State of Missouri
Department of Public Safety
Office of the Director

Edward Byrne Memorial Justice Assistance Grant (JAG) Program

Missouri Statewide Drug and Violent Crime Strategy
FY15

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FOREWORD

On behalf of the state of Missouri and the Missouri Department of Public Safety, it is my pleasure to present the FY15 Missouri Statewide Drug and Violent Crime Strategy.

Since 1987, the Edward Byrne Memorial Justice Assistance Grant (JAG) Program (formerly known as the Edward Byrne Memorial Formula Grant and Local Law Enforcement Block Grant Programs) continues to be an essential resource in our continuing effort to meet the public safety needs of the state's criminal justice community. The Missouri Department of Public Safety remains committed to assisting criminal justice agencies in making Missouri a safer place. The JAG Program makes it possible for Missouri to aggressively address the many public safety issues associated with illicit drugs and violent crime.

Since the inception of the first statewide drug strategy in 1986, Missouri has implemented many programs focused on drug awareness/education, enforcement, prosecution, and rehabilitation and treatment efforts. These programs have helped improve the quality of life for Missouri's citizens. With the continued funding of the JAG, the Missouri Department of Public Safety will be able to address the current and future needs of the state relating to drugs and violent crime.

The Missouri Department of Public Safety will continue its commitment to coordinate with federal, state and local criminal justice entities in an effort to combat the drug and crime problem in Missouri. We will continue to fund existing programs that are successful and add new programs, as funding becomes available, that will address the problems and needs identified in the strategic planning process. In addition, for the first time in the history of the JAG Program, the Missouri Department of Public Safety has established statewide goals and objectives for drug enforcement projects and is committed to ensuring that the local projects are collaborating with their criminal justice partners and are held to a professional standard.

The Missouri Department of Public Safety remains committed to our vision, "By embracing the challenges of the future, the Department of Public Safety and the law enforcement community working together will provide the protection and service to create a quality of life in which all people feel safe and secure." The JAG Program helps us realize this vision.

Lane J. Roberts, Director
Missouri Department of Public Safety

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State of Missouri
Department of Public Safety
Office of the Director
Criminal Justice/Law Enforcement Unit

Edward Byrne Memorial Justice Assistance Grant (JAG) Program

Statewide Drug and Violent Crime Strategy

FY15: July 1, 2014 – June 30, 2015

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Acknowledgements

Governor Jeremiah W. (Jay) Nixon

Director Lane J. Roberts
Missouri Department of Public Safety

Deputy Director Stephen P. Sokoloff
Missouri Department of Public Safety

Heather Haslag, Program Manager
Criminal Justice/Law Enforcement Program

Criminal Justice/Law Enforcement (CJ/LE) Staff:
Troy Thurman, Program Specialist-Grants
Nancy Capps, Program Representative-Grants
Ashley Virgin, Program Representative-Grants
Laura Robinson, Program Representative-Grants
Joan Dudenhoeffer, Part-Time Clerical Support-Grants
Lisa Geiser, Program Specialist-DoD
Jason Miller, Part-Time Warehouse Aid-DoD
Julie Bleich, Part-Time Warehouse Aid-DoD

Missouri State Highway Patrol, Statistical Analysis Center Staff:
Mark Ritchey

Missouri State Highway Patrol, Information Communications and Technology Division:
Chelse Dowell

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Researched and prepared by:
The Criminal Justice/Law Enforcement Program Staff and
Statistical Analysis Center - Missouri State Highway Patrol

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SECTION I: Executive Summary

In 1987, the Missouri Department of Public Safety initiated an administrative section within the Office of the Director, whose primary responsibility was to oversee and coordinate the dissemination of federal funding awards made to Missouri. This administrative section was implemented and titled as the Narcotics Assistance Control Programs (NCAP) (today known as the Criminal Justice/Law Enforcement Unit) in response to the establishment of the federal Edward Byrne Memorial and Local Law Enforcement Assistance Grant Programs authorized by Title I of the Omnibus Crime Control and Safe Streets Act of 1968, 42 U.S.C. 3711 et seq. Additionally, the furtherance of the overall mission of the Missouri Department of Public Safety, as defined in Chapter 650 of the Missouri Revised Statutes, became and continues to be the directive for the Criminal Justice/Law Enforcement Unit. That mission is to provide a safe and secure environment for all individuals, through efficient and effective law enforcement.

Throughout the years, the Missouri Department of Public Safety, through the Criminal Justice/Law Enforcement Unit, has been involved in an on-going effort to identify the criminal justice needs of state and local units of government. As a result of this process, the Criminal Justice/Law Enforcement Unit has provided the financial and technical assistance required to initiate state and local level responses to crime and drug related issues. This response, which parallels the established objectives of the Edward Byrne Memorial Justice Assistance Grant (JAG) Program as outlined by the U.S. Department of Justice - Office of Justice Programs, is the foundation for project initiatives within Missouri. It remains the priority of the Criminal Justice/Law Enforcement Unit to identify state and local initiatives which assist the state of Missouri in the enforcement of drug control or controlled substance laws, initiatives which emphasize the prevention and control of violent crime and serious offenders, and initiatives which improve the effectiveness of the state and local criminal justice system.

In response to decreases in federal JAG funding, the Missouri Department of Public Safety created a "DTF Advisory Group" in August 2013 consisting of representatives from the Missouri Sheriffs Association, Missouri Police Chiefs Association, Missouri Narcotic Officers Association, and Missouri State Highway Patrol. The panel was created to evaluate the successes and shortfalls of funding twenty-six (26) drug task forces and one (1) drug abatement prosecutorial project within the state of Missouri and was tasked to establish statewide goals and objectives for these JAG-funded drug enforcement projects. By ensuring funding awarded to the drug enforcement projects was equitable and warranted, the remaining JAG funds can appropriately be awarded to other criminal justice projects.

In compliance with section 522(a) of the Omnibus Crime Control and Safe Streets Act, the FY15 State Annual Report (SAR), will outline the impact of JAG Program funding on the criminal justice system within the jurisdictions of state and local government. During the reporting period covered in this annual report, July 1, 2014 through June 30, 2015, the Criminal Justice/Law Enforcement Unit provided funding assistance in four (4) authorized purpose areas. The total monetary award for this reporting period was $4,227,259.93 for which the Criminal Justice/Law Enforcement Unit was able to provide financial assistance to 28 state and local projects through the 2014 JAG funding opportunity and 112 state and local projects through the 2015 Local Law Enforcement Block Grant (LLEBG) funding opportunity.

This level of funding provided financial assistance to 140 Law Enforcement Programs (24 multi-jurisdictional drug task forces and 113 other law enforcement projects), 1 Prevention & Education Program, 1 Drug Treatment Program, and 1 Planning, Evaluation and Technology Improvement Programs. The total funds expended during this reporting period represent grant awards utilizing JAG Program monies from federal fiscal years 2012, 2013, and 2014.

The Missouri Department of Public Safety, Criminal Justice/Law Enforcement Unit continues to be an essential component of the statewide effort to address violent crime and drugs. Through the JAG Program, Missouri has the financial capability to maintain essential projects that provide needed services for the criminal justice community. In addition to the initiatives previously described, the Criminal Justice/Law Enforcement Unit places an equally

high priority on the development and continuation of projects and partnerships that enhance a state or local unit of government's ability to implement aggressive responses to the public safety needs of their respective service areas. The Criminal Justice/Law Enforcement Unit strives to implement progressive demand reduction, community, multi-jurisdictional, judicial, correctional, analytical and informational-based response strategies to the public safety threats of crime and drugs.

INTRODUCTION

The Missouri Department of Public Safety, Office of the Director manages the distribution of federal funds provided to the State by the U.S. Department of Justice (DOJ), Office of Justice Programs (OJP), Bureau of Justice Assistance (BJA), Edward Byrne Memorial Justice Assistance Grant (JAG) Program. The unit responsible for the management of these funds is the Criminal Justice/Law Enforcement Unit.

Since 1987, the Edward Byrne Memorial Formula and Local Law Enforcement Block Grant Programs have provided criminal justice agencies with financial resources to confront drugs and violence. In FY2005, the Edward Byrne Memorial Justice Assistance Grant (JAG) Program blended the previous Edward Byrne Memorial Formula (Byrne) and Local Law Enforcement Block Grant (LLEBG) Programs in an effort to streamline justice funding and grant administration. However, the Missouri Department of Public Safety continues still today to award the less than $10,000 allocation under the program name LLEBG for the sole purpose of purchasing officer safety related equipment.

The Missouri Department of Public Safety, Office of the Director is committed to assisting state and local efforts to make Missouri a safer place. Dealing head-on with illicit drugs and violent crime is critical to this effort and federal grant monies make this possible. As a result, the Missouri Department of Public Safety has always undertaken a comprehensive approach to utilizing the JAG Program dollars. Enforcement/interdiction, prevention/education, treatment, criminal litigation, improving criminal history records, and improving statewide illicit drug and violent crime data are a few of the focus areas for the FY15 Strategy. By addressing these issues, we believe we can receive the most benefit for the citizens of Missouri.

Since the beginning of Byrne/JAG funding in 1987, the Missouri Department of Public Safety, Criminal Justice/Law Enforcement Unit has developed a comprehensive strategic approach to the drug and violent crime problems facing Missouri. Beginning in FY15, the Missouri Department of Public Safety began re-evaluating its previous strategic approach and made changes as deemed necessary to ensure the JAG dollars are awarded based on effectiveness and not just legacy. The FY15 Strategy is an overview of the four-year plan.

The State of Missouri has, and will continue to, build on past years' successes by supporting effective programs, which are committed to the overall objectives of a safer Missouri. The Missouri Department of Public Safety, Criminal Justice/Law Enforcement Unit will continue to evaluate the effectiveness of each state and local program receiving federal money to ensure that the goals and objectives of each program are addressing the needs of Missouri citizens.

The Missouri Department of Public Safety, Criminal Justice/Law Enforcement Unit is responsible for development and administration of the JAG Program. This responsibility is conducted in accordance with RSMO 650.005.6, which provides all powers, duties, and functions for administering federal grants, planning, and the like related to Public Laws 90-351 through 90-455 and related acts of Congress be assumed by the Director of Public Safety. The JAG Program is entering its 28th year of funding.

SECTION II: Data and Analysis

INTRODUCTION

The Missouri Department of Public Safety (DPS) has undertaken a comprehensive approach to utilizing JAG federal grant dollars to address the illicit drug problem in the state. Enforcement/interdiction, prevention/education, treatment, criminal litigation, improving criminal history records, and improving statewide illicit drug and violent crime data are a few of the Department's focus areas. It is believed Missouri citizens can receive the most benefit by addressing these issues.

Illicit drug use and demand drive the impact of drugs and their industries in Missouri. Because of this relationship, an analysis of illicit drug use is critical for an assessment of Missouri's drug problem. The demographic characteristics, perceived risk, emergency room and treatment trends, regional variance, and prevalence by young persons are assessed for marijuana, cocaine/crack cocaine, methamphetamine, heroin/opiates, hallucinogens, and other illicit drug use.

DATA SOURCES

In order to make a statewide assessment of drug use, analyses were conducted of drug treatment data stored in the Customer Information Management Outcomes and Reporting (CIMOR)[1] system maintained by the Missouri Department of Mental Health (DMH). This system captures data on clients admitted to 268 State-supported treatment facilities for alcohol and drug abuse dependency problems. As part of the CIMOR data collection effort, drugs which clients abuse (up to three: primary, secondary, tertiary) are captured. Patterns of illicit drug use, demographic profiles of users, and trends were analyzed with CIMOR data. In 2014, 27,174 clients were admitted for treatment of illicit drug use. A total of 43,960 illicit drugs were mentioned by these clients. Of these, 21,589 illicit drugs were mentioned by clients as primary contributors to their abuse problems.

Another information system used to assess illicit drug use was the Patient Abstract Information System[2] maintained by the Missouri Department of Health and Senior Services (DHSS). This information system captures data on patients admitted to licensed hospitals in the state including cases handled through hospital emergency rooms. Data were obtained on all patients admitted to these facilities from 2007 through 2013 where use of illicit drugs was mentioned as part of their diagnosis.

Data from a statewide survey also were analyzed to identify the extent of drug use in Missouri. The DMH Missouri Student Survey[3] was used to identify marijuana, cocaine, methamphetamine, and hallucinogens use by Missouri sixth, ninth, and twelfth grade students. Trends of use were analyzed from 2008 through 2014 for these drugs.

The societal impact of drug use in Missouri is manifested in many ways. A significant impact is seen in the resources and effort expended by the criminal justice system to control the problem. To assess this impact, trends and types of drug arrests, criminal laboratory cases, juvenile court referrals, and incarcerated persons were analyzed. Drug use also impacts the health care system in Missouri. Unfortunately, no single data source or indicator could be relied on to provide a definitive assessment of these problems and their impact on Missouri's citizens. Instead, this study was based on data from existing federal, state, and local information systems primarily associated with law enforcement, juvenile justice, corrections, and public health agencies.

To identify illicit drugs' societal impact, several data sources were analyzed. Law enforcement's response to illicit drugs in Missouri was analyzed using Uniform Crime Reporting (UCR)[4] arrest data. An analysis of DPS' Crime Laboratory Quarterly Report System[5] data describing drug cases processed by Missouri crime laboratories were analyzed to identify the impact on criminal justice service agencies. Juvenile Court Information System[6] data describing referrals of juveniles for drug violations were analyzed to identify the impact of drugs on Missouri's juvenile justice system. Illicit drugs' impact on the state's penal system was identified through analysis of

Department of Corrections (DOC) Offender Management Information System[7] data for clients incarcerated for drug violations.

Illicit drugs impact the state's health infrastructure and public health of Missouri citizens. Analysis of DHSS hospital admission data describing persons diagnosed with illicit drug-related health problems identified the impact on Missouri's hospital infrastructure. An analysis of Missouri Bureau of HIV, STD, and Hepatitis[8] data describing cases involving HIV/AIDS contracted through illicit drug use identified the impact on state-supported facilities that care for HIV afflicted persons.

The illicit drug industry also has an impact on Missouri's economy and the criminal justice system. To determine the extent of drug industries in the state, an analysis was conducted of data contained in the Multi-Jurisdictional Drug Task Force (MJDTF) Quarterly Report Information System[9] supported under the Edward Byrne Memorial Justice Assistance Grant (JAG). These reports request information on trends in quantity and estimated street value of drugs seized as well as types of drug cases and arrests processed. Reliance also was placed on information collected in DPS' Crime Laboratory Quarterly Report System[6]. Data in this system provides information related to trends in illicit drug case processing as well as identification of new illicit drug types coming on the scene or older ones experiencing a rejuvenation of use.

This study also utilized data collected in the 2015 Missouri MJDTF Drug Industry Survey[10] to identify the extent of drug industries. In this survey, representatives or points of contact were requested to identify drug industries causing significant problems in their jurisdictions and to provide detailed profiles on those drug industries considered to be major or moderate problems in their operational area. Seriousness and locations of each industry, demographic characteristics of industry participants, and organization levels were analyzed to assess drug industries in the state. An analysis of marijuana cultivation and methamphetamine clandestine laboratories was conducted to determine the trends and extent of illicit drug production within the state. An analysis of interstate distribution and trafficking was conducted to determine trends and extent of foreign produced illicit drugs sold in Missouri and trafficked across the state roadways. Distribution and point-of-sale drug trafficking was analyzed to identify the extent of illicit drug sales in Missouri. This analysis included distribution and sale of marijuana, cocaine/crack cocaine, methamphetamine, heroin/opiates, hallucinogens, ecstasy and designer drugs, pharmaceutical drugs, and drugs new to Missouri's illicit market.

Substantial reliance was also placed on research at the federal level to provide additional insights into drug industry problem areas. Most helpful were the National Drug Intelligence Center (NDIC) publications *National Drug Threat Assessment 2010*[11] and *Midwest High Intensity Drug Trafficking Area*[12]. Also, *Street Drugs*[13], a drug identification guide was utilized for invaluable updated drug information.

