



Drug Prospectus

CRACK: Availability and Trafficking in Maryland

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U.S. Department of Justice
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Maryland State Police
Criminal Intelligence Division
1992
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INTELLIGENCE REPORT

The information in this report may be indicative of
illegal drug availability and or trafficking in the

State of Maryland

Copies of this report are available from the
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HISTORY OF CRACK

COCAINE PASTE SMOKING

In 1971, first reports of widespread smoking of cocaine paste came from Peru. Soon after, Colombian drug wholesalers began to include some of the paste in kilo-sized shipments of powdered cocaine and informed dealers to give the paste away free and see how the customers liked it. Paste smoking was not accepted in America due to its harshness and the impurities in the product.

FREEBASE SMOKING

In 1974 California users, who had seen cocaine paste smoking in Latin America, began to experiment with smoking freebase. The freebase was created through a chemical process that freed the base cocaine from the cocaine hydrochloride powder. The process involved the use of volatile ether and paraphernalia, such as butane torches. Dealers had to cook it up batch by batch while buyers waited, which resulted in a level of exposure to strangers that dealers hated.

In June, 1980 comedian Richard Pryor set himself on fire while freebasing in his California home. This event spurred a growing street demand for a simple form of smokable cocaine. Dealers began to search for a new product that would allow them to handle customers quickly.

CRACK SMOKING

Throughout the 1970's references to the recipe for crack appeared in underground literature, media interviews and congressional testimony. Residents of the Netherlands Antilles came up with a crack prototype around 1980. They converted cocaine paste using baking soda, water and rum. The resulting product came to be known in the Caribbean as "roxanne", "base-rock", and "baking soda paste".

"Rock" (later called "crack" on the East Coast) was first introduced in the United States in Los Angeles about 1980. It was the perfect product from the dealers viewpoint. The low price meant younger users could afford to buy it. It appealed to users of all socioeconomic levels, and the rapid progression of addiction kept users coming back for more. Los Angeles gangs helped to distribute the new product.

Crack's popularity spread to major cities such as Miami and New York. Dealers were well organized and used high tech equipment to signal each other. By early 1986 anyone who could buy the cocaine could cook it up into crack. Users often turned to dealing to support their habits. Customers visited apartment "crack houses" where they could buy and use crack, sometimes going on a crack binge lasting several days.

By 1986 crack spread further out into the surrounding suburbs and rural areas. The huge profits in the crack market led to the creation of large crack trafficking groups. Los Angeles street gangs, such as the Crips and the Bloods, moved east; and violent Jamaican posses moved west from Miami and New York. In the words of New York Governor Mario Cuomo, crack use became "an epidemic of unprecedented proportions."

CRACK MANUFACTURING

CRACK PROCESSING

Crack is cocaine hydrochloride converted to a smokable base form. The conversion is a simple process, as no volatile chemicals are needed, and the possibility of fire or explosion is eliminated.

Crack can be processed in a home kitchen by mixing cocaine hydrochloride with ordinary baking soda and warm water. The mixture is heated, usually in vials or test tubes, and dried until it hardens into a white or off-white rock hard chunk. The cooking process eliminates most impurities, but some impurities present in the original cocaine and excess baking soda remain.

Small pieces ("rocks") resembling soap shavings are broken off and smoked. The average crack rock is 100 milligrams (.1 gram). Occasionally crack is sold in three-inch sticks with ridges called "french fries". The term "crack" refers to the crackling noise the substance makes when heated.

Crack conversion is usually performed at the mid to lower end of the distribution chain.

CRACK PACKAGING

Crack is often sold in Maryland in miniature resealable plastic bags and small, clear plastic vials. Dealers color code the vials with different colored stoppers for easy identification and to develop product loyalty.

Maryland's drug paraphernalia law, Article 27, Section 287A, prohibits the possession of balloons, envelopes, capsules and other containers which are intended to hold small quantities of CDS. The "other containers" mentioned in the law include vials and plastic bags.

On June 18, 1992, the Baltimore City Council passed legislation prohibiting possession, use, sale, delivery or advertising of miniature plastic bags which hold less than 1/8 ounce and are designed to hold small quantities of CDS. The bill is currently awaiting the Mayor's signature. A similar bill prohibiting possession of miniature bags was introduced in the Maryland Senate (Bill 638), but failed to pass on March 9, 1992.

