 minutes. If you have any comments regarding the accuracy of this estimate or suggestions for making this form simpler, please contact the National Drug Intelligence Center, Collections Unit, at (800) 624-4958.

OMB No.: 1105-0071 (Expiration date _____ NDIC Form A-34g 1. What drug poses the greatest threat to your area? (Choose only ONE.)

Powder cocaine......O Heroin......O Marijuana.....O Other dangerous drugs......O Crack cocaine......O Methamphetamine....O MDMA (ecstasy).......O Diverted pharmaceuticals.....O

2. Indicate the level of availability of the following drugs in your area.

Low Moderate High Available Moderate High Available

Low

Not

O Powder cocaine O O MDMA (ecstasy) 0 O O O Crack cocaine O O O O **GHB** O O O O O O Heroin O O 0 O LSD O O Powder Methamphetamine O O 0 O **PCP** O O O O ICE Methamphetamine O O O O **GBL** O O O O O O Diverted pharmaceuticals O O Marijuana O O O

3. Indicate the level of involvement of street gangs and outlaw motorcycle gangs in your area in the distribution of drugs in general as well as for the specific drugs listed below. If street gangs or outlaw motorcycle gangs are not involved in drug distribution in your area, please indicate by filling in NONE.

Street Gangs Outlaw Motorcycle Gangs Low Moderate High None Low Moderate High None O O O O O Drugs in general O O O Powder cocaine O O O O O O O O Crack cocaine O O O O O O O O Heroin O O O O O O O O Methamphetamine O O O O O O O O Marijuana O O O O O O O O

4. Please provide the following information for STREET GANGS in your jurisdiction.

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Total Numbe STREET Gai	•	Total Number STREET Gang M	•	nt of STREE' ed in Drug A	_	Past Year Change in Level STREET Gang Drug Activi	•
None	O	None	O	None	O	Increased O)
1–25	O	1–250	O	1 - 25%	O	Decreased O)
26-50	O	251-500	O	26 - 50%	O	Remained the Same O)
51–75	O	501-750	O	51 – 75%	O	Not Applicable O)
76–100	O	751-1,000	O	76 - 100%	O		
101-500	O	1,001-2,500	O				
501-1,000	O	2,501 or more	O				
1,001 or more	0						

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5. Please provide the following information for **OUTLAW MOTORCYCLE GANGS (OMGs)** in your jurisdiction.

Total Numbe <u>OMGs</u>	er of	Total Number <u>OMG Membe</u>	•	Percent of OM Involved in Drug		Past Year Change in L <u>of OMG Drug Activ</u>	
None	O	None	O	None	O	Increased	O
1–5	O	1–10	O	1 - 25%	O	Decreased	O
6–10	O	11–25	O	26 - 50%	O	Remained the Same	O
11–15	O	26–50	O	51 – 75%	O	Not Applicable	O
16–20	O	51–75	O	76 - 100%	O		
21–25	O	76–100	O				
26 or more	O	101 or more	O				

MDMA (ecstasy)

Other dangerous drugs

Diverted pharmaceuticals O

7.	7. Please indicate how cannabis is cultivated in your area. (Fill in ALL that apply.)							
	Indoors O Outdoors O Hydropor	nically	O	Not cult	tivated O			
8.	Please indicate the level of methamphetamine produ	iction i	n vour area					
0.			-		duction ()	Not produced O		
	Low production O Moderate producti	.011 0	Г	ngn proc	duction O	Not produced O		
9.	Have you encountered powder methamphetamine b	eing co	nverted to	ICE met	thampheta	mine in your area?		
	Yes O No O							
10.	Please indicate the <u>most common</u> money laundering (Choose only ONE.)	techni	que used by	wholes	sale-level tr	raffickers in your area.		
	Bulk cash movement					0		
	Money services businesses (e.g., wire transmitters,							
	Banks (structuring)							
	Informal value transfer systems (e.g., black market	-						
	Unknown	_	_					
11.	Indicate the level of diversion/illicit use for the follow	wing ty	nes of phar	maceuti	icals in vou	ır area.		
			Moderate		None			
	Narcotics (e.g Vicodin, OxyContin, Dilaudid)	О	О	0	О			
	Depressants (e.g. Valium, Xanax, Klonopin)	О	0	О	О			
	Stimulants (e.g. Adderall, Ritalin, Dexedrene)	О	О	О	О			
	Steroids (e.g. Anadrol, Oxandrin, Durabolin)	О	О	О	О			
12.	Indicate the drug that most contributes to violent cr (Choose only ONE drug for each type of crime.)	ime an	d the drug	that mos	st contribu	tes to property crime in your area.		
	Violent Crime		Prone	rty Crin	n <i>e</i>			
	(Choose only ONE.)		(Choose					
	Powder cocaine O Powder cocaine O							
	Crack cocaine O Crack cocaine							
	Methamphetamine O	Heroin O Methamphetamine O						
	Marijuana O MDMA (ecstasy) O	Marijuana O MDMA (ecstasy) O						
	Other dangerous drugs O	Other dangerous drugs O						
	Diverted pharmaceuticals O	_ Di	verted pharn	naceutic	als O			
13. Please indicate the primary city or region from which drugs are transported into your jurisdiction (e.g. from Philadelphia, from South Texas).								
14.	14. What is the predominant ethnicity of the major criminal groups or organizations that are involved in drug trafficking activities in your jurisdiction (e.g. Mexican, Dominican, Hispanic, Caucasian). List up to three ethnicities.							
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