A final level of analysis consisted of viewing illicit drug problems on a regional basis. Results of this analysis were incorporated into both the assessment of the nature and extent of illicit drug use and impact of this use. Reliance was placed on viewing these problem areas based on Metropolitan Statistical Areas (MSAs). MSAs are developed by the U.S. Bureau of Census and were defined as areas having a large population nucleus together with adjacent communities having a high degree of economic and social integration with that nucleus. For this report, MSA boundaries are modified to include counties within drug task force jurisdictions which cover counties outside of Bureau of Census boundaries. Missouri's seven MSAs, modified to include adjoining task force counties, are: St. Louis MSA which consists of ten counties and the City of St. Louis; the Kansas City MSA which consists of ten counties; the Columbia MSA with three counties; the Springfield MSA consisting of nine counties; the Joplin MSA consisting of five counties; and the St. Joseph MSA with twelve counties. For regional analysis, the remaining sixty-four counties were grouped together and entitled Non-MSA Region.

Prior to discussing findings of this assessment, it is worthwhile to describe Missouri's population and geographical characteristics. Missouri covers an area of 68,886 square miles. It is approximately 270 miles from east to west and 310 miles from north to south. Missouri has two very large urban population centers, a number of smaller urban population centers, and vast rural areas all representing diverse cultures and life-styles.

Missouri's 2014 population was estimated by the US Bureau of Census to be over 6.0 million. Of Missouri's total population, over one-half live in the two largest MSAs, 33.4% in the St. Louis MSA and 16.3% in the Kansas City MSA. Five MSAs contain 15.1% of the population while the Non-MSA regions of the State account for 35.2% of the total.

ILLICIT DRUG USE IN MISSOURI

The illicit drug problem in Missouri is well recognized by its citizens. In a public opinion survey conducted by the Missouri State Highway Patrol in 2011[14], Missouri citizens were asked to rank several social issues facing the United States. These social concerns were ranked in the following order from most to least problematic: crime; economy; public education; heath care; drug abuse; homeland defense/security; illegal immigration; alcohol abuse; taking care of needy and elderly; and environment damage.

This section contains an assessment of seven types of illicit drugs currently used in the state. These include: marijuana, cocaine / crack, methamphetamine, heroin / opiates, hallucinogens (LSD, PCP, mescaline, psilocybin, etc.), ecstasy, and other types of drugs. The Department of Mental Health[15] provides a list of contacts and places where treatment is available for the above drug (http://dmh.mo.gov/ada/help.html).

Marijuana

Marijuana is one of the most abused drugs in the nation and the state. The 2013 National Survey on Drug Use and Health indicates 19.8 million people in the nation had used marijuana in the past month, which was the most commonly used illicit drug in that year. In 2013, the Missouri Department of Health and Senior Services recorded 30,801 illicit drug mentions during client admissions to instate hospitals for medical treatment. In the diagnosis of 7,672 patients, marijuana was mentioned as a factor. In 2013, marijuana accounted for 24.9% of all illicit drug mentions by patients admitted for medical treatment. It was the second most diagnosed drug associated with statewide hospital admissions in 2013. Marijuana was the greatest contributing factor to people seeking treatment for illicit drug abuse and dependency. The Missouri Department of Mental Health states that in 2014, 27,714 clients were admitted to State-supported facilities for use of one or more illicit drugs, and a total of 21,589 primary drug mentions were made by these clients. Marijuana contributed to the primary drug abuse problem of 7,756 clients, or 35.9% of all primary drug mentions. A greater proportion of marijuana mentions are associated with drug dependency and treatment centers than hospital admissions. This may indicate marijuana has a greater direct effect on a person's socio-psychological well-being as compared to their physical health.

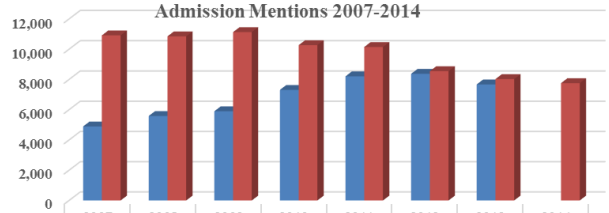
Marijuana is used by all demographic groups in Missouri. Of the 7,756 clients in treatment programs who indicated marijuana as a problem, 70.7% were male and 29.3% were female (Table 1). In addition, 67.0% were Caucasian, 26.8% were African American, and 6.2% were of another race. The majority of clients were 17 years of age and older (82.0%) while 18.0% were 16 years of age or younger.

Table 1
Mentions of Drugs in Drug Treatment Admissions
by Client Demographic Characteristics and Drug Type
2014

	Marijuana	Cocaine	Methamphetamine	Heroin / Opiates	Hallucinogens	Other Drugs
Gender						
Male	70.9%	60.6%	52.1%	56.5%	53.3%	49.9%
Female	29.1%	39.4%	47.9%	43.5%	46.7%	50.1%
Race						
Caucasian	67.0%	27.7%	94.7%	70.2%	58.8%	92.5%
African American	26.8%	68.8%	1.8%	26.4%	36.8%	5.2%
American Indian	0.3%	0.2%	0.3%	0.2%	0.0%	0.2%
Other	5.9%	3.2%	3.2%	3.2%	4.4%	2.1%
Age Group						
16 Years & Younger	18.0%	0.5%	0.9%	0.5%	3.3%	8.6%
17 Years & Older	82.0%	99.5%	99.1%	99.5%	96.7%	91.4%

Marijuana seems to be Missouri's youth drug of choice compared to other illicit drugs. The average age of clients receiving treatment for illicit drug use in 2014 was 31.8 years. However, for the 7,756 treatment clients with a marijuana problem, the average age was 27.8 years. Clients with a marijuana problem first used it at a younger age than clients first used other illicit drugs. The average age of treatment clients' first use of marijuana was 14.7 years compared to 19.5 years for clients' first use of any illicit drugs.

Figure 1
Marijuana Abuse Emergency Room Diagnoses and Treatment Admission Mentions 2007-2014



	2007	2008	2009	2010	2011	2012	2013	2014
ER Diagnoses	4,893	5,584	5,897	7,309	8,208	8,374	7,672	
Treatment Mentions	10,913	10,849	11,131	10,269	10,145	8,549	8,026	7,756

Trend analyses were conducted identifying patterns of marijuana effects in the state since 2007. The number of persons admitted to hospitals diagnosed with marijuana as a contributing factor continually increased from 2007 to 2012 (Figure 1). Marijuana mentions in hospital admissions increased 12.3% from 2010 to 2011; and by 2.0% in 2012. However, marijuana mentions in hospital admissions decreased 8.4% in 2013. Treatment of persons with primary marijuana problems is decreasing. Primary marijuana mentions in state-supported clinical treatment have continually decreased since 2009. From 2009 to 2014, marijuana mentions in clients' treatment decreased from 11,131 to 7,756. The number of marijuana mentions decreased 15.7% from 2011 to 2012, 6.1% from 2012 to 2013, and 3.3% from 2013 to 2014.

A regional analysis was conducted based on hospital inpatients and outpatients receiving treatment for drug abuse in 2013. The greatest number of marijuana mentions given in hospital admissions was found to be regionally distributed. Patients in the Columbia MSA mentioned marijuana most often during hospital emergency room admissions. Of all hospital admissions in each region, 33.7% of all mentions in the Columbia MSA were for marijuana. Patients admitted to hospitals in the Kansas City MSA mentioned marijuana in 30.9% of all region admissions. This was followed by patients in the Joplin MSA (24.4%), St. Louis MSA (24.3%), Rural Non-MSA (22.5%), Springfield MSA (18.8%), and St. Joseph MSA (13.1%).

A statewide survey conducted by the Missouri Department of Mental Health indicates marijuana is often used by Missouri's youth. This survey identifies the proportion of Missouri students in sixth to ninth, and ninth to twelfth grades that have used marijuana in their lifetime (Table 2). Marijuana use

Table 2
Missouri Student Lifetime Marijuana Use
2008 - 2014

	2008	2010	2012	2014
6th Grade	2.8%	1.8%	1.7%	1.1%
9th Grade	18.9%	18.8%	18.2%	14.9%
12th Grade	38.3%	39.2%	40.7%	32.9%

significantly increases from sixth, ninth, and twelfth grades. By the twelfth grade, lifetime marijuana use is nearly double that of ninth grade students. Lifetime marijuana used by all three grades has changed during the six years of the survey. Twelfth grade students' lifetime use went from near 40% between 2008 and 2012 to closer to 30% in 2014. Ninth grade students' lifetime marijuana use has decreased slightly from 18.9% in 2008 to 14.9% in 2014.

Cocaine

Cocaine abuse is significant in Missouri and the country. The National Survey on Drug Use and Health estimates 1.5 million persons aged 12 and older in the U.S. currently use cocaine, or 0.6% of the national population. Cocaine was often diagnosed in Missouri hospital admissions in 2013. In that year, the DHSS recorded 2,439 patients admitted for cocaine related emergencies. Cocaine was mentioned as a factor in 7.9% of all illicit drug mentions diagnosed in 2013 Missouri hospital admissions. Cocaine was also a contributing factor for many persons seeking treatment for illicit drug abuse and dependency. The DMH states that in 2014, 27,154 clients were admitted to state-supported facilities for use of one or more illicit drugs and a total of 21,589 primary drug mentions were made by these clients. Cocaine was mentioned by 1,300 clients as a contributor to their drug abuse problem, or six percent of all primary drug mentions.

A highly disproportionate number of females and African Americans used cocaine compared to other major types of illicit drugs. In 2014, over one-third (37.5%) of the 1,300 clients having a cocaine dependency problem admitted to state-supported treatment programs were female (Table 1). Of these same clients, 68.8% were African American and 27.7% were Caucasian. Nearly all of the clients were 17 years of age or older (99.5%).

Compared to other illicit drugs, cocaine is a drug of choice by older adults in Missouri. The average age of clients receiving treatment for cocaine in 2014 was 44.1 years as compared to an average age of 31.8 years for clients' treatment of any illicit drug. In addition, clients with a cocaine problem first used it at an older age than clients first used other illicit drugs. The average age of clients' first use of cocaine was 25.2 years compared to 19.5 years for clients' first use of any illicit drug.

Trend analyses were conducted identifying patterns of cocaine use in Missouri over the past several years. When examining these trends, it is apparent that use of cocaine is decreasing in the state. As seen in Figure 2, the number of cocaine mentions by persons admitted to hospitals decreased 52.6% from 2007 to 2009. However, cocaine mentions in hospital admissions increased by 9.7% from 2009 through 2011. Cocaine mentions again decreased by 36% to 2,439 in 2013. A decreasing trend in cocaine use is also seen in the number of people seeking treatment in state-supported facilities for primary problems with cocaine. Cocaine mentions in clients' treatment have declined 76.7% from 5,588 in 2007 to 1,300 in 2014.

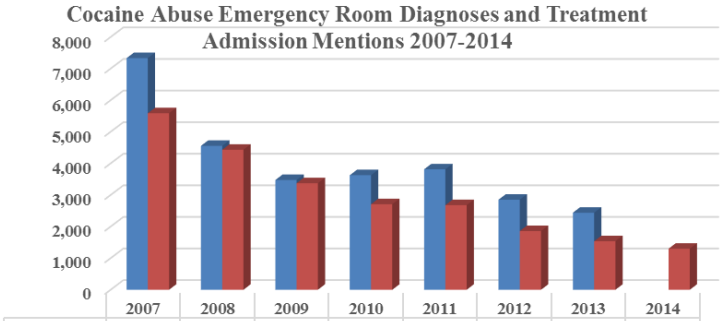


Figure 2
Cocaine Abuse Emergency Room Diagnoses and Treatment Admission Mentions 2007-2014

	2007	2008	2009	2010	2011	2012	2013	2014
ER Diagnoses	7,332	4,555	3,474	3,626	3,812	2,850	2,439	
Treatment Mentions	5,588	4,432	3,373	2,708	2,679	1,857	1,536	1,300

A regional analysis conducted of patients admitted for drug related emergencies at Missouri hospitals in 2013 found cocaine use to be greater in large urban MSAs and metropolitan centers. Of all drug mentions given in regional hospital admissions, the Columbia MSA had the greatest proportion for cocaine (13.1%), followed by the St. Louis MSA (11.8%), and Kansas City MSA (9.7%). Cocaine mentions in hospital admissions in St. Joseph MSA counties attributed for 3.9% of all drug mentions in that region, followed by Rural Non-MSA and Joplin MSA counties (3.0% each), and the Springfield MSA (1.7%)

An analysis of cocaine ingestion methods by clients receiving drug abuse treatment in 2014 at state-supported facilities indicated most users smoke cocaine. Of all cocaine mentions given by clients receiving state-supported treatment, 75.2% were administered by smoking. Another 18.5% of cocaine mentions were associated with cocaine inhalation, 3.9% were administered by IV injection, and 2.0% were orally ingested. Because crack cocaine is typically smoked, these proportions suggest the most common form of cocaine used by clients in state-supported treatment was crack cocaine.

Table 3
Missouri Student Lifetime Cocaine Use
2008 Through 2014

	2008	2010	2012	2014
6th Grade	0.8%	0.4%	0.6%	0.4%
9th Grade	3.1%	1.7%	1.5%	1.0%
12th Grade	5.2%	5.0%	3.8%	1.0%

A DMH statewide school survey indicates cocaine is used by a significant proportion of Missouri's youth (Table 3). The proportion of Missouri twelfth grade students who used have used cocaine in their lifetime was 5.2% in 2008 but dropped to 1% in 2014. Although this proportion has decreased, cocaine use by youth remains a problem in the state. The proportion of ninth grade students that have used cocaine in their lifetime has also decreased from 2008 through 2014.

Methamphetamine

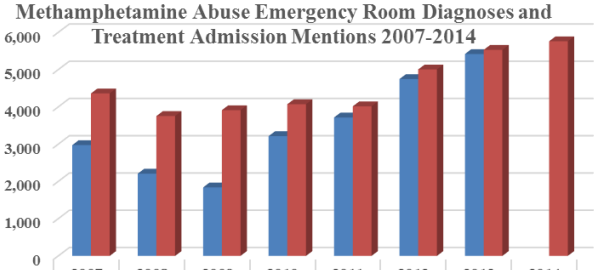
Methamphetamine and amphetamine are frequently abused in Missouri. The National Survey on Drug Use and Health estimates 595,000 persons in the U.S. use methamphetamine, or 0.2% of the national population. A total of 30,801 illicit drug mentions were recorded by the DHSS during patient admissions to instate hospitals for medical treatment in 2013. In the diagnosis of these patients, methamphetamine and amphetamine were mentioned as a factor in 5,420 or 17.6% of all illicit drugs diagnosed in 2013. These drugs were the third most diagnosed drugs associated with statewide hospital admissions in 2013. Methamphetamine and amphetamine were a contributing factor for people seeking treatment for illicit drug use. The DMH states that a total of 27,174 clients were admitted for use of one or more illicit drugs to state-supported facilities in 2014 and 21,589 primary drug mentions were made by these clients. Methamphetamine and amphetamines contributed to the drug abuse problem of 5,762 treatment clients, or 26.7% of all primary drug mentions.

Missouri methamphetamine and amphetamines are disproportionately used by the state's Caucasian adult population. Of the 5,762 clients in treatment programs with methamphetamine or amphetamine problems, 52.0% were male and 47.9% were female (Table 1). Of all clients with a primary methamphetamine or amphetamine problem, 94.7% were Caucasian and 99.1% were aged 17 years and older.

The average age of people seeking drug treatment for methamphetamine and amphetamine abuse in 2014 was slightly older than the average age of clients receiving treatment for any illicit drug. The average age of clients receiving treatment for illicit drugs in 2014 was 31.8 years while the average age of clients with a methamphetamine or amphetamine problem was 33.2 years. Also, clients with a methamphetamine or amphetamine problem first used them at a slightly older age than clients first used any illicit drugs. The average age of clients' first use of methamphetamine or amphetamines is 20.8 years compared to 19.5 years for clients' first use of any illicit drug.