Legal Sales Scientific supply houses are one source for plastic vials. The vials are sold for scientific and medical research. Purchasers include hospitals and universities. A free catalogue may be ordered from Fisher Scientific International, the country's largest scientific supply distributor, at 800-766-7000.

Illegal Sales The New York Times reported on April 25, 1990 that Customs agents searching for a Chinese gang member stumbled onto a Brooklyn factory where workers were producing millions of crack vials. They seized the factory's three plastic molding machines worth about \$1.8 million and hundreds of thousands of vials labeled "made in Taiwan." Customs agents said the packaging of illegal drugs is a \$1 billion-a-year industry in the United States and this seizure was the largest of several made in New York.

Customs agents estimated that the factory had been in operation for four months, producing daily more than 2 million of the half-inch long clear-plastic vials with colored tops used by crack dealers. At that pace, the factory could produce more than \$52 million a year in sales. The vials were being shipped by vans to metropolitan dealers and other cities.

In January 1987 the Federal Anti-Drug Abuse Act outlawed the importing of drug paraphernalia. Previously the majority of crack vials were manufactured in Taiwan, Korea and other Pacific Rim countries. The vials were usually described on bills of lading as perfume containers. In New York, Chinese organized crime groups dominated the vial business.

Once the Customs Service began seizing huge shipments of the vials, importers began shipping the vials in mislabeled containers. Now smugglers appear to have gone to domestic production. New York police have investigated several illegal drug packaging factories and believe the companies are controlled by members of the Chinese Fook Ching street gang.

CRACK PARAPHERNALIA

Crack can be smoked in almost anything that will withstand heat. In Maryland a glass pipe or crushed soda can is often used. The user inhales the fumes and tries to hold them in his lungs as long as possible. The vapors are absorbed immediately and the effects are felt almost instantaneously.

Crack can be crushed and sprinkled on a tobacco or marijuana cigarette and smoked. It can be sprinkled with liquid PCP and smoked, a process known as "spaceblasting".

EFFECTS ON USERS

PHARMACOLOGICAL EFFECTS

Smoking crack produces an immediate and intense euphoria. The high is reached in approximately 8 seconds and lasts about 10-12 minutes. This is followed by a deep depression and an intense craving for more crack. The experience is said to be more intense than that of any drug ever sold on the street. Crack overstimulates the central nervous system and produces an artificial euphoria that speeds up most body systems.

PHYSICAL EFFECTS

Crack's effects on the body are similar to cocaine. Both are stimulants that act on the central nervous system. Short-term physical effects include decreased appetite, chronic sore throat, hoarseness, shortness of breath leading to bronchitis and emphysema, nausea, and disturbed sleep.

Long-term effects include extreme changes in blood pressure, extreme weight loss, burning of the lips, spitting up of black phlegm, wheezing, chronic cough, hypertension, hallucinations, tremors, convulsions, lung damage and constriction of blood vessels resulting in increased heart, breathing, and blood pressure rates. Since crack is smoked, it avoids the dangers of injection and possible AIDS.

PSYCHOLOGICAL EFFECTS

Crack is one of the most powerful illicit drugs which can produce psychological dependency. Crack users may exhibit changes in behavior or personality including an abrupt breakdown in family communications, loss of interest in personal appearance, irritability, restlessness, anxiety, deep depression, feelings of invincibility, confusion and suicide. Panic attacks are common, and the user may have intense feelings of self-hatred.

ADDICTION

Some drug experts believe recreational use of crack is not possible. Addiction can occur in just a few days. A single dose can lead to heart seizure, respiratory failure or even death. The potential for addiction may be higher with crack use, because crack is rapidly absorbed into the bloodstream and carried to the brain in seconds.

According to the currently accepted definition of drug addiction (creates a dependency), crack users may become both physically and psychologically addicted to crack. When the drug is withdrawn users become irritable, and experience fatigue, strong hunger, disturbed sleep, anxiety, depression, paranoia, hallucinations, and suicidal feelings. No state-of-the-art treatment method for crack abusers exists today.

USER SURVEYS

User surveys suggest that, despite a decline in casual use, a serious problem remains among frequent, hard-core users. Researchers believe crack is especially popular among women and youth because of cheap prices and the user's perception that smoking a drug is more acceptable than injecting.

NATIONAL HIGH SCHOOL SENIOR SURVEY

The Drug Use Among American High School Seniors, College Students and Young Adults- 1975-1991, an annual survey since 1975, shows a gradual decline in crack use beginning in 1986.

