



# National Drug Threat Survey 2007

U.S. Department of Justice  
National Drug Intelligence Center  
319 Washington Street, 5<sup>th</sup> Floor  
Johnstown, PA 15901-1622  
Phone: (800) 624-4958  
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**Please note any changes from label:**

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Law Enforcement Agency

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Title (of person completing the survey)	First Name	MI	Last Name
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Address

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City	State	Zip
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Telephone	Fax
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E-mail Address

## General Instructions

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 20 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.

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.

Not
Not
Low

**Low   Moderate   High   Available**

**Moderate   High   Available**

Powder cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	MDMA (ecstasy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crack cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GHB	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	LSD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Powder Methamphetamine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PCP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ICE Methamphetamine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GBL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Diverted pharmaceuticals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**

**None   Low   Moderate   High**

<b>Drugs in general</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Powder cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crack cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methamphetamine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MDMA (ecstasy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other dangerous drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diverted pharmaceuticals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

<b>Total Number of STREET Gangs</b>		<b>Total Number of STREET Gang Members</b>		<b>Percent of STREET Gangs Involved in Drug Activities</b>		<b>Past Year Change in Level of STREET Gang Drug Activity</b>	
None	<input type="radio"/>	None	<input type="radio"/>	None	<input type="radio"/>	Increased	<input type="radio"/>
1-25	<input type="radio"/>	1-250	<input type="radio"/>	1 - 25%	<input type="radio"/>	Decreased	<input type="radio"/>
26-50	<input type="radio"/>	251-500	<input type="radio"/>	26 - 50%	<input type="radio"/>	Remained the Same	<input type="radio"/>
51-75	<input type="radio"/>	501-750	<input type="radio"/>	51 - 75%	<input type="radio"/>	Not Applicable	<input type="radio"/>
76-100	<input type="radio"/>	751-1,000	<input type="radio"/>	76 - 100%	<input type="radio"/>		
101-500	<input type="radio"/>	1,001-2,500	<input type="radio"/>				
501-1,000	<input type="radio"/>	2,501 or more	<input type="radio"/>				
1,001 or more	<input type="radio"/>						

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

<b>Total Number of OMGs</b>		<b>Total Number of OMG Members</b>		<b>Percent of OMGs Involved in Drug Activities</b>		<b>Past Year Change in Level of OMG Drug Activity</b>	
None	<input type="radio"/>	None	<input type="radio"/>	None	<input type="radio"/>	Increased	<input type="radio"/>
1-5	<input type="radio"/>	1-10	<input type="radio"/>	1 - 25%	<input type="radio"/>	Decreased	<input type="radio"/>
6-10	<input type="radio"/>	11-25	<input type="radio"/>	26 - 50%	<input type="radio"/>	Remained the Same	<input type="radio"/>
11-15	<input type="radio"/>	26-50	<input type="radio"/>	51 - 75%	<input type="radio"/>	Not Applicable	<input type="radio"/>
16-20	<input type="radio"/>	51-75	<input type="radio"/>	76 - 100%	<input type="radio"/>		
21-25	<input type="radio"/>	76-100	<input type="radio"/>				
26 or more	<input type="radio"/>	101 or more	<input type="radio"/>				

6. Is powder cocaine converted to crack in your area?    Yes     No

7. Please indicate how cannabis is cultivated in your area. (Fill in ALL that apply.)

Indoors       Outdoors       Hydroponically       Not cultivated

8. Please indicate the level of methamphetamine production in your area.

Low production       Moderate production       High production       Not produced

9. Have you encountered powder methamphetamine being converted to ICE methamphetamine in your area?

Yes       No

10. Please indicate the **most common** money laundering technique used by **wholesale-level** traffickers in your area. (Choose only ONE.)

- Bulk cash movement.....O
- Money services businesses (e.g., wire transmitters, check cashers, currency exchangers, etc.).....O
- Banks (structuring).....O
- Cash intensive business (e.g. restaurants, nail salons, strip clubs, etc.).....O
- Informal value transfer systems (e.g., black market peso exchange, hawala, etc.).....O
- Unknown.....O

11. Indicate the level of diversion/illicit use for the following types of pharmaceuticals in your area.

	Low	Moderate	High	None
<b>Narcotics</b> (e.g. Vicodin, OxyContin, Dilaudid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Depressants</b> (e.g. Valium, Xanax, Klonopin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Stimulants</b> (e.g. Adderall, Ritalin, Dexedrene)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Steroids</b> (e.g. Anadrol, Oxandrin, Durabolin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Indicate the drug that most contributes to violent crime and the drug that most contributes to property crime in your area. (Choose only ONE drug for each type of crime.)

**Violent Crime**  
(Choose only ONE.)

Powder cocaine	<input type="checkbox"/>
Crack cocaine	<input type="checkbox"/>
Heroin	<input type="checkbox"/>
Methamphetamine	<input type="checkbox"/>
Marijuana	<input type="checkbox"/>
MDMA (ecstasy)	<input type="checkbox"/>
Other dangerous drugs	<input type="checkbox"/>
Diverted pharmaceuticals	<input type="checkbox"/>

**Property Crime**  
(Choose only ONE.)

Powder cocaine	<input type="checkbox"/>
Crack cocaine	<input type="checkbox"/>
Heroin	<input type="checkbox"/>
Methamphetamine	<input type="checkbox"/>
Marijuana	<input type="checkbox"/>
MDMA (ecstasy)	<input type="checkbox"/>
Other dangerous drugs	<input type="checkbox"/>
Diverted pharmaceuticals	<input type="checkbox"/>

13. Please indicate the primary city or region from which drugs are transported into your jurisdiction (e.g. from Philadelphia, from South Texas).

\_\_\_\_\_

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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RISS [ndic.riss.net](http://ndic.riss.net) INTERNET [www.usdoj.gov/ndic](http://www.usdoj.gov/ndic)