As indicated by hospital and treatment admissions, methamphetamine and amphetamine use appears to be increasing in Missouri at alarming rates. From 2009 to 2013, the number of persons admitted to hospitals diagnosed with methamphetamine or amphetamine increased from 1,839 to 5,420, or a 194.7% increase (Figure 3). The number of persons seeking primary drug treatment in state-supported

Figure 3
Methamphetamine Abuse Emergency Room Diagnoses and Treatment Admission Mentions 2007-2014



	2007	2008	2009	2010	2011	2012	2013	2014
ER Diagnoses	2,976	2,209	1,839	3,217	3,717	4,748	5,420	
Treatment Mentions	4,363	3,756	3,912	4,073	4,016	5,006	5,532	5,762

facilities for methamphetamine and amphetamine remained fairly constant from 2008 to 2011 but has since greatly increased. From 2011 to 2014, the number of persons in state-supported treatment centers for methamphetamine and amphetamine increased 43.5% from 4,016 to 5,762 persons.

A regional analysis of patients admitted to Missouri hospitals for drug related emergencies in 2013 indicates the greatest number of methamphetamine mentions given in hospital admissions occurs in smaller Missouri MSAs. Of all illicit drug mentions given in Joplin MSA hospital admissions, 34.2% were for methamphetamine or amphetamine, and 30.7% of mentions in the Springfield MSA hospital admissions for these drugs. Other regions in the state also had a significant proportion of methamphetamine and amphetamine mentions given in hospital admissions. Patients in St. Joseph MSA admissions mentioned these drugs (27.2%) of all mentions in that region, followed by Rural Non-MSA (25.0%), Kansas City MSA (23.0%), Columbia MSA (13.1%), and St. Louis MSA (4.7%) counties.

An analysis was conducted of methamphetamine and amphetamine ingestion methods used by clients receiving drug abuse treatment in 2014 at state-supported facilities. Of the 5,762 clients having a problem with these drugs, 43.3% of all methamphetamine or amphetamines mentions were associated with smoking, 43.2% were from intravenous drug injection, 8.6% were associated with inhalation, and 4.3% were from oral ingestion of methamphetamine or amphetamine.

A DMH statewide school survey indicates methamphetamine use by Missouri's youth is decreasing (Table 4). The proportion of Missouri ninth graders that have used methamphetamine in their lifetime decreased from 4.5% in 2008 to 0.6% in 2014. Similarly, the proportion of twelfth graders that have used methamphetamine in their lifetime decreased from 4.9% in 2008 to 0.6% in 2014.

Table 4
Missouri Student Lifetime Methamphetamine Use
2008 - 2014

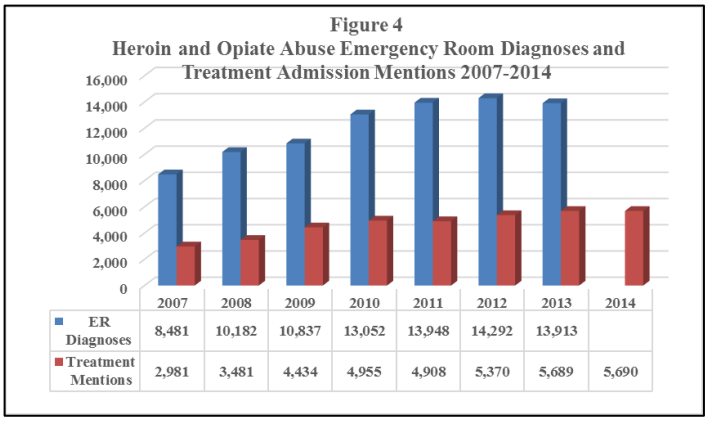
	2008	2010	2012	2014
6th Grade	0.5%	0.4%	0.8%	0.3%
9th Grade	4.5%	0.7%	1.2%	0.6%
12th Grade	4.9%	1.2%	2.0%	0.6%

Heroin/Opiates

Heroin use in the U.S. affects a significant portion of the population and is increasing. According to the National Survey on Drug Use and Health, the number of heroin users nearly doubled from 373,000 in 2007 to 681,000 in 2013. Like the country, heroin and opiate use is a serious problem in Missouri. In 2013, 13,913 patients were admitted to hospitals for medical treatment related to opiate or heroin use and these drugs were mentioned as a factor in 45.2% of all illicit drug. Heroin and opiates were also a contributing factor for many persons seeking treatment for illicit drug abuse and dependency. In 2014, 27,174 clients were admitted to state-supported facilities for use of one or more illicit drugs and a total of 21,589 primary drug mentions were made by these clients. Heroin and opiates were mentioned by 5,690 clients as a contributor to their drug abuse problem, or 26.4% of all primary drug mentions.

Heroin and opiate users are typically Caucasian or African American adults of both genders. Of the 5,690 clients in treatment programs with a heroin or opiate problem, 56.2% were male and 43.8% were female. In addition, 70.2% were Caucasian, 26.4% were African American, and 3.4% were American Indian or another race. This agrees with results reported by the National Institute on Drug Abuse, which indicates Caucasian males make up the biggest portion of heroin related deaths, followed by African American males. DMH data shows clients aged 17 years and older accounted for 99.5% of all clients while those 16 years or younger accounted for just 0.5% of all clients.

The average age of clients receiving treatment for heroin or opiates in 2014 was 33, only slightly older than the 31.8 year of age of clients receiving treatment for all drugs. However, clients with a heroin or opiate problem first used it at an older age than clients first used other illicit drugs. The average age of clients' first use of heroin or opiates is 22.7 years compared to 19.5 years for clients' first use of all illicit drugs.



When examining hospital admissions and drug treatment trends in heroin and opiate use in Missouri, it is apparent that use of these drugs has continually increased in recent years. The number of persons admitted to hospitals diagnosed with heroin or opiates as a contributing factor increased 68.5% from 8,481 in 2007 to 14,292 in 2012 (Figure 4). However, this number decreased slightly by 2.7% in 2013. The number of persons receiving treatment in state-supported facilities for primary problems with heroin and opiates has also increased in recent years. Heroin and opiate treatment admissions increased 90.9% from 2,981 in 2007 to 5,690 in 2014.

A regional analysis of persons admitted to Missouri hospitals for illicit drug abuse in 2013 indicated the greatest number of heroin and opiate mentions given in hospital admissions in 2013 occurred in the St. Louis MSA counties. Of all illicit drug mentions in St. Louis hospital admissions, 56.5% were for heroin or opiates. Patients in Rural Non-MSA admissions mentioned these drugs in 45.1% of all illicit drug mentions in that region, followed by Springfield MSA patients (42.1%), Columbia MSA patients (36.7%), Joplin MSA patients (34.4%), Kansas City MSA patients (32.2%), and St. Joseph MSA patients (25.8%).

To determine preferred ingestion methods, routes of heroin and opiate administration methods used by clients receiving drug abuse treatment in 2014 at state-supported facilities were analyzed. Of the 5,690 clients having a problem with these drugs, 56.4% of all mentions of these drugs were associated with intravenous injection. Another 19.3% of all mentions of these drugs were from oral ingestion, 22.2% were associated with heroin or opiate inhalation, and 1.4% was from smoking these drugs.

A statewide survey conducted in 2014 by the DMH indicates a small, but significant, number of Missouri students in sixth through twelfth grade have used heroin in their lifetime. Of these Missouri students, 0.3% have used heroin in their lifetime as compared to 0.2% of the nation's students in the same grades.

Hallucinogens

Hallucinogen use is a larger problem in the nation than in Missouri. According to estimates by the National Survey on Drug Use and Health, in 2013, 1.3 million persons aged 12 or older had used these drugs in the past month. As indicated by hospital admissions and treatment entries, hallucinogens are used in Missouri less than other discussed illicit drugs. In 2013, a total of 30,801 illicit drug mentions were recorded by the DHSS by patients admitted to in-state hospitals. In these admissions, 207 patients mentioned problems with hallucinogens, or 0.7% of all hospital illicit drug mentions. Hallucinogens are also a minor contributing factor for people seeking treatment of illicit drug use compared to other drugs. In 2014, 21,589 primary drug mentions were made by 27,174 clients admitted for treatment to state-supported facilities for use of one or more illicit drugs. Hallucinogens contributed to the drug abuse problem of 522 clients, or 2.4% of all primary drug mentions.

Caucasians and African Americans of both genders use hallucinogens. Of all mentions of these drugs by clients in state-supported treatment, 53.1% were male and 46.9% were female. Of these same drug mentions, 58.8% were by Caucasians and 36.8% were by African Americans. The average age of clients receiving treatment for illicit drugs in 2014 was 31.8 years while the average age of the 522 clients with a hallucinogen problem was 33.4 years. The average age of clients' first use of hallucinogens was 22.7 years compared to the average age of 19.5 years for clients' first use of any illicit drugs.

The number of persons admitted to hospitals diagnosed with hallucinogens as a contributing factor to drug abuse has remained fairly constant during recent years (Figure 5). In 2013, however, hallucinogen mentions in hospital admissions increased to 207 mentions. The number of persons admitted to state-supported facilities for treatment of primary problems with hallucinogens increased 133% from 203 in 2007 to 473 in 2008. Since 2008, the number of hallucinogen mentions by persons receiving drug treatment has dropped from about 600 mentions to about 520 mentions in 2014.

Figure 5
Hallucinogens Abuse Emergency Room Diagnoses and Treatment Admission Mentions 2007-2014

	2007	2008	2009	2010	2011	2012	2013	2014
ER Diagnoses	135	103	102	148	202	171	207	
Treatment Mentions	203	473	581	589	582	594	527	522

A regional analysis of persons admitted to hospitals for illicit drug problems in 2013 indicated hallucinogen mentions given in hospital admissions was nearly the same in all MSA types. One percent (1%) or less of all regional drug mentions by patients admitted to hospitals was recorded in each MSA.

Two primary methods of drug administration are associated with hallucinogen use. Of the mentions of these drugs given by 522 clients having a primary problem with these drugs, 52.7% were associated with oral ingestion and 39.8% were from smoking. Another 4.0% of these mentions were associated with intravenous injection and 3.3% were from inhalation.

A DMH statewide school survey indicates hallucinogen use Missouri's older youth is decreasing (Table 5). The proportion of Missouri twelfth graders that have used hallucinogens in their lifetime decreased from 5.7% in 2008 to 1.6% in 2014.

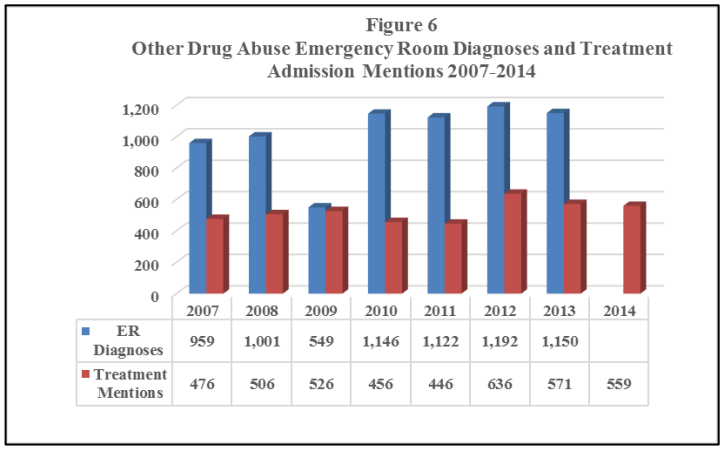
Table 5
Missouri Student Lifetime Hallucinogen Use 2008 - 2014

	2008	2010	2012	2014
6th Grade	0.4%	0.4%	0.6%	0.3%
9th Grade	3.7%	4.0%	2.7%	1.6%
12th Grade	5.7%	7.7%	7.5%	1.6%

Other Illicit Drugs

Other illicit drugs include inhalants, sedatives, barbiturates, tranquilizers, benzodiazepines, and other psychotherapeutic drugs used non-medically or without a prescription. The National Survey on Drug Use and Health estimates 2.5% of the 2013 U.S. population aged 12 or older used prescription type psychotherapeutic drugs non-medically in the past month. Use of these drugs in Missouri is probably similar to the U.S. prevalence. In 2012, a total of 30,801 illicit drug mentions were recorded by the DHSS during emergency room admissions of persons to hospitals. In the diagnosis of 1,150 patients, drugs in this general group were mentioned as a factor, or 3.7% of all drug mentions given in hospital admissions. Non-medical use of psychotherapeutic drugs is a less significant contributing factor for people seeking treatment for illicit drug than marijuana, cocaine, or heroin and opiates. The DMH recorded 21,589 primary drug mentions by 27,174 clients admitted for use of one or more illicit drugs to state-supported facilities in 2014. In that year, 559 mentions of non-medical use of psychotherapeutic drugs were made by clients seeking state-supported drug treatment, or 2.6% of all primary drug mentions.

Male and female Caucasians most commonly seek treatment in state-supported facilities for problems with psycho-therapeutic drugs. Of all mentions of these drugs given by clients in state-supported treatment centers, 45.3% were by males and 54.7% were by females (Table 1). Of these same client mentions, 92.5% were made by Caucasians. 8.6% of mentions of these drugs by clients seeking treatment were 16 years or younger.



As indicated by trends of hospital emergency room admissions and clients in treatment for psychotherapeutic drugs, the use of these drugs is slightly increasing. The number of persons admitted to hospitals diagnosed with illicit inhalants, sedatives, barbiturates, tranquilizers, or benzodiazepines as a contributing factor to their medical problem increased 24.3% from 959 mentions in 2007 to 1,192 in 2012, but decreased 3.5% in 2013 (Figure 6). The number of persons seeking treatment in state-supported facilities for primary problems with these drugs also appears to be slowly decreasing. In 2007, the number of persons seeking treatment for inhalants, sedatives, barbiturates, tranquilizers, and benzodiazepines was 476, but increased 33.6% to 636 mentions in 2012. Subsequently, other drug mentions have decreased 12.1% from 2012 to 2014.

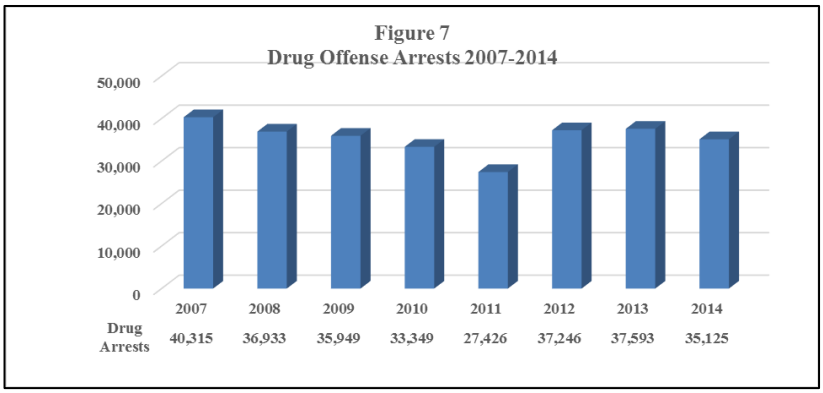
The number of other drug mentions given in hospital admissions in 2013 was found to be similar in all regions of the state except for the St. Joseph MSA. Of all drugs mentioned in 2013 regional emergency room hospital admissions, 29.8% of all drug mentions in St. Joseph MSA hospital admissions were for psychotherapeutic drugs. In all other regions of the state, mentions of these drugs in hospital admissions accounted for less than 5% of all drug mentions.

IIMPACT OF ILLICIT DRUG USE

Illicit drug use has a major impact on Missouri's criminal justice and health care systems. The enactment of legal sanctions for use of these drugs is one of the primary ways society attempts to control and reduce this problem. A substantial amount of resources and effort has been expended by the criminal justice system in detection, apprehension, conviction, and incarceration of illicit drug users as well as those associated with illicit drug industries. Illicit drug use also has an impact on the health care system, including hospitals and treatment centers in the state. Serious diseases and complications can result from drug use such as HIV and AIDS.