HIGH SCHOOL SENIOR SURVEY Crack Use by High School Seniors			
YEAR	30 DAY USE	ANNUAL USE	LIFETIME USE
1986	---	4.1%	---
1987	1.3%	3.9%	5.4%
1988	1.6%	3.1%	4.8%
1989	1.4%	3.1%	4.7%
1990	0.7%	1.9%	3.5%
1991	0.7%	1.5%	3.1%

The 1991 survey showed a decrease in use of all drugs, from 1990 to 1991. The past month use of crack appeared to level off at the 1990 level.

MARYLAND ADOLESCENT SURVEY

This 1990 biennial survey by the Maryland State Department of Education and the Alcohol and Drug Abuse Administration found that the use of crack/cocaine was not among the 10 most frequently used substances by 12th grade students in Maryland.

MARYLAND ADOLESCENT SURVEY 1990 Current Substance Use for 12th Grade		
Rank Order	Maryland	National
1	Alcohol	Alcohol
2	Tobacco	Cigarettes
3	Marijuana	Marijuana
4	Amphetamines	Amphetamines
5	Inhalants/LSD	Amyl or Butyl Nitrates
6	Other Narcotics	Inhalants
7	Tranquilizers	LSD/Cocaine
8	Other Hallucinogens	Other Narcotics
9	Amyl or Butyl Nitrates	Barbiturates
10	Methamphetamines	Tranquilizers

Maryland's crack use rate was, however, higher than the national sample level.

MARYLAND ADOLESCENT SURVEY 1990 Crack Current Use for 12th Grade		
	Maryland	National
1990-91	1.0	0.7
1988-89	1.7	1.6
1986-87	0.9	N/A

DAWN

The Drug Abuse Warning Network (DAWN) is a voluntary national survey conducted since 1972. The survey measures 21 metropolitan areas for drug-related Emergency Room admissions and 27 metropolitan areas for drug-related deaths, as reported by the Medical Examiner. Crack use is not measured separately, but is included in the cocaine figures. Crack use can be inferred from the data concerning smoking as the route of admission.

1990 DAWN EMERGENCY ROOM DATA * WASHINGTON, DC MENTIONS OF SMOKING COCAINE		
Year	# Smoked Cocaine	% of Total Cocaine Mentions
1985	29	4%
1986	211	18.6%
1987	1075	35.2%
1988	2062	41.1
1989	2263	50.2%

* 1991 DAWN Annual Report N/A

From 1985 to 1988, smoking cocaine (freebase and crack) increased significantly in the Washington DC area. Since 1988, the emergency room visits involving admissions for smoking cocaine increased, but at a slower rate. A May 1992 NIDA news release reported new DAWN data showed "an unwelcome trend for both cocaine and heroin showing statistically significant increases in hospital emergency room episodes."

DUF

The Drug Use Forecasting survey, established in 1987 by the National Institute of Justice, measures urine samples from volunteer arrestees in 24 cities nationwide. The survey does not distinguish between crack and powdered cocaine in the samples. The data for the third quarter 1991 shows that cocaine continues to be the most prevalent drug found in both the adult and juvenile arrestee populations.

NATIONAL HOUSEHOLD SURVEY ON DRUG ABUSE

The National Institute on Drug Abuse (NIDA) began collecting information on crack use by individuals 12 and older in 1988.

NATIONAL HOUSEHOLD SURVEY ON DRUG ABUSE Percent of Respondents Reporting Crack Use			
	1988	1990	1991
Lifetime	1.3%	1.4%	1.9%
Past Year	0.5%	0.5%	0.5%
Past Month	0.2%	0.2%	0.2%

1988 - Use was more common among those aged 18-25. In general, use was more common among males, blacks and Hispanics, residents of large metropolitan areas, residents of the Northeast and West, those with less education, and the unemployed.

1990 - Lifetime and past year use was most common among the 18-25 and 26-34 age groups. In general, lifetime use was more common among males, blacks, residents of large metropolitan areas, residents of the West, those with less education, and the unemployed.

1991 - As of 1991, the survey will be taken annually. Findings for the 1991 survey show there were 3,886,000 "ever used" (lifetime) crack users among the 23,715,000 users of cocaine.

MARYLAND HOUSEHOLD SURVEY

This 1992 Maryland State Household Drug Survey, conducted by the Maryland Center for Substance Abuse and Control (CESAR), measures the perceptions of the drug problem in Maryland held by adults 18 and over. More than 70% of respondents said they thought cocaine/crack use was increasing in Maryland. About 40% said they thought cocaine/crack was being sold in their neighborhood.

