



National Drug Threat Survey 2010

U.S. Department of Justice
National Drug Intelligence Center
319 Washington Street, 5th Floor
Johnstown, PA 15901-1622
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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 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, periodic regional drug threat assessments, and other strategic drug-related intelligence reports.

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 **January 31, 2010**.

Thank you for participating in the NDIC National Drug Threat Survey 2010.

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 and easily understood and that 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 Management Group, at (800) 624-4958.

Greatest Drug Threat and Drug-Related Crime

1. For your area, please indicate the drug that poses the greatest threat, the drug that most contributes to violent crime, and the drug that most contributes to property crime. (Choose only ONE drug on each list.)

<u>Greatest Drug Threat</u> (Choose only ONE.)	<u>Violent Crime</u> (Choose only ONE.)	<u>Property Crime</u> (Choose only ONE.)
Powder cocaine <input type="radio"/>	Powder cocaine <input type="radio"/>	Powder cocaine <input type="radio"/>
Crack cocaine <input type="radio"/>	Crack cocaine <input type="radio"/>	Crack cocaine <input type="radio"/>
Heroin <input type="radio"/>	Heroin <input type="radio"/>	Heroin <input type="radio"/>
Powder methamphetamine <input type="radio"/>	Powder methamphetamine <input type="radio"/>	Powder methamphetamine <input type="radio"/>
Ice methamphetamine <input type="radio"/>	Ice methamphetamine <input type="radio"/>	Ice methamphetamine <input type="radio"/>
Marijuana <input type="radio"/>	Marijuana <input type="radio"/>	Marijuana <input type="radio"/>
MDMA (ecstasy) <input type="radio"/>	MDMA (ecstasy) <input type="radio"/>	MDMA (ecstasy) <input type="radio"/>
Other dangerous drugs <input type="radio"/>	Other dangerous drugs <input type="radio"/>	Other dangerous drugs <input type="radio"/>
Controlled prescription drugs <input type="radio"/>	Controlled prescription drugs <input type="radio"/>	Controlled prescription drugs <input type="radio"/>

Drug Availability

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

	Low	Moderate	High	Not Available		Low	Moderate	High	Not 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"/>	Controlled prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Drug Production

3. Please indicate the percentage of powder cocaine transported to your area that is converted to crack.

1 – 25% 26 – 50% 51 – 75% 76 – 100% None

4. Please indicate how cannabis is cultivated in your area. (Check ALL that apply.)

Indoors Outdoors Hydroponically Not cultivated

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

Low production Moderate production High production Not produced

5a. If methamphetamine is produced in your area, please indicate the past year change in the level of production.

Increased Decreased Remained the same Not applicable

6. Have you encountered powder methamphetamine being converted to ice methamphetamine in your area?

Yes No

Diversion/Illicit Use of Controlled Prescription Drugs

7. Indicate the level of diversion/illicit use for the following types of controlled prescription drugs in your area.

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

Drug Trafficking Activities

8. Please indicate the primary states and/or cities from which drugs are transported into your area.

9. What types of criminal groups or organizations are the principal wholesale and retail drug distributors in your area (e.g., Mexican, Dominican, Hispanic, Caucasian, African American)? List up to three types for each distribution level.

Wholesale distribution: _____

Retail distribution: _____

Drug Money Laundering

10. Please indicate the money laundering techniques used by wholesale-level (multikilogram) traffickers in your area. (Check ALL that apply.)

Bulk cash movement	<input type="radio"/>
Money services businesses (e.g., wire transmitters, check cashers, currency exchangers, money orders, etc.)	<input type="radio"/>
Banks (structuring)	<input type="radio"/>
Cash-intensive businesses (front companies) (e.g., restaurants, nail salons, strip clubs, etc.)	<input type="radio"/>
Informal value transfer systems (e.g., <i>hawala</i> , <i>hundi</i> , Chinese underground banking systems, etc.)	<input type="radio"/>
Trade-based (e.g., black market peso exchange, over/under invoicing, etc.)	<input type="radio"/>
Prepaid cards (e.g., gift cards, prepaid credit cards, etc.)	<input type="radio"/>
Electronic commerce (e.g., digital currency, private ATMs, mobile payments, online or auction payment systems, etc.)	<input type="radio"/>
Real estate (e.g., commercial/residential property purchases, mortgage fraud, etc.)	<input type="radio"/>

Gangs and Drugs

11. 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.

	<u>Street Gangs</u>				<u>Outlaw Motorcycle Gangs</u>			
	Low	Moderate	High	None	Low	Moderate	High	None
Drugs in general	<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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
Controlled prescription 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"/>

12. Please provide the following information for STREET GANGS and OUTLAW MOTORCYCLE GANGS (OMGs) in your area.

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

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



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