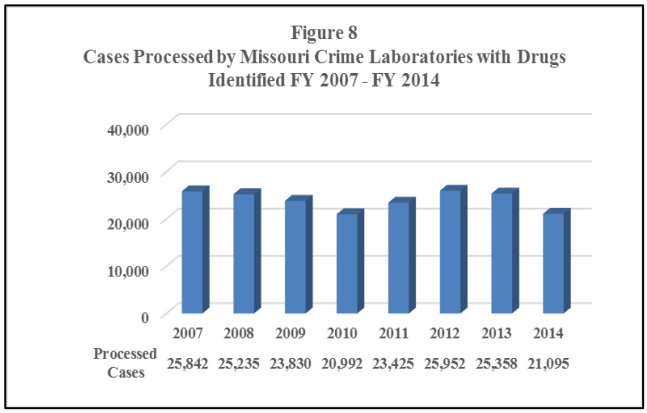
Criminal Justice System

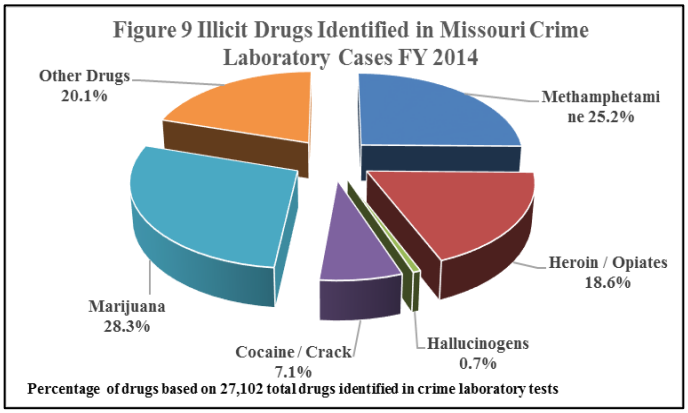
Drug arrests in Missouri continually decreased from 2007 through 2011 but have increased in subsequent years (Figure 7). The number of drug arrests decreased 32% from 40,315 arrests in 2007 to 27,426 in 2011. Drug arrests then increased 35.8% in 2012 when 37,246 drug arrests were made. In 2013, the number of drug arrests increased again by less than 1% to 37,593 drug arrests. However, the number of drug arrests decreased slightly to 35,125 in 2014.



The number of possession and sale or manufacture drug arrests made by law enforcement agencies is indicative of the demand for illicit drugs. In 2014, 35,125 drug arrests were made by Missouri law enforcement agencies. Of these arrests, 31,101, or 88.5%, were for drug possession. Another 4,024 arrests (11.5%) were for sale or manufacture of drugs.

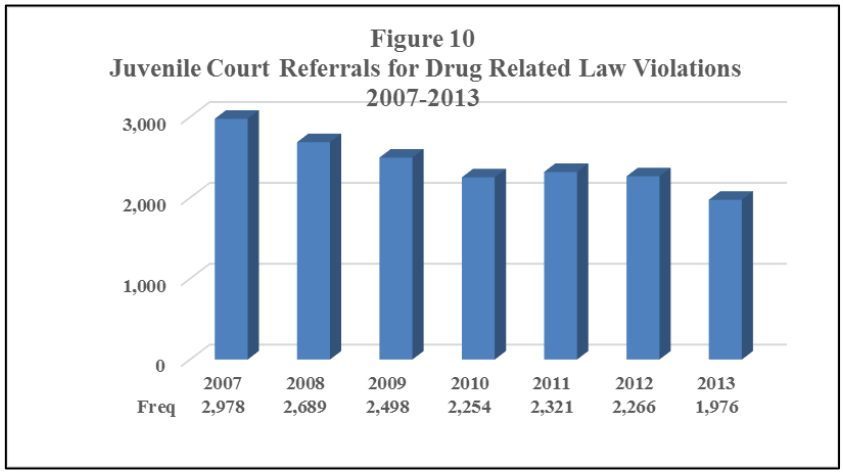
To support drug enforcement by the criminal justice system, a large number of evidentiary samples were tested by Missouri crime laboratories to identify illicit drugs. An analysis of cases processed by Missouri crime laboratories identifies what proportion of their case load resulted in detection of illicit drugs. Of the 23,403 samples tested for drugs by Missouri crime laboratories, 21,096 (90.1%) resulted in detection of one or more illicit drugs in fiscal year 2014. Illicit drug case loads processed by Missouri crime laboratories have fluctuated over the past few years. Crime laboratory cases with identified illicit drugs decreased 18.8% from 25,842 in 2007 to 20,992 in 2010. Since 2010, the number of cases with identified illicit drugs increased 20.8% to 25,358 cases in 2013 but decreased 16.8% in 2014 (Figure 8).



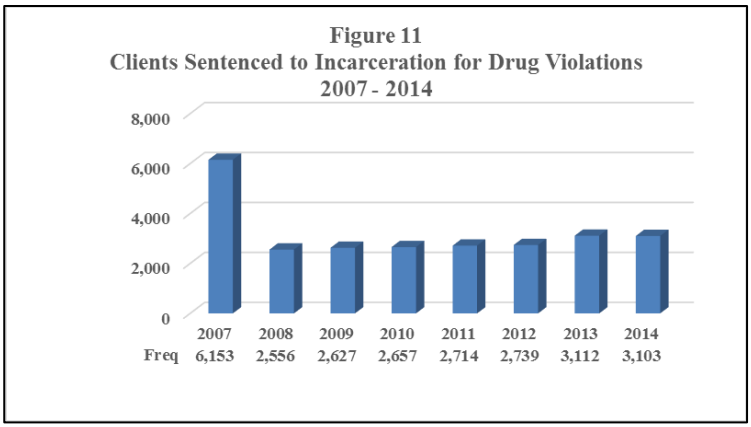


In FY14, Missouri crime laboratories identified 27,102 incidents of drugs in cases not involving clandestine labs. Because more than one drug may be found in a sample analyzed by crime laboratories, the number of incidents of drugs is greater than the number of tested drug samples. In incidents of drugs, marijuana was the most frequent drug type identified, accounting for 28.3% of all identified illicit drugs (Figure 9). Of these same laboratory results, methamphetamine was found in 25.2% of the drug incidents and heroin or opiates were found in 18.6% of the incidents.

Youth involvement with drugs is a serious problem for Missouri's juvenile justice system. An analysis of data of Juvenile Court Referral Information Systems data indicated 20,881 referrals were made by juvenile courts in 2013. Of these referrals, 1,976 or 9.4%, involved a dangerous drug law violation. Except for a slight increase in 2011, youth referrals for dangerous drugs continually decreased from 2007 through 2013 (Figure 10). From 2007 to 2013, dangerous drug referrals of youth decreased 33.6%.



One of the most severe sanctions societies can impose on illicit drug users and illicit drug industry law violators convicted of such offenses is incarceration. In Missouri, a substantial amount of state penal institutions' resources and facilities have been devoted to incarcerating drug law violators. An examination of trends associated with incarcerated drug law violators indicates the number of incarcerated drug violators decreased 58.5% from 6,153 in 2007 to 2,556 in 2008. Since 2008, the

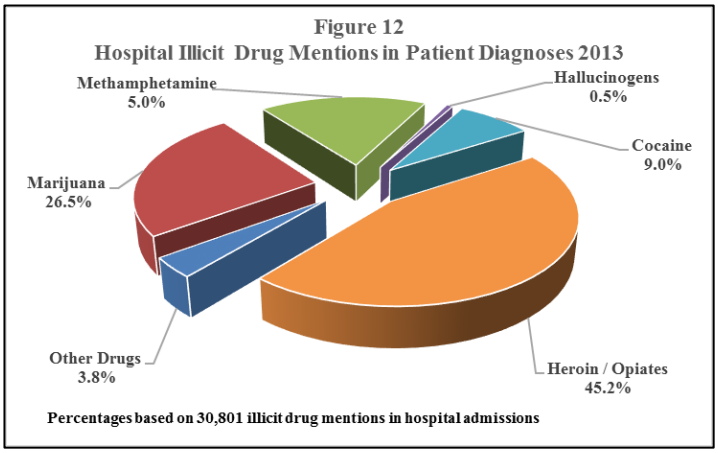


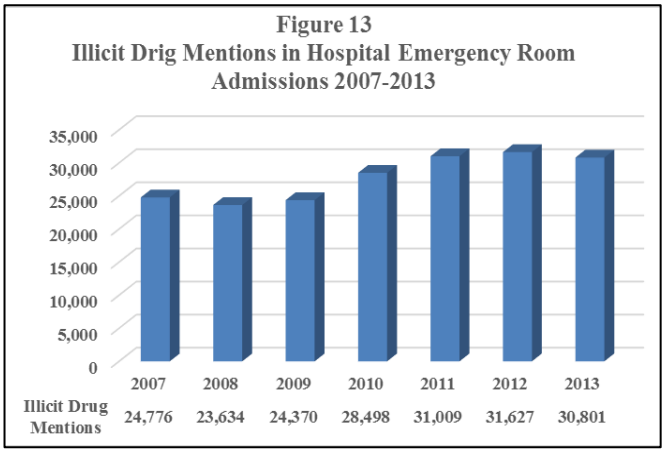
number of new drug violation admissions has slowly increased each subsequent year to 3,112 admissions in 2013 but decreased slightly to 3,103 admissions in 2014 (Figure 11).

Health Care System

In many cases, illicit drug use results in adverse physical and psychological reactions causing the person to require medical treatment. To identify the impact on health care in Missouri, an analysis was conducted of data describing hospital admissions for illicit drug diagnoses. Of the 30,801 illicit drugs diagnosed in hospital admissions in 2013, heroin or opiates were most frequently identified. These drugs accounted for 45.2% of all illicit drug hospital diagnoses in that year (Figure 12). The next most frequently diagnosed illicit drugs in hospital admissions were marijuana (24.9%), methamphetamine (17.6%), and cocaine (7.9%).

To identify trends of the impact on the state's health care system, an analysis was conducted on these same data for the past six years. This analysis indicated that between 2008 and 2012 the number of illicit drug diagnoses in hospital admissions increased in each subsequent year (Figure 13). However, drug mentions in hospital admissions decreased 2.6% in 2013.





Over time, drug dependency tends to impair users' psychological well-being, adversely affects their interpersonal relationships, and dramatically reduces their ability to function as productive members of society. During 2014, 51 state-supported agencies operated approximately 253 treatment sites located throughout Missouri with programs designed to assist individuals to break their cycle of drug dependency. In addition, a number of private institutions in the state provide similar types of programs. All state-supported programs treat persons having dependencies on alcohol, other legal drugs, and illicit drugs. In some cases, an individual may be dependent on more than one type of drug.

Table 6
Intravenous Drug Associated HIV and AIDS Cases
2002 - 2013

Year	IV Drug Use Cases		Homosexual IV Drug Use Cases	
	HIV	AIDS	HIV	AIDS
2002	418	739	287	830
2003	422	762	264	844
2004	314	374	209	379
2005	316	390	209	395
2006	315	405	217	399
2007	302	418	220	405
2008	278	436	219	408
2009	277	437	218	420
2010	250	398	207	373
2011	237	403	207	367
2012	245	406	210	368
2013	253	398	214	375

Certain types of illicit drug ingestion practices cause life threatening consequences to the drug abuser as well as other people they come in contact with. For example, the intravenous injection of illicit drugs can transmit HIV and AIDS as well as a number of other serious diseases such as hepatitis. During 2013, 398 AIDS cases and 253 HIV cases were diagnosed in Missouri where intravenous drug use was suspected as the primary means of infection (Table 6). Another 375 AIDS cases and 214 HIV cases were diagnosed involving both male homosexual activity and drug use via intravenous injection.

ILLICIT DRUG INDUSTRY IN MISSOURI

Missouri has a substantial illicit drug industry that not only supports illicit drug users in the state, but also involves exportation and distribution of illicit drugs on an interstate basis. To assess the extent of this industry in Missouri, a variety of data sources were analyzed including law enforcement arrest and illicit drug activity information systems and multi-jurisdictional drug task forces (MJDTF) quarterly program progress reports. Published federal and state law enforcement agency reports describing state illicit drug industries and results of a 2015 drug industry profile survey sent to MJDTF were also used.

Illicit drug industries involve cultivating, manufacturing, distributing / trafficking, and point-of-sale marketing. Of the twenty-three (23) MJDTF contacts that responded to a 2015 drug industry survey, all stated that these industries are a moderate or major problem in Missouri (Table 7). The most problematic drug industry identified in the survey is methamphetamine point-of-sale distribution as all MJDTF indicated it was a major or moderate problem. The next three most problematic are marijuana point-of-sale distribution (95.7%), interstate drug distribution / trafficking (91.3%), and illicit pharmaceutical drugs point-of-sale distribution (91.3%). Hallucinogen point-of-sale and ecstasy/designer drugs point-of-sale distribution are the least problematic drug industry in the state.

Table 7
Seriousness of Specific Illicit Drug Industries in Missouri
as Perceived by Multi-Jurisdictional Drug Task Forces
2015

Drug Industry	Major Problem	Moderate Problem	Minor Problem	No Problem
Marijuana Cultivation	4.3%	47.8%	47.8%	0.0%
Methamphetamine Production	52.2%	30.4%	17.4%	0.0%
Interstate Drug Trafficking	56.5%	34.8%	8.7%	0.0%
Distribution Point-Of-Sale				
Marijuana	60.9%	34.8%	4.3%	0.0%
Crack Cocaine	13.0%	17.4%	39.1%	30.4%
Powder Cocaine	8.7%	17.4%	56.5%	17.4%
Methamphetamine	95.7%	4.3%	0.0%	0.0%
Heroin / Opiates	43.5%	34.8%	21.7%	0.0%
LSD	0.0%	13.0%	78.3%	8.7%
PCP	0.0%	8.7%	56.5%	34.8%
Psilocybin	0.0%	8.7%	56.5%	34.8%
Ecstasy / Designer Drugs	0.0%	21.7%	65.2%	13.0%
Illicit Pharmaceutical Drugs	60.9%	30.4%	8.7%	0.0%
Crack Cocaine Processing	4.3%	21.7%	30.4%	43.5%

Specific industries in Missouri are discussed in this section, including marijuana cultivation; methamphetamine clandestine laboratories, interstate drug distribution and trafficking, and point-of-sale distribution of illicit drugs.

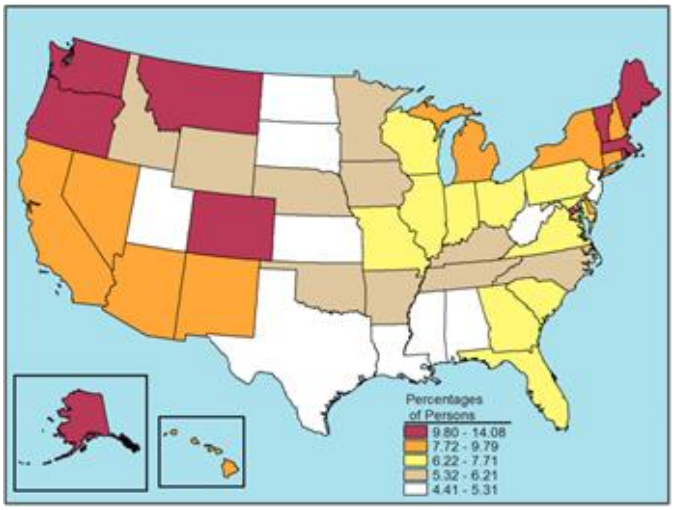
Marijuana Cultivation

Marijuana refers to the leaves and flowering buds of cannabis sativa, commonly known as the hemp plant. Cannabinoids (THC) contained in this plant are responsible for the psychoactive effects of cannabis. Several varieties of marijuana are illicitly grown in Missouri. A substantial amount of marijuana, known as ditchweed or volunteer, grows wild in the state. These wild patches are harvested as opportunity presents itself. Normally, wild marijuana has relatively low THC levels and is not extremely potent. A number of trafficking groups operating outside the harvest area purchase or harvest wild marijuana and use it to dilute more potent varieties.