TRENDS AND PATTERNS

The Trends and Patterns in Alcohol and Drug Abuse in Maryland for FY 1991, administered by the Maryland Alcohol and Drug Abuse Administration, compiles treatment statistics from certified treatment centers in Maryland.

TRENDS & PATTERNS IN ALCOHOL AND DRUG ABUSE Admissions for Crack Treatment	
FY88	3973
FY89	8504
FY90	10709
FY91	10404

The highest number of crack admissions occurred in Prince George's County, followed by Baltimore City and Montgomery County. In 1991 there was a slight decrease in treatment admissions.

CRACK NEWS

- ▶ Younger Dealers Because most judges are not willing to impose mandatory, lengthy jail sentences on juveniles, crack dealers often use juveniles to process, package, cut, distribute and sell crack. Nine and ten-year-old kids can get entry-level jobs as "lookouts" and later graduate to "runner" (delivers drugs to street dealer) and street dealers. (TIME, "Kids Who Sell Crack", May 9, 1988, p.22)

- ▶ Drug Budget Currently 70% of the U. S. drug strategy budget is devoted to law enforcement. Criticism of this emphasis was voiced by concerned attorneys from the American Bar Association. They point out that even if all the drug dealers and kingpins were imprisoned, new traffickers would, no doubt, take their places. "A national drug strategy that relies on the criminal justice system to solve the drug crisis won't work and diverts attention and resources from other needed approaches such as prevention, education and treatment." (American Bar Association, Criminal Justice Section - Ad Hoc Committee on the Drug Crisis - from a two year study, Responding to the Problem of Drug Abuse: Strategies for the Criminal Justice System), released January 10, 1991)

- ▶ Crack Use At Peak Although state drug abuse clinics are treating crack addicts in record numbers, state officials believe the epidemic may be reaching its peak. Treatment experts believe crack use will continue to increase this year but at a far slower rate. (Baltimore Sun, "Crack use reaching peak, report says," July 31, 1991)

- ▶ Crack Use High Baltimore has always been one of the cities to get new drug trends later, according to retired Captain Michael J. Fannon of the Baltimore Police Department's drug enforcement section. He stated that "We're probably in the middle of something where other cities have passed through." The Alcohol and Drug Abuse Administration reported that, while the number of cocaine-related admissions to Maryland drug programs doubled from 1987 to 1990, crack-related admissions have grown six-fold. Crack is one of the few addictions in which Baltimore has lagged behind Maryland's other subdivisions. (Baltimore Sun, "Crack use booming in Baltimore," July 30, 1991, A1)

- ▶ Younger Dealers Over the last 20 years, Baltimore area drug dealers have grown progressively younger and more dangerous. As the city's drug preference switched from heroin to crack, the "mature adults", who supplied heroin and saw themselves as businessmen, were replaced by young, increasingly violent crack dealers. In October, 1991 an 18-year-old drug kingpin was arrested in Baltimore. His multi-million-dollar organization was organized when he was a juvenile and he used children as young as 11 years old as street dealers. Unlike their predecessors, the "new breed" of drug traffickers is reckless and indiscriminately violent in settling turf disputes. (Baltimore Sun, October 27, 1991)

- ▶ Crack Pills New York City police discovered crack pills during a raid in 1987. The aspirin-shaped pills were being sold with names like Press or PF (for performance) and meant to be smoked in a pipe. (Time, June 8, 1987, p.33) (An April 1992 follow-up call to NYC Police revealed crack pills were seen only one time)

- ▶ Crack Law Racially Biased A Minnesota law which provided for a four-year sentence for first-time crack users and probation for first-time users of powdered cocaine was ruled racially biased. In Hennepin County 92 percent of people arrested on charges of possession of crack in 1988 were black, while 85 percent of those arrested on charges of possessing powdered cocaine were white. There was no logical reason found why people convicted for possession of crack should be treated differently than those convicted of possessing any other form of cocaine. (Baltimore Sun, December 29, 1990, p. 5A)

- ▶ Acupuncture Treatment for Crack Addiction Crack addicts will receive acupuncture sessions as part of an experimental treatment program in Charlottesville, VA. The treatments will be given between April and June, 1992 and will cost about \$100 an hour. If counselors think the program is successful, officials of the state Mental Health, Mental Retardation, Alcohol and Drug Abuse Services will apply for grant money to pay for more acupuncture treatments. (Washington Times, March 30, 1992, p. B2)

- ▶ Puff of Crack for 75 Cents Now, for 75 cents, a customer can get a single "hit," or puff of crack. Often working in abandoned buildings, sellers light a crack pipe and pass it through a slot in a locked door so the smoker can get a fast "hit." (New York Times, July 9, 1992, p. B1)

- ▶ Prostitution for Crack A growing number of prostitutes called "crack queens" are appearing in Washington, DC. Almost all of them are drug addicts. "The prices are low and the sex is fast and moments later the prostitutes are using the money to buy crack."