Table 8
Eradication of
Marijuana Plants by
Multi-Jurisdictional Drug Task Forces
Fiscal Years 2003 – 2014

Year	# of Plants
2003	3,924
2004	2,000
2005	4,500
2006	6,179
2007	2,850
2008	2,843
2009	10,850
2010	4,267
2011	5,428
2012	13,011
2013	4,344
2014	3,742

Figure 14
Marijuana Use in the Past Month among Persons Aged 12 or Older
2012 - 2013



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, NDDUH 2012 and 2013

Marijuana varies significantly in its potency, depending on the source and selection of plants. Marijuana also is intentionally planted, cultivated, and harvested. Cultivated marijuana, which includes both male and female plants that are grown to maturity and allowed to pollinate, contain moderate levels of THC and is considered fairly potent. The form of marijuana known as sinsemilla is planted, cultivated, and harvested, but as part of the cultivation process, male plants are pulled from the crop when they start to mature. As a result, female plants are unable to pollinate and their THC levels dramatically increase. This type of plant is considered very potent and is in great demand. The cultivation of sinsemilla is associated with both outside and inside operations but is the predominant variety grown indoors. In 1974, the average THC content of illicit marijuana was less than 1%. Sinsemilla potency increased in the past two decades from 6% to more than 13%, and some samples contained THC levels up to 33%.

According to the 2013 National Survey on Drug Use and Health, 19.8 million persons used marijuana making it the most commonly used illicit drug. The percentage of marijuana use varies by state and the greatest use is seen in New England states, several mountain states, and western coast states. The percentage of persons aged 12 or older in Missouri that have used marijuana in the past month is between 6.22 – 7.71% (Figure 14).

Production of both cultivated and sinsemilla marijuana, as indicated by number of eradicated plants, has fluctuated in Missouri during the past several years. In 2012, a total of 13,011 marijuana plants were destroyed by multi-jurisdictional drug task forces (Table 8). In the following years, however, the number of eradicated marijuana plants decreased to 4,344 in 2013 and 3,742 plants in 2014.

Table 9
Location of Outdoor and Indoor Marijuana Cultivation
as Perceived By Multi-Jurisdictional Drug Task Forces
2015

Outdoor Locations	
Natural / Undisturbed Fields	81.8%
Cultivated / Fallow Farmland	54.5%
River / Stream Banks	81.8%
Dispersed In Existing Crops	36.4%
Government Forest	81.8%
Along Railroad Lines	18.2%
Along Roadsides	36.4%
Other	9.1%
Indoor Locations	
Private Residences	100.0%
Garages	58.3%
Barns / Outbuildings	58.3%
Abandoned Buildings	8.3%
Hotels / Motels	0.0%
Workplaces	8.3%
Other	8.3%

Much of outdoor cannabis cultivation in the United States occurs where growers can take advantage of an area's remoteness to minimize the risk of detection. The by-products of outdoor marijuana crops, such as use of chemical fertilizers and pesticides, or trash and human waste left behind at large cultivation sites, can potentially contaminate

waterways or destroy vegetation and wildlife habitats. The danger of fires started to clear timber or ground cover to prepare cultivation sites poses an additional hazard associated with outdoor marijuana cultivation.

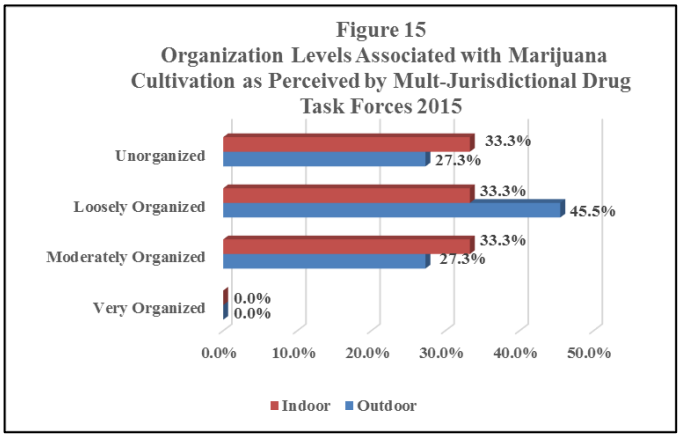
Table 10
Demographic Characteristics of Persons Involved in Marijuana Cultivation as Perceived by Multi-Jurisdictional Drug Task Forces 2015

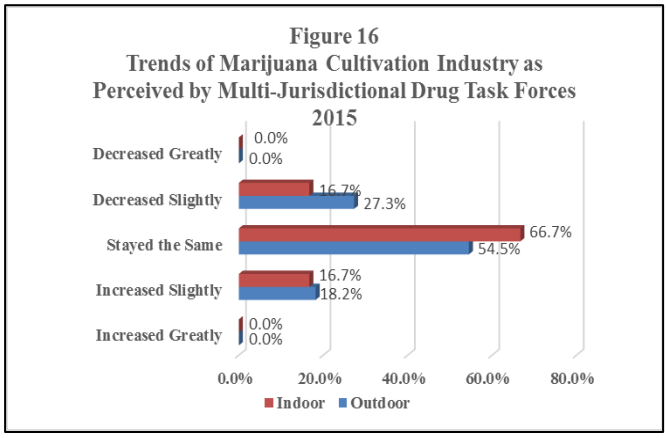
		Indoor	Outdoor
Gender			
	Male	83.3%	100.0%
	Female	0.0%	0.0%
	Both	16.7%	0.0%
Race			
	Caucasian	87.9%	90.0%
	African American	5.0%	1.4%
	Hispanic	7.1%	8.6%
	Asian	0.0%	0.0%
	Other	0.0%	0.0%
Age Group			
	17 & Under	1.3%	0.5%
	18 - 25	22.1%	15.9%
	26 - 35	39.6%	38.6%
	36 - 50	30.0%	32.7%
	Over 50	7.1%	12.3%

Multi-jurisdictional drug task forces were asked to submit profiles on drug industries that were major or moderate problems in their jurisdiction in 2015. Of the twenty-three responding MJDTF that indicated marijuana cultivation was either a major or moderate problem in their jurisdictions, 91.7% indicated marijuana is grown outdoors and 100% indicated it is grown indoors. Of the MJDTF indicating marijuana is cultivated outdoors, 81.8% reported marijuana is grown in government forests (Table 9). In addition, over half of these MJDTF reported marijuana is grown along river and stream banks or dispersed in legitimate crops. Potentially harmful situations are associated with indoor cultivation sites. Persons are exposed to increased risk of fire or electrocution in grow houses from incorrectly rewired electrical bypasses. They may also be exposed to toxic molds found in grow houses due to high levels of humidity. All of the MJDTF indicating marijuana is cultivated indoors in their jurisdiction stated it is grown in private residences. Over half of MJDTF indicated it is also grown in garages or barns and outbuildings.

MJDTF survey responses indicated marijuana is cultivated predominantly by Caucasian males aged 26 through 50. Of the MJDTF with a major or moderate marijuana cultivation problem, 83.3% indicated males were involved in indoor marijuana cultivation and 100% indicated males were involved with outdoor cultivation. Additionally, over 80% of the MJDTF indicated Caucasians were involved with both indoor and outdoor cultivation. Of the MJDTF with a moderate to major marijuana cultivation problem, two thirds indicated indoor and outdoor industries involved persons aged 26 to 50 (Table 10).

Of those MJDTF indicating marijuana cultivation is a major or moderate problem, over two-thirds indicated indoor and outdoor marijuana cultivation is loosely organized or unorganized (Figure 15). Less than a quarter of the MJDTF with a major or moderate marijuana cultivation problem believe indoor and outdoor marijuana cultivation is slightly increasing (Figure 16). Most MJDTF indicated prevalence of this industry is remaining the same in their jurisdiction.





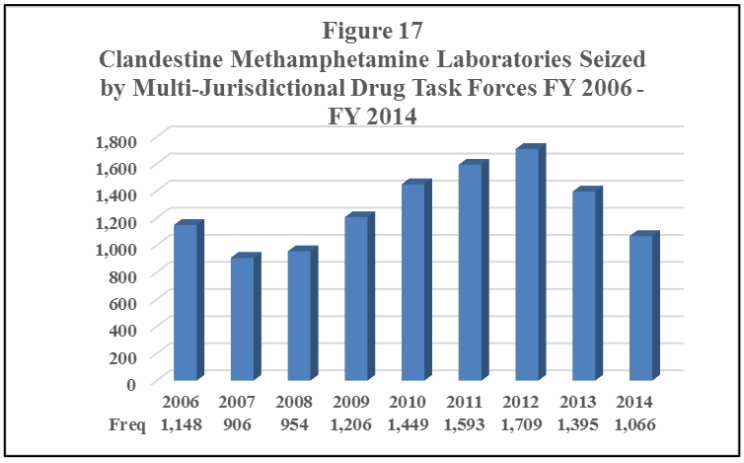
Methamphetamine Clandestine Laboratories

Since the late 1990's, methamphetamine laboratories have created a problem for many communities across the United States. The adoption of new processing methods has, no doubt, played a significant role in increased use of this drug. Not only is methamphetamine itself dangerous, but methamphetamine production methods are volatile, hazardous, and toxic. Five methods are typically used to produce methamphetamine in clandestine laboratories. Four of these methods involve chemical reduction of ephedrine / pseudoephedrine, but use different precursor chemicals. Mexican methamphetamine trafficking organizations typically utilize hydriodic acid and red phosphorous to reduce ephedrine / pseudoephedrine. When hydriodic acid supplies are limited, high quality methamphetamine is produced using iodine in its place. Another method known as hypo-reduction also uses iodine but with hypo-phosphorous acid in place of red phosphorous. This method is particularly dangerous due to the volatility of phosphine gas produced during the reduction process, and many times fires and explosions result. The Birch method utilizes anhydrous ammonia and sodium or lithium metal to reduce ephedrine / pseudoephedrine to produce high grade methamphetamine. This method can yield a finished product in two hours and requires no sophisticated equipment and many of the ingredients do not arouse suspicion when purchased in small quantities. The P2P procedure yields low quality methamphetamine and does not involve ephedrine / pseudoephedrine reduction. Principal chemicals in this method include phenyl-2-propanone (P2P), aluminum, methylamine, and mercuric acid. Another method of making methamphetamine that does not require a heating element or open flame is known as the Shake and Bake method. Ephedrine or pseudoephedrine tablets are crushed and combined with household chemicals and then shaken in a soda bottle to precipitate methamphetamine.

Threats posed by methamphetamine production equate those presented to users of this drug. In the production of methamphetamine, fire and explosion hazards typically occur due to the flammability of precursor chemicals. Environmental hazards occur as a result of improper storage or disposal of precursor chemicals in rivers, fields, and forests. Because clandestine laboratories are commonly constructed in private residences, exposure to toxic precursor chemicals can impact the health of the methamphetamine producers and their family members. Communities are affected by the aftermath and vacated remains associated with laboratories. It is estimated that every pound of produced methamphetamine results in 5 to 7 pounds of toxic waste. Dump site chemicals contaminate water supplies, kill livestock, destroy forest lands, and render areas uninhabitable.

Nationally, methamphetamine laboratories are widely found throughout the Pacific, Southwest, and Central (including Missouri) regions of the country. Powdered methamphetamine is the most commonly found form of the drug.

From analyses based on multi-jurisdictional drug task force program progress reports, a substantial portion of methamphetamine laboratories are found in both urban and rural regions of the state. In fiscal year 2014, 1,066 clandestine methamphetamine laboratories were destroyed by multi-jurisdictional drug task forces in Missouri. The number of methamphetamine clandestine laboratories seized by the statewide multi-jurisdictional drug task forces increased continually from 906 to 1,709 in fiscal years 2007 to 2012 (Figure 17). In fiscal year 2014, methamphetamine clandestine laboratory seizures decreased by 37.6% as compared to fiscal year 2012.



An examination of cases processed by Missouri crime laboratories in which methamphetamine product and precursor chemicals were detected suggests meth-amphetamine production has fluctuated from fiscal years

2002 through 2014 (Table 11). The number of cases in which methamphetamine product, precursor, or both were detected decreased from over 1,100 cases in 2005 to 823 cases in 2006 and to 407 cases in 2007. The number of these cases then increased to 799 in 2011 and to 903 in 2012. This was followed by continued decreases in both 2013 and 2014 when methamphetamine product, precursor, or both was detected by Missouri crime laboratories in 731 and 416 cases respectively.

Table 11
Missouri Crime Laboratory Cases with Detected Methamphetamine Products and Precursors
FY 2002 - FY 2014

Fiscal Year	Product Only	Precursor Only	Both	Total
2002	414	266	627	1,307
2003	373	190	570	1,133
2004	454	179	539	1,172
2005	417	190	576	1,183
2006	276	179	373	828
2007	109	99	199	407
2008	114	75	245	434
2009	104	93	250	447
2010	142	63	221	426
2011	359	135	305	799
2012	447	82	374	903
2013	393	56	282	731
2014	260	32	124	416

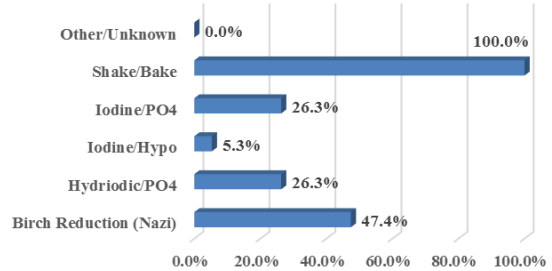
Table 12
Indoor and Outdoor Methamphetamine Laboratory Locations as Perceived by Multi-Jurisdictional Drug Task Forces
2015

Indoor Labs	
Hotels/Motel	77.8%
Workplace	22.2%
Abandoned Building	72.2%
Barn / Outbuilding	100.0%
Garage	94.4%
Single Family Residence	100.0%
Apartment / Condo	72.2%
Commercial Storage Unit	16.7%
Outdoor Labs	
Wooded Area/Rural Field	100.0%
Campground	58.8%
River Bank/Access	76.5%
Farmland	88.2%
Cave	5.9%
Parks	64.7%
Gravel Road	94.1%
Vehicle	94.1%
Forest	52.9%

All but four surveyed MJDTF perceived this industry to be a major or moderate problem in their jurisdiction. Of the nineteen (19) MJDTF with a major or moderate problem with methamphetamine production, over three quarters (92.1%) indicated production occurs in both indoor and outdoor labs. Of the multi-jurisdictional drug task forces with an indoor laboratory problem, all stated these labs are found in single family residences and garages (Table 12). Other common indoor methamphetamine laboratory sites identified by MJDTF are hotels and motels, abandoned buildings, barns and outbuildings, and apartments and condominiums. Nearly all MJDTF (94.1%) with a major or moderate methamphetamine production problem indicated outdoor methamphetamine laboratories are found in vehicles. This is a common laboratory site because vehicles provide mobility, accessibility, and limited overt detection. Other common outdoor sites for methamphetamine laboratory sites are in wooded areas or rural fields, on gravel roads, along river banks and accesses, and in public parks.

Drug task forces indicated participants in this industry use many methods to produce methamphetamine but most prefer Shake and Bake and Birch processes. Of the MJDTF indicating clandestine methamphetamine laboratories are a major or moderate problem in their jurisdiction, all stated that the Shake and Bake method is used and 47.4% stated Birch processing is used (Figure 18).

Figure 18
Types of Chemical Processing Associated with Meth Production as Perceived by Multi-Jurisdictional Drug Task Forces 2015



In the 2015 drug industry survey, MJDTF were asked what types of precursor chemicals are used in clandestine methamphetamine laboratories seized in their jurisdictions. Of the respondents that indicated this industry is a major or moderate problem, all indicated camping fuels, lithium batteries, and ephedrine/cold capsules are most commonly used to produce the drug (Table 13). Other precursor chemicals noted by at least three quarters of the MJDTF with a major or moderate methamphetamine lab problem include anhydrous ammonia, ether or starting fluid, organic solvents, acids, ammonia nitrate, and Red Devil dye.

Table 13
Clandestine Methamphetamine Precursor Chemicals as Perceived by Multi-Jurisdictional Drug Task Forces 2015

Anhydrous Ammonia	78.9%
Ether / Starting Fluid	84.2%
Liquid Iodine	42.1%
Highway Flares	15.8%
Lithium Batteries	100.0%
Camping Fuels	100.0%
Ephedrine / Cold Capsules	100.0%
Organic Solvent	84.2%
Acids	84.2%
Red Devil Dye	73.7%
Hydrogen Peroxide	52.6%
Ammonia Sulfate	52.6%
Ammonia Nitrate	84.2%

The sources of precursor chemicals used to process methamphetamine in clandestine laboratories vary. Retail supply stores are the most common source of precursor chemicals according to all MJDTF with a major or moderate methamphetamine production problem (Table 14). Hardware warehouses (89.5%) and drug stores (78.9%) were also noted by MJDTF as common sources of methamphetamine precursor chemicals. Farm field tanks (66.7%) are the most common source of anhydrous ammonia identified by MJDTF with a major or moderate methamphetamine laboratory problem. Farm co-ops are another common source of anhydrous ammonia as noted by 33.3% of these MJDTF.

Table 14
Sources of Methamphetamine Precursor Chemicals as Perceived by Multi-Jurisdictional Drug Task Forces 2015

Precursor Chemical Sources	
Mail Order	0.0%
Catalogs / Farm Supply	68.4%
Stores / Veterinarian	10.5%
Retail Supply Store	100.0%
Discount Chemical Supply	5.3%
Hardware Warehouse	89.5%
Drug Store	78.9%
Overseas Pharmaceutical	0.0%
Anhydrous Ammonia	
Field Tank	66.7%
Farm Supply Store	20.0%
Farm Co-op	33.3%
Bulk Fertilizer Plant	26.7%
Poultry Process Plant	6.7%
Imported	20.0%
Home Made	6.7%

Table 15
Demographic Characteristics of Persons Involved in Clandestine Methamphetamine Production as Perceived by Multi-Jurisdictional Drug Task Forces 2015

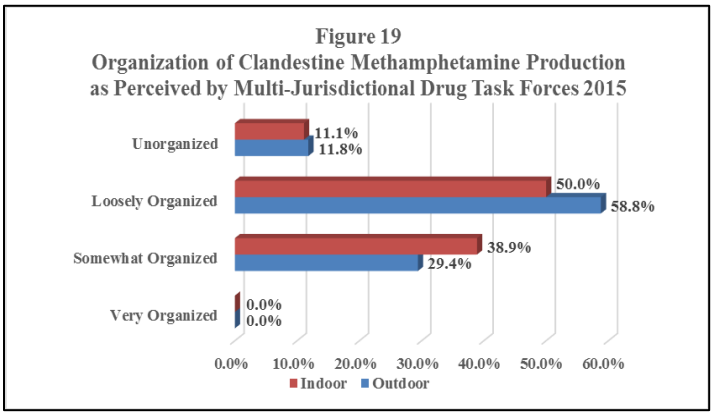
		Indoor	Outdoor
Gender			
	Male	61.1%	58.8%
	Female	0.0%	0.0%
	Both	38.9%	41.2%
Race			
	Caucasian	95.5%	96.3%
	African American	1.4%	1.1%
	Hispanic	2.9%	2.6%
	Asian	0.0%	0.0%
	Other	0.1%	0.1%
Age Group			
	17 & Under	1.7%	1.2%
	18 - 25	15.6%	19.4%
	26 - 35	35.4%	35.2%
	36 - 50	37.2%	34.8%
	Over 50	9.5%	9.4%

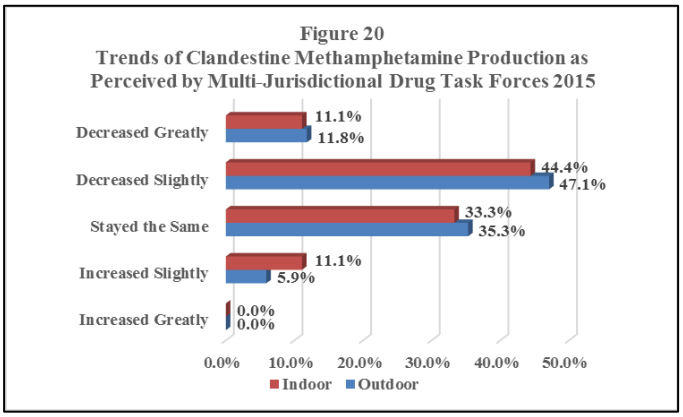
Surveyed MJDTF with a major or moderate methamphetamine laboratory problem indicated persons involved in outdoor and indoor methamphetamine production are predominately Caucasian males between the ages of 26 and 50. Of the MJDTF stating this industry is a major or moderate problem in their jurisdictions, approximately 60% indicated participants are male, over 90% indicated participants are Caucasian, and 35% indicated their ages range from 26 through 35 (Table 15).

Of the MJDTF that indicated outdoor methamphetamine production is a problem in their jurisdictions, 88.2% indicated the industry is loosely or somewhat organized (Figure 19). Similarly, of the MJDTF that indicated indoor methamphetamine production is a problem in their jurisdictions, 88.9% indicated the industry is loosely or

somewhat organized. Neither indoor nor outdoor methamphetamine laboratories were noted to be very organized by these MJDTF.

Over one third (44.4%) of MJDTF with an indoor methamphetamine laboratory production problem in their jurisdictions indicated the industry is slightly declining (Figure 20). However, 11.1% of these MJDTF stated indoor methamphetamine laboratory production is slightly increasing in their jurisdictions. Two thirds of MJDTF with an outdoor methamphetamine laboratory production problem indicated the industry is slightly decreasing or remaining the same.





Interstate Drug Trafficking

Missouri serves as a conduit for transportation of significant amounts of illicit drugs between out-of-state points of origin and destination. Missouri's central location in the nation and extensive interstate roadway system increases its likelihood of being involved in illicit interstate drug trafficking. Methamphetamine is distributed and trafficked throughout the state as indicated by all MJDTF stating this industry is a problem in their jurisdictions (Table 16). Other widely trafficked drugs identified by drug task forces are marijuana (95.2%), heroin and opiates (76.2%), and powder cocaine (66.7%).

Table 16
Types of Drugs Transported Across Missouri as Perceived by Multi-Jurisdictional Drug Task Forces 2015

Crack Cocaine	**33.3%**
Powder Cocaine	**66.7%**
Marijuana	**95.2%**
Methamphetamine	**100.0%**
Ecstasy / Designer Drugs	**38.1%**
Heroin / Opiates	**76.2%**
Prescription Pills	**38.1%**
Hallucinogens - LSD	**9.5%**
Hallucinogens - PCP	**14.3%**
Pseudoephedrine / Ephedrine	**28.6%**
Synthetics	**52.4%**
Other	**4.8%**

Different methods are used to transport illicit drugs through Missouri. Illicit drugs are primarily moved by land, but airways and waterways are also used as trafficking conduits. Roadways are utilized for interstate drug trafficking more extensively than other transportation systems. Both private individuals and commercial operators transport illicit drugs, knowingly and unknowingly. MJDTF were asked to identify vehicle types and transportation systems commonly used to transport illicit drugs across Missouri. Of the MJDTF indicating interstate drug distribution and trafficking is a major or moderate problem, 100% stated drugs are transported by non-commercial vehicles (Table 17). Other common vehicle types used for drug distribution / trafficking are mail couriers (85.7%) and commercial vehicles (66.7%).

Table 17
Vehicle Types Used to Transport Drugs Across Missouri as Perceived by Multi-Jurisdictional Drug Task Forces 2015

Non-Commercial Vehicles	**100.0%**
Commercial Vehicles	**66.7%**
Mail Couriers	**85.7%**
Bus Lines	**28.6%**
Train Lines	**14.3%**
Commercial Airlines	**0.0%**
Private Airlines	**9.5%**
Other	**0.0%**

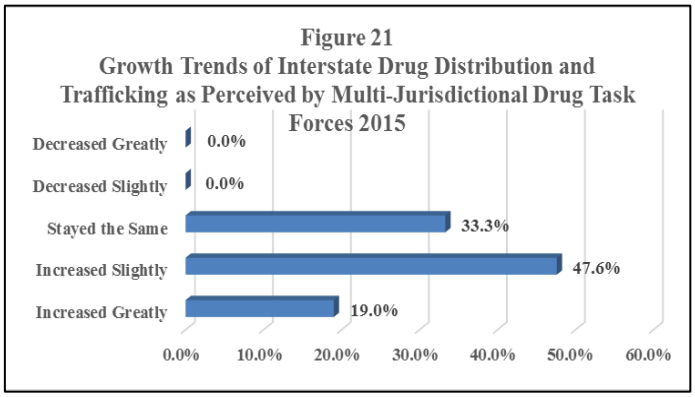
Males and females aged 18 to 50 and of most races participate in interstate drug distribution and trafficking. Of the MJDTF indicating this industry is a major or moderate problem, 38.1% indicated only males distribute and traffic drugs while 61.9% stated both males and females participate (Table 18). Of the MJDTF with a moderate or major drug distribution and trafficking problem, 42.1% indicated

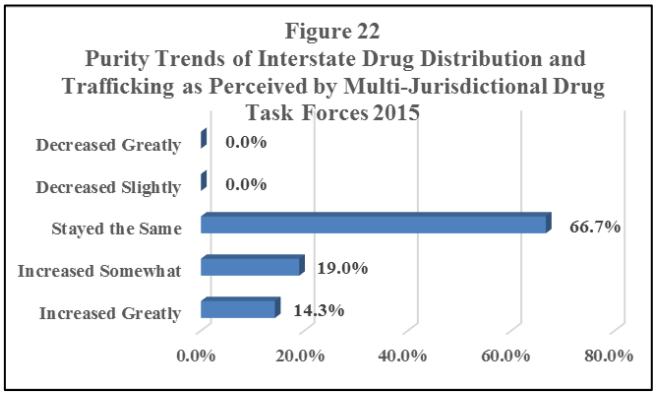
Caucasians are participants, 19.1% stated African Americans are participants, and 34.7% stated Hispanics participate. Of these same MJDTF, 43.6% indicated persons aged 26 through 35 were most commonly involved in this industry. One quarter (25%) also stated persons aged 36 to 50 participate in the industry and 20.1% stated persons aged 18 to 25 participate.

Table 18
Demographic Characteristics of Persons Involved in Interstate Drug Distribution and Trafficking as Perceived by Multi-Jurisdictional Drug Task Forces 2015

Gender		
	Male	**38.1%**
	Female	**0.0%**
	Both	**61.9%**
Race		
	Caucasian	**42.1%**
	African American	**19.1%**
	Hispanic	**34.7%**
	Asian	**3.1%**
	Other	**1.1%**
Age Group		
	17 & Under	**1.8%**
	18 - 25	**20.1%**
	26 - 35	**43.6%**
	36 - 50	**25.0%**
	Over 50	**9.0%**

Interstate drug distribution is more organized than other illicit drug industries. Of the MJDTF indicating interstate drug distribution is a major or moderate problem, over three quarters indicated this industry is very or somewhat organized. Also, 60% of the MJDTF stated that gangs are involved with interstate drug distribution and trafficking. Street gangs and ethnic / nationalist gangs were most associated with this industry. According to Missouri drug task forces, interstate drug distribution and trafficking industry is increasing in the state. Of the MJDTF that believe this industry is a major or moderate problem in their jurisdictions, 66.7% responded drug distribution and trafficking is slightly or greatly increasing (Figure 21). In addition, 33.3% believe purities of transported drugs is increasing while 66.7% of the responding task forces consider the purity of distributed and trafficked drugs to be staying the same while (Figure 22).





Distribution and Point-of-Sale

A large portion of Missouri's illicit drug industry is devoted to distributing and selling these products to individuals for their own consumption. Distribution and point-of-sale trafficking patterns vary by the type of illicit drug involved. Due to that fact, distribution and point-of-sale patterns for each major illicit drug used in Missouri are presented separately.

Analyses of illicit drug quantities seized by multi-jurisdictional drug task forces indicate this industry is substantial and law enforcement efforts to remove illicit drugs have effectively removed many ounces from distribution (Table 19). In fiscal year 2014, MJDTF seized a total of 4,403,762 grams of illicit drugs plus 1,369 doses of LSD and

19,465 prescription pills. Of all the illicit drugs measured in grams seized by MJDTF over 80% was for marijuana, followed by methamphetamine (5.8%), synthetics (3.6%), and cocaine (2.5%).

Table 19
Drugs Seized by
Multijurisdictional Drug Task Forces
FY 2014

Marijuana (grams)	**3,586,879.78**
Cocaine (grams)	**112,373.84**
Crack (grams)	**4,524.48**
Heroin/Opiates (grams)	**26,085.95**
LSD (doses)	**1,369.02**
PCP (grams)	**213,529.95**
Ecstasy (grams)	**13,727.95**
Methamphetamine (grams)	**256,020.54**
Pseudoephedrine (grams)	**1,207.96**
Prescription Pills (doses/pills)	**19,465.93**
Psilocybin (grams)	**4,937.10**
Synthetics (grams)	**157,978.48**
Other (grams)	**26,496.71**

Marijuana

Marijuana is one of the most widely sold and distributed drugs in Missouri. Cultivated marijuana provides the bulk of the drug sold in the state. According to the NDIC, marijuana traffickers distribute and sell bulk quantities of foreign marijuana that is primarily grown in Mexico, Colombia, and Jamaica. Mexican and Colombian marijuana enters southwestern U.S. cities such as San Diego and Phoenix, and is then trafficked to Kansas City and on to other Missouri areas. Jamaican grown marijuana is primarily distributed in St. Louis and then to other areas of the state.

Table 20
Demographic Characteristics of Persons Involved in Marijuana Distribution and Point-Of-Sale as Perceived By Multi-Jurisdictional Drug Task Forces 2015

Private Residence	**100.0%**
Streets / Parking Lot	**90.9%**
Vehicle	**95.5%**
Hotel / Motel	**86.4%**
Bar / Nightclub	**72.7%**
Work Place	**77.3%**

All MJDTF perceive distribution and point-of-sale of marijuana to be a major or moderate problem in Missouri. Marijuana sales most commonly take place in homes, on streets and parking lots, or from vehicles. Private residences were identified by all MJDTF as locations of marijuana sales while 90.9% identified streets and parking lots as locations, and 95.5% stated sales occurred from vehicles (Table 20).

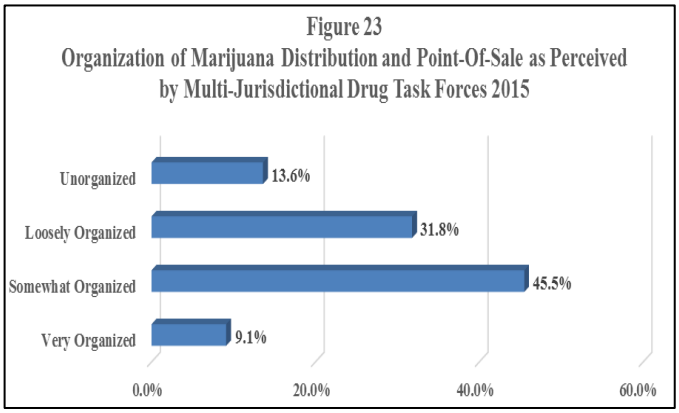
Marijuana distribution and point-of-sale is conducted by males and females of all races and of all age groups. Of the MJDTF indicating this industry is a major or moderate problem, 72.7% indicated both males and females were involved (Table 21). Industry participants noted by these multi-jurisdictional drug task forces include Caucasians (53.4%), African Americans (23.6%), Hispanics (19.9%), and Asians (2.3%). Just under one third (29.8%) of the responding MJDTF identified persons aged 18 through 25 participate in this industry and 31.1% stated persons aged 26 through 35 are involved. About 10% of the MJDTF also stated persons under 18 and over 50 participate in sale and distribution of marijuana.