- ▶ Crack and Gangs Gangs are often involved in the lucrative business of trafficking crack. In October, 1992, over 200 members of some of the most vicious and violent gangs - the Jamaican posses - were arrested in several major cities including Baltimore. The posses are vicious and violent. They are involved in heavy narcotics and gun trafficking, murder, money laundering and fraud. The expansion and rapid increase in the number of posses is attributed to the lucrative narcotics trafficking, especially in crack house operations. (Organized Crime Digest, October 28, 1987, p.1)

CRACK TRENDS

- ▶ As crack abuse increased in the 1980s and the federal government found it difficult to finance major prevention programs, preventing drug abuse on the individual level was emphasized. On September 14, 1986 a joint address by President Ronald Reagan and the First Lady was televised in which they told their viewers to "just say no".
- ▶ Crack contributes to escalating health costs through high-risk sexual behaviors such as multiple partners or exchanging sex for crack. This increases disease rates for AIDS and STD . Crack babies born to mothers who used crack during pregnancy require increased health and educational services.
- ▶ Treatment centers say many of their crack patients are dealers as well as users. The combination of guns and young crack dealers, some of whom may be mentally unstable due to their own cocaine use, has resulted in an increase in the level of street violence. Public concern about violence was the catalyst for the Governor's Summit on Violent Street Crime held in Baltimore on March 19, 1992.
- ▶ The frequent intake of high dosages of cocaine can cause a toxic psychosis to develop called paranoid psychosis.¹ This psychotic mental state causes the cocaine user to have misperceptions of reality. He may feel others are "out to get him" and he becomes fearful. Some users who have developed paranoid psychosis and are predisposed to violence will engage in irrational, violent behavior. Recent studies have shown a complex relationship between

¹ For discussion of relationship between cocaine psychosis and violence see "Characteristics of Freebase Cocaine Psychosis," The Yale Journal of Biology and Medicine, 1988, pp. 115-122. The report concludes "that the association of cocaine psychosis with violence is not merely coincidence."

violence, drug abuse and mental illness.² ³ They suggest a possible psychological basis for the increase in violence associated with today's drug culture.

LAW ENFORCEMENT ACTIVITIES

MARYLAND TRAFFICKING PATTERNS

When traffickers import cocaine into Maryland, it is either in the form of crack, or traffickers convert the cocaine to crack once it arrives. It is not known where and how much cocaine is being converted locally, however, in the most recent MSP Price and Purity Report (released in late October 1992) it appears that the trend is to convert HCL to crack locally.

SIGNIFICANT MSP HIGHWAY CRACK SEIZURES

Significant MSP Highway Crack Seizures	
October 1991	505.2 grams
December 1991	152.0 grams
December 1991	190.0 grams
February 1992	326.6 grams
February 1992	98.9 grams
March 1992	1802.7 grams
August 1992	987.8 grams
August 1992	1186.0 grams

Highway seizures are often made after a routine traffic stop for speeding.

² "Drug Disorder, Mental Illness, and Violence," Research Monograph Series 103, Drugs and Violence: Causes, Correlates, and Consequences, National Institute on Drug Abuse, 1990.

³ "Crime, Drug Abuse and Mental Illness: A Comparison of Homeless Men and Women," Journal of Social Service Research, Vol. 13 (3), 1990, p. 39.

In June, 1992 the Supreme Court gave approval to a new police tactic. The Baltimore Sun reported that "officers may board buses, trains or planes at a terminal and look for drugs even if they have no reason to think that any are on board." The decision came in a so-called "bus sweep" case, but the majority made it clear that the decision would apply as well if the transport involved were a train or a commercial plane. ⁴

POLICE SURVEY

The 1992 Police Survey into the Nature and Extent of the Drug Problem in Maryland, compiled by the Maryland State Police, queried Chiefs of Police and Sheriffs throughout Maryland for their opinions concerning drug trafficking, drug popularity, and the demographics of drug traffickers in their areas.