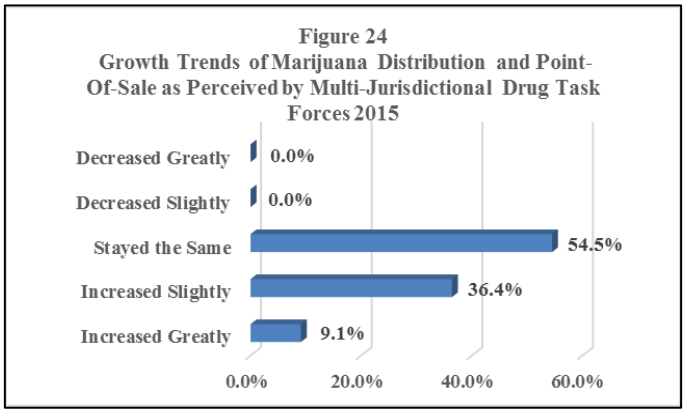
Table 21
Demographic Characteristics of Persons Involved in Marijuana Distribution and Point-Of-Sale as Perceived by Multi-Jurisdictional Drug Task Forces 2015

Gender		
	Male	**27.3%**
	Female	**0.0%**
	Both	**72.7%**
Race		
	Caucasian	**53.4%**
	African American	**23.6%**
	Hispanic	**19.9%**
	Asian	**2.3%**
	Other	**0.6%**
Age Group		
	17 & Under	**7.6%**
	18 - 25	**29.8%**
	26 - 35	**31.1%**
	36 - 50	**21.4%**
	Over 50	**9.2%**

According to most MJDTF with a major or moderate problem with this industry, marijuana distribution and point-of-sale is organized to some degree. Of the MJDTF indicating marijuana point-of-sale distribution is a major or moderate problem, 45.5% stated distributors and seller are somewhat organized, 31.8% stated they are loosely organized, and 9.1% stated they are very organized (Figure 23). But of the same task forces, over two thirds stated marijuana sale distribution does not involve gangs of any type. Prevalence of this industry is increasing in some areas served by MJDTF but remains constant in others. Of the MJDTF indicating this industry is a major or moderate problem, just over one half (54.5%) responded marijuana point-of-sale distribution

stayed the same while 45.5% stated the industry is greatly or slightly increasing (Figure 24).



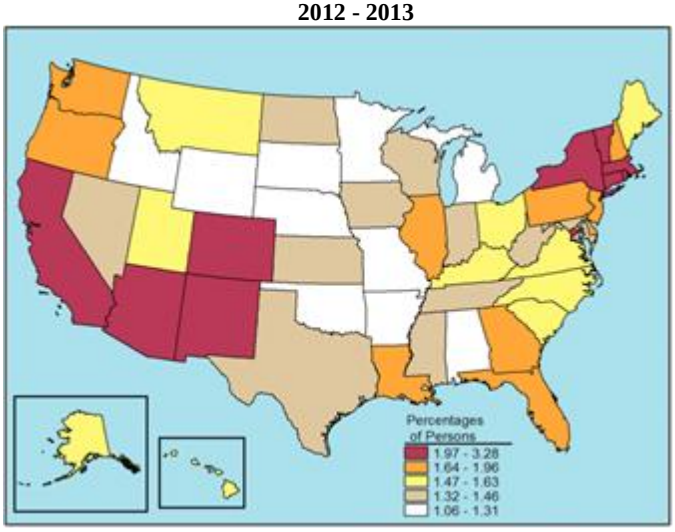


Cocaine / Crack Cocaine

Cocaine is not produced in any significant amounts in the U.S. Instead, cocaine is extracted from the erythroxylon coca bush that grows primarily in Columbia, Peru, and Bolivia. Once extracted from plant leaves and processed, cocaine is smuggled overland through Mexico or by sea and air transport along eastern Pacific and western Caribbean maritime routes. According to the NDIC, cocaine smuggled overland through Mexico enters the U.S. through Texas, California, and Arizona ports of entry (POE). From there, cocaine is transported to Atlanta, Chicago, Dallas, Houston, and New York. Cocaine smuggled via Caribbean maritime routes enters the U.S. in Miami and is transported to Atlanta, New York, and Philadelphia. Cocaine is smuggled throughout the U.S. from various distribution cities. A large portion of powder cocaine ending up in the Midwest, including Missouri, is distributed from Chicago, Houston, and Phoenix.

According to the 2013 National Survey on Drug Use & Health[17], 1.5 million persons aged 12 or older are current users of cocaine. The number of cocaine users in 2013 is lower than in 2002 through 2007 when 2.0 to 2.4 million persons used cocaine. The percentage of cocaine is greatest in New England states, mountain states, and western coast states. The percentage of persons aged 12 or older in Missouri that currently use cocaine is between 1.06% and 1.31% (Figure 25).

Figure 25
Cocaine Use in the Past Year among Persons Aged 12 or Older 2012 - 2013



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, NDDUH 2012 and 2013

Analysis of the amount cocaine seized by MJDTF gives further insight into the cocaine problem in Missouri. MJDTF seized 112,373 grams and 4,524 grams of cocaine and crack cocaine respectively (Table 19). This constituted about 2.5% of all grams of illicit drugs seized by MJDTF.

Cocaine and crack cocaine distribution and point-of-sale occurs in most areas of Missouri. Of the MJDTF that responded to the illicit drug industry survey, only about 30% stated powder cocaine and crack cocaine is a moderate or major problem in their jurisdictions (Table 7). In the same survey, task forces indicated cocaine and crack are primarily sold and distributed at four locations. The MJDTF that indicate these industries were a major or moderate problem also identified crack and powder cocaine sales and distribution commonly occurs in private residences, on streets and parking lots, from vehicles, and in hotels and motels (Table 22).

Table 22
Crack and Powder Cocaine Distribution and Point-Of-Sale Locations as Perceived by Multi-Jurisdictional Drug Task Forces
2015

	Crack Cocaine	Powder Cocaine
Private Residence	100.0%	83.3%
Street / Parking Lot	85.7%	66.7%
Vehicle	85.7%	100.0%
Hotel / Motel	100.0%	100.0%
Bar / Nightclub	42.9%	66.7%
Work Place	14.3%	16.7%
Schools / Playgrounds	14.3%	0.0%

Table 23
Demographic Characteristics of Persons Involved in Powder Cocaine and Crack Distribution and Point-Of-Sale as Perceived by Multi-Jurisdictional Drug Task Forces
2015

	Crack Cocaine	Powder Cocaine
Gender		
Male	57.1%	33.3%
Female	0.0%	0.0%
Both	42.9%	66.7%
Race		
Caucasian	11.9%	36.7%
African American	84.6%	38.3%
Hispanic	3.3%	23.3%
Asian	0.0%	0.0%
Other	0.3%	0.0%
Age Group		
17 & Under	6.9%	0.0%
18 - 25	26.4%	24.1%
26 - 35	28.1%	44.2%
36 - 50	30.7%	22.5%
Over 50	7.9%	9.2%

Powder cocaine is distributed by Caucasian, African American, and Hispanic males while crack cocaine is commonly distributed by African American males and females. Of the MJDTF that indicated these industries are major or moderate problems in their area, over three-fourths (84.6%) reported African Americans distribute crack cocaine. Of these same MJDTF, 36.7% identified Caucasians distribute powder cocaine. 38.3% state African Americans distribute powder cocaine, and 23.3% indicate Hispanics distribute powder cocaine (Table 23). Over half of the task forces (57.1%) indicated only males participate in crack cocaine distribution.

Powder cocaine and crack cocaine distribution and point-of-sale trafficking are moderately to well organized in the state. Of the MJDTF indicating these industries are major or moderate problems, 57.2% indicated crack cocaine participants are somewhat to loosely organized while 83.3% indicated powder cocaine participants are somewhat to loosely organized. Several Missouri drug task forces believe powder cocaine and crack distribution / point-of-sale has become more widespread in their jurisdictions. One third (33.3%) of MJDTF respondents who indicated powder cocaine was a major or moderate problem also stated this industry has slightly increased in their jurisdictions. Of the MJDTF with a major or moderate crack cocaine problem, 14.3% perceived the industry had slightly increased.

Crack is a crystal form of cocaine that can be converted with heat from powder or rock cocaine. Typically, precursor powder cocaine is heated on stove tops or in microwave ovens without flammable solvents. Crack processing is typically conducted late in the cocaine distribution process. Of the surveyed MJDTF, 26.1% indicated crack processing was a major or moderate problem in their jurisdictions (Table 5). Of these MJDTF, 71.4% indicated powder cocaine was the precursor to crack and 28.6% indicated rock cocaine was a precursor.

Crack cocaine processing is most commonly conducted in industry participants' homes. Of the MJDTF that perceive this industry to be a major or moderate problem, 85.7% indicated crack processing occurs in single family residences. Of these same MJDTF, 57.1% indicated crack processing takes place in apartments or condominiums (Table 24).

Table 24
Crack Cocaine Processing Locations as Perceived By Multi-Jurisdictional Drug Task Forces
2015

Single Family Residence	85.7%
Apartment / Multi-Residence Building	57.1%
Hotel / Motel	28.6%
Work Place	0.0%
Abandoned Building	0.0%
Barns / Outbuilding	0.0%
Garage	0.0%
Other	14.3%

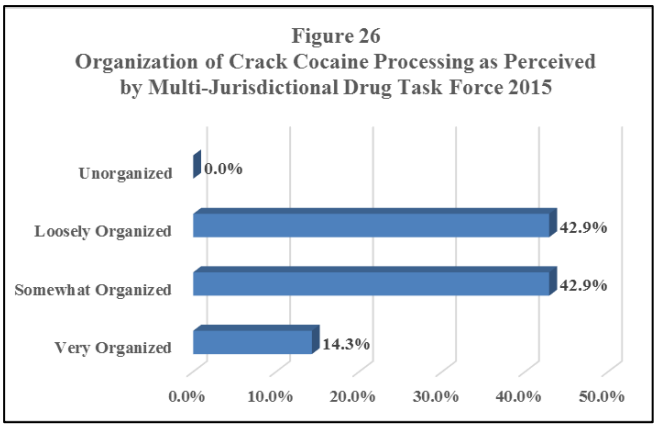
In Missouri, cocaine is processed into crack cocaine by young to middle-aged African American males. Of the MJDTF that indicated this

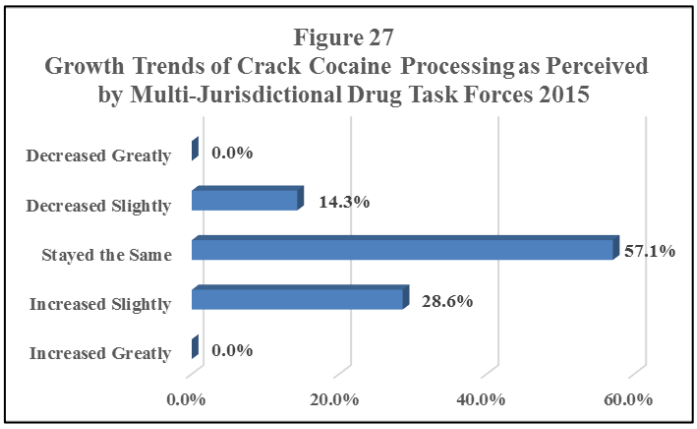
industry is a major or moderate problem in their jurisdiction, 57.1% identified males as participants in crack cocaine processing and 88.3% identified African American as participants (Table 25). Of these same MJDTF, 29.2% indicated persons aged 26 through 35 are involved in crack processing and 36.7% indicated persons aged 36 through 50 are involved in crack processing.

All MJDTF with a major or moderate crack cocaine processing problem believe the industry is organized to some extent. Of the MJDTF identifying this industry as a major or moderate problem, 28.6% indicated the industry is loosely organized, 28.6% indicated it is somewhat organized, and 0% stated it is well organized (Figure 26). All of these task forces also indicated street gangs are involved in crack processing. According to surveyed MJDTF, prevalence of the crack processing industry appears to not be changing. Of the MJDTF indicating this industry is a major or moderate problem in their jurisdiction, 42.9% responded it has stayed (Figure 27).

Table 25
Demographic Characteristics of Persons Involved in Crack Processing as Perceived by Multi-Jurisdictional Drug Task Forces 2015

Gender		
	Male	57.1%
	Female	0.0%
	Both	42.9%
Race		
	Caucasian	8.3%
	African American	88.3%
	Hispanic	3.3%
	Asian	0.0%
	Other	0.0%
Age Group		
	17 & Under	3.3%
	18 - 25	25.0%
	26 - 35	29.2%
	36 - 50	36.7%
	Over 50	5.8%





Methamphetamine

The distribution and point-of-sale of methamphetamine, along with the related methamphetamine clandestine laboratory industry, are two of the most widespread illicit drug industries in the state. According to the NDIC, Missouri is one of several central U.S. states that is a primary market area for the drug, and methamphetamine manufactured in Missouri is distributed regionally and to other parts of the country. Also, the NDIC has reported increasing trafficking of methamphetamine produced in Southern California and Mexico to Kansas City and St. Louis by Mexican criminal groups.

The 2013 National Survey on Drug Use & Health[17] estimates about 595,000 persons or 0.2% of the U.S. population used methamphetamine in the past month in 2013. This was a decrease from 731,000 persons estimated to have used the drug in 2006.

Analyses of methamphetamine seizures by MJDTF indicate distribution of this drug is significant in Missouri. MJDTF seized 256,020.54 grams of methamphetamine during fiscal year 2014 (Table 19). Pseudoephedrine is a common compound sold over the counter that is used in methamphetamine production. During fiscal year 2014, MJDTF seized 1,207.96 grams of pseudoephedrine (Table 19).

Methamphetamine distribution and point-of-sale is a serious problem in the state. All responding MJDTF stated this industry is a major or moderate problem in their jurisdiction (Table 7). These same task forces indicated methamphetamine is distributed at many locations. Of the MJDTF that indicated this industry is a major or moderate problem, all identified private residences, vehicles, and hotels and motels as distribution point-of-sale locations (Table 26). Other common methamphetamine distribution locations identified by MJDTF were streets and parking lots (91.3%) and bars and nightclubs (69.6%).

Table 26
Methamphetamine Distribution and Point-Of-Sale Locations as Perceived by Multi-Jurisdictional Drug Task Forces 2015

Private Residence	100.0%
Vehicle	100.0%
Street / Parking Lot	91.3%
Hotel / Motel	100.0%
Work Place	56.5%
Bar / Night Club	69.6%
School / Playground	17.4%

Task force survey results indicate Caucasian males and females are typically involved in distributing and selling methamphetamine. Of the MJDTF indicating this industry is a major or moderate problem, 68.7% indicated industry participants are Caucasian (Table 27). The surveyed drug task forces also indicated methamphetamine distributors are typically between the ages of 18 and 50. Of the MJDTF stating this industry is a major or moderate problem in their jurisdiction, 22.3% stated participants are between the ages of 18 and 25, 38.7% stated participants are between the ages of 26 and 35, and 25.2% stated they are aged 36 through 50.

Table 27
Demographic Characteristics of Persons Involved in Methamphetamine Distribution and Point-Of-Sale as Perceived by Multi-Jurisdictional Drug Task Forces 2015

Gender		
	Male	13.0%
	Female	4.3%
	Both	82.6%
Race		
	Caucasian	68.7%
	African American	11.1%
	Hispanic	19.4%
	Asian	0.7%
	Other	0.1%
Age Group		
	17 & Under	2.7%
	18 - 25	22.3%
	26 - 35	38.7%
	36 - 50	25.2%
	Over 50	11.0%

The level of organization associated with methamphetamine distribution and point-of-sale in Missouri varies from unorganized to very organized. Of the MJDTF identifying this industry as a major or moderate problem, 4.3% indicated participants are completely unorganized. Of these same MJDTF, 21.7% stated this industry is loosely organized, 56.5% stated it is somewhat organized, and 17.4% indicated it is very organized (Figure 28). Several gang types are involved with this industry as well. Organized methamphetamine distribution point of sale is conducted by several gang types. According to the MJDTF that responded methamphetamine point-of-sale distribution is a major or moderate problem in their jurisdictions, 34.8% stated outlaw motorcycle gangs are involved in this industry, 21.7% stated organized crime affiliations are involved, 13% indicated street gangs are involved, and 17.4% stated ethnic / nationalist gangs are involved. Methamphetamine distribution and point-of-sale is increasing throughout the state. Of the MJDTF indicating this industry is a major or moderate problem, 69.6% noted it has slightly or greatly increased (Figure 29).