Most of the jurisdictions reported multiple sources for crack. Source cities outside Maryland included New York, NY, Washington, DC, Philadelphia, PA, and Miami, FL. Source cities within Maryland included Baltimore, Frederick, and Landover. These source cities act as both customers and suppliers of crack.

All but five jurisdictions reported crack was easily available. Twenty-two jurisdictions reported crack as their most commonly trafficked drug. Approximately half of the jurisdictions responding to the survey reported that traffickers from other areas were distributing drugs or using local dealers to distribute for them. An unknown quantity of cocaine is converted to crack locally.

Crack traffickers were characterized as male (79%), 18 to 30 years of age (71%), Black (64%), and unemployed or having a low income (87%). Several jurisdictions reported Jamaican traffickers distributing crack in their area. Crack is purchased most commonly through a regular supplier (20 responses), open air markets (9 responses), and friends (7 responses).

⁴ Baltimore Sun, "Wide search by officers is approved," June 21, 1991, p. A1

PRICE PURITY REPORT

The Price and Purity Report for the first half of 1992, prepared by the Maryland State Police, shows that crack purchase amounts and purities vary by county. Analysis of the top five counties for purity shows that four of the five counties are located on the Eastern Shore, which indicates that a possible entry point for drug smuggling might be the Chesapeake Bay.

PRICE/PURITY REPORT Five Highest CRACK PURITIES			
County	1991 Purity	County	1992 Purity *
St. Mary's	92.0	Somerset	87.7
Baltimore Co	90.3	Wicomico	87.0
Dorchester	89.5	Caroline	86.9
Allegany	89.1	Dorchester	86.2
Somerset	87.4	Carroll	85.5

* January to June, 1992

** 1991 Data N/A for Calvert County, Garrett County and Baltimore City

*** 1992 Data N/A for Garrett County

PRICE/PURITY REPORT * Five Highest Drug CRACK AMOUNTS for \$20			
County	1991 Amount	County	1992 Amount *
Howard	0.37	Somerset	87.7
Harford	0.33	Wicomico	87.0
Caroline	0.22	Caroline	86.9
Frederick	0.17	Dorchester	86.2
Queen Anne	0.15	Carroll	85.5

* January to June, 1992

** 1991 data N/A for 10 Counties and Baltimore City

*** 1992 data N/A for Garrett County and Washington County

While crack prices are relatively stable (customers ask for the product by the \$20 or \$40 price), the size of the crack rock varies. The statewide average amount for a \$20 purchase of crack is 0.16. A \$20 piece of crack in Maryland will be slightly larger than the national average. The statewide average purity of crack is 80.8.

DECS REPORT

The Systemwide DECS Assessment, compiled by the Maryland State Police in July, 1992, provides information from 20 state and federal agencies regarding the type of drugs being investigated and the demographic relationships of those suspected of illegal drug activity. Investigations generally focus on traffickers.

Cocaine is the second most frequently investigated drug (35%), followed by crack (27%) and marijuana (23%).

1991 DECS Drug Entries for Crack Suspects			
SEX			
Male		Female	
83.9%		16.1%	
AGE			
18-25	26-30	31-44	>45
46.2%	21.5%	28.7%	3.6%
RACE			
Black			
86.7% (DECS)		25% (1990 MD Census)	
White			
12.5% (DECS)		71% (1990 MD Census)	
Other			
.8% (DECS)		4% (1990 MD Census)	

MSP AD HOC DATABASE

This Maryland State Police strategic database was created in 1991 and includes data from informant information and undercover activities. Demographic information for the 104 crack cases shows suspects were primarily male, Black, and most often in the 26 to 30 age group.

MARYLAND STATE POLICE AD HOC DATABASE - CRACK ENTRIES			
SEX			
Male		Female	
171		34	
AGE			
<25	26-30	31-44	>45
66	97	56	9
RACE			
Black	White	Hispanic	Other
177	27	---	---

CONCLUSION

In major cities, crack use is declining. However, in Baltimore, where traditionally new drugs are accepted later, the crack epidemic may be reaching its peak. Citizens feel threatened by the street violence it triggers and want crack dealers and users out of their neighborhoods.

Mind-altering drugs have been used for thousands of years. As law enforcement officials increase their efforts to control the sale and use of illegal drugs, the search continues for root causes which might eliminate the use of these damaging and addictive substances.

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