Figure 28
Organization of Methamphetamine Distribution and Point-Of-Sale as Perceived by Multi-Jurisdictional Drug Task Forces 2015

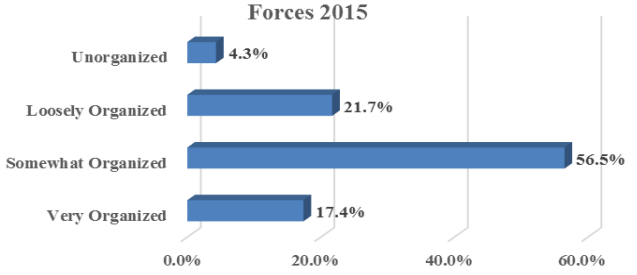
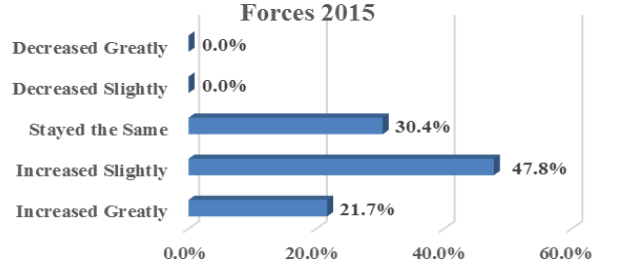


Figure 29
Growth Trends of Methamphetamine Distribution and Point-Of-Sale as Perceived by Multi-Jurisdictional Task Forces 2015



Heroin / Opiates

Like cocaine, heroin and its derivatives are imported into Missouri for distribution and point-of-sale. Most heroin entering the U.S. originates from South America and Mexico. It is smuggled into the U.S. via ports of entry along the Mexico border and then transported to U.S. cities for further distribution. Heroin also originates from Southwestern and Southeastern Asia and is usually smuggled into the U.S. east and west coast cities via commercial air carriers. It is then transported to regional distribution centers. Asian heroin entering Missouri is typically distributed from Chicago.

The 2013 National Survey on Drug Use & Health[17] estimates the number of heroin users in the U.S. increased from 373,000 in 2007 to 681,000 in 2013. This was an increase of 308,000 users during these six years.

An analysis of industry profiles conducted by MJDTF indicates heroin / opiates distribution and point-of-sale is a problem in most regions of Missouri. Of the surveyed MJDTF, 78.3% responded heroin / opiates distribution and point-of-sale is a major or moderate problem in their jurisdiction (Table 5). Heroin / opiate distribution and sales take place in same locations as other illicit drugs. Of the MJDTF that regard this industry as a major or moderate problem, most indicate distribution and sale of heroin occurs from vehicles (94.4%). In addition, 94.4% of these MJDTF identified private residences and streets and parking lots as distribution and sale locations (Table 28).

Table 28
Heroin and Opiates Distribution and Point-Of-Sale Locations as Perceived by Multi-Jurisdictional Drug Task Forces
2015

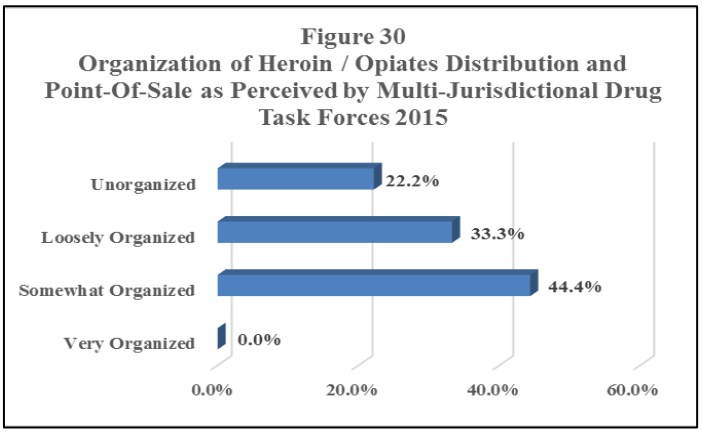
Private Residence	**94.4%**
Vehicle	**94.4%**
Street / Parking Lot	**94.4%**
Bar / Night Club	**38.9%**
Hotel / Motel	**83.3%**
Work Place	**22.2%**
School / Playground	**38.9%**

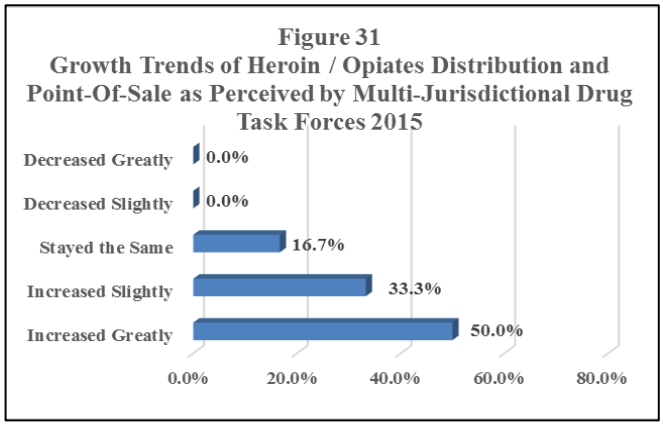
Persons involved with heroin / opiates distribution and point-of-sale are typically Caucasians or African Americans over aged 18 to 35 (Table 29). Of the MJDTF that identified this industry as a major or moderate problem, 50% indicated Caucasians participate in the industry and 34.7% indicated African Americans participate. Of these same MJDTF, almost two thirds (61.1%) stated that both males and females were involved in heroin / opiate distribution and point-of-sale. Persons aged 18 through 25 were identified by 34.4% of these MJDTF to participate in this industry and 36.4% indicated person aged 26 through 35 participate.

Table 29
Demographic Characteristics of Persons Involved in Heroin / Opiates Distribution and Point-Of-Sale as Perceived by Multi-Jurisdictional Drug Task Forces
2015

Gender		
	Male	**38.9%**
	Female	**0.0%**
	Both	**61.1%**
Race		
	Caucasian	**50.0%**
	African American	**34.7%**
	Hispanic	**14.4%**
	Asian	**0.8%**
	Other	**0.0%**
Age Group		
	17 & Under	**4.9%**
	18 - 25	**34.4%**
	26 - 35	**36.4%**
	36 - 50	**18.2%**
	Over 50	**6.0%**

Multiple levels of organization are associated with heroin / opiates distribution and point-of-sale in Missouri. Of the MJDTF identifying this industry as a major or moderate problem, 77.8% indicated heroin / opiates point-of-sale distribution is somewhat organized or loosely organized (Figure 30). Street gangs were identified as industry participants by 5.6% of MJDTF with a major or moderate heroin / opiate distribution and point-of-sale problem. This industry is increasing in most areas where it is a major or moderate problem. Of the MJDTF indicating heroin / opiates point-of-sale distribution is a major or moderate problem, 83.3% noted the industry has increased in their jurisdictions while 16.7% stated it has remained constant (Figure 31).





Hallucinogens

LSD (lysergic acid diethylamide) and PCP (phencyclidine) are the more commonly abused hallucinogens in Missouri. The NDIC reports LSD is produced by a small network of chemists located in California and the Pacific Northwest. LSD is produced less extensively throughout the country by individuals. It typically is sold in crystal, tablet, or liquid forms. Liquid LSD is ingested in sugar cubes, gelatin squares, or blotter paper available in single to multi-thousand dosage units. The NDIC reports PCP is produced by California street gangs. PCP encountered in Missouri is sold as PCP laced cigarettes, cigars, or marijuana as well as in liquid, tablet, and powder forms. Psilocybin is a hallucinogenic drug found in psilocybin mushrooms.

The 2013 National Survey on Drug Use & Health[17] estimates about 1.3 million persons aged 12 or older or 0.5% of the U.S. population used hallucinogens in the past month in 2013. This is about the same prevalence of use noted by the National Survey in 2012.

An analysis of LSD and PCP quantities seized by MJDTF indicates distribution of these drugs is not as widespread in Missouri as other parts of the U.S. Of MJDTF surveyed in 2015, no drug task forces indicated LSD or PCP was a moderate of major problem in their jurisdiction. Of these MJDTF, however, 78.3% indicated LSD distribution point-of-sale was a minor problem and 56.5% indicated PCP distribution point-of-sale was a minor problem in their jurisdictions. 8.7% MJDTF indicated that the distribution and point-of-sale of psilocybin is a major or moderate problem in their jurisdiction and 56.5% indicated it is a minor problem in their jurisdictions. In Fiscal Year 2014, MJDTF seized 213,529.95 grams of PCP and 1,369 doses of LSD (Table 19).

Ecstasy and Designer Drugs

According to the NDIC, ecstasy use in the country has increased in recent years. Ecstasy is a stimulant with mild hallucinogenic properties taken orally in tablet or capsule form. According to the DEA, clandestine laboratories in rural areas of the Netherlands and Belgium produce approximately 80% of ecstasy consumed worldwide. Other countries where laboratories have been found include Canada, Australia, Germany, and several Eastern European countries. Ecstasy is smuggled into New York, Los Angeles, and Miami on commercial airlines from Europe, Canada, and Mexico. From these U.S. cities, it is distributed to other states by couriers on domestic commercial flights or mail / package services.

In fiscal year 2014, MJDTF seized 13,727.95 grams of ecstasy (Table 19).

In an industry profile survey completed by MJDTF, five MJDTF, or 21.7% of the respondents, reported ecstasy or designer drugs are a major or moderate problem in their jurisdictions (Table 7). These drug task forces also stated that ecstasy and designer drugs are most commonly sold from private residences, streets and parking lots, and in bars and nightclubs. Of the MJDTF that stated a major or moderate problem with this industry, all indicated ecstasy

and designer drugs were sold from vehicles (Table 30). Other locations where ecstasy and designer drugs are commonly distributed and sold include schools and playgrounds.

Table 30
Ecstasy / Designer Drug Distribution and Point-Of-Sale Locations as Perceived by Multi-Jurisdictional Drug Task Forces 2015

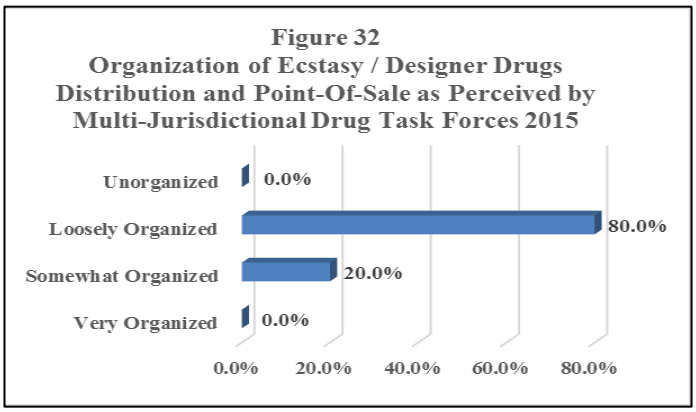
Private Residence	80.0%
Bar / Night Club	80.0%
Vehicle	100.0%
Street / Parking Lot	80.0%
Hotel / Motel	80.0%
Work Place	20.0%
School / Playground	60.0%

Table 31
Demographic Characteristics of Persons Involved in Ecstasy / Designer Drugs Distribution and Point-Of-Sale as Perceived by Multi-Jurisdictional Drug Task Forces 2015

Gender		
	Male	0.0%
	Female	0.0%
	Both	100.0%
Race		
	Caucasian	69.0%
	African American	15.0%
	Hispanic	13.0%
	Asian	3.0%
	Other	0.0%
Age Group		
	17 & Under	30.0%
	18 - 25	42.0%
	26 - 35	20.0%
	36 - 50	7.0%
	Over 50	1.0%

Ecstasy and designer drugs are often distributed and sold by young white males. Of the MJDTF indicating ecstasy / designer drug distribution and point-of-sale is a major or moderate problem, all identified both males and females participating in the industry and one half identified only males participate (Table 31). Over two-thirds (69%) of MJDTF with a major or moderate ecstasy / designer drug problem identified Caucasians as participants and 42% identified persons aged 18 to 25 were involved in ecstasy / designer drug distribution and point-of-sale.

Distribution and point-of-sale of ecstasy and designer drugs is not a very organized industry in Missouri. Of the MJDTF noting this industry as a major or moderate problem, over three quarters (80%) indicated the industry is loosely organized while 20% indicated ecstasy and designer drugs point-of-sale distribution is somewhat organized (Figure 32). Ecstasy and designer drug distribution and point-of-sale appears to be staying the same in the state.



Pharmaceuticals

Pharmaceutical drugs include narcotics, depressants, and stimulants that are legally available with authorized medical prescriptions. Illicit use and distribution and point-of-sale of pharmaceuticals is becoming a problem in most regions of the state. The NDIC reports the most abused pharmaceutical drugs are illegally obtained from forged prescriptions, improper prescribing, and theft. Pharmaceuticals are increasingly being smuggled from Mexico or obtained from Internet pharmacies supplied by sources in Mexico or other foreign countries.
The 2013 National Survey on Drug Use & Health[17] estimates 2.5% of the U.S. population aged 12 or older had used prescription-type psychotherapeutic drugs non-medically in the past month 2013. This is about the same prevalence of use noted by the National Survey from 2002 to 2012.

Illicit use of pharmaceutical drugs is occurring throughout Missouri. Of the MJDTF responding to a drug industry survey, 91.3% indicated this industry is a major or moderate problem in their jurisdictions (Table 7).

The most commonly abused pharmaceutical drugs identified by Missouri drug task forces are the narcotics oxycontin and vicodin. Of the drug task forces that have a major or moderate problem with distribution and point-of-sale of pharmaceutical drugs, all identified these drugs as an abused pharmaceutical drug (Table 32). The NDIC

Table 32
Narcotics, Depressants, and Stimulants Associated with Pharmaceutical Drugs Perceived as a Major or Moderate Problem by Multi-Jurisdictional Drug Task Forces
2015

Narcotics		Stimulants	
Oxycontin	100.0%	Adderall	76.2%
Vicodin	100.0%	Ritalin	42.9%
Morphine	81.0%	Dexedrin	9.5%
Fentanyl	71.4%	Meridia	0.0%
Methadone	66.7%	Other	4.8%
Codeine	54.5%		
Dilaudid	61.9%		
Avinza	4.8%		
Other	9.5%		
Depressants		**Other Pharmaceuticals**	
Xanax	100.0%	Anabolic Steroid	33.3%
Valium	76.2%	Testosterone	9.5%
Seconal	4.8%	Viagra	0.0%
Other	19.0%	Dextromethorphan	14.3%

Stimulants are legitimately prescribed to treat attention disorders, obesity, and narcolepsy. Because these drugs increase concentration, alertness, and energy, they are commonly misused. Adderal is the most commonly abused stimulant. Over three-fourths (76.2%) of the MJDTF that perceived distribution and point-of-sale of pharmaceutical drugs as a major or moderate problem also indicated adderal is illegally sold. Another illegally distributed and sold stimulant is ritaline.

Pharmaceuticals are illegally sold from most locations. Of the MJDTF noting this industry as a major or moderate problem, all identified residences as illegal pharmaceutical sale locations (Table 33). Other pharmaceutical distribution and point-of-sale locations commonly identified by MJDTF include vehicles, streets and parking lots, hotels and motels, and bars and nightclubs.

Most sellers and distributors of illegal pharmaceutical drugs are white males or females. Of the MJDTF noting this industry as a major or moderate problem in their jurisdictions, nearly all (90.5%) identified both males and females were participants (Table 34). In addition, 69.1% of these task forces noted Caucasians are involved in this industry and persons from all age groups illegally sold pharmaceutical drugs.

Distribution and point-of-sale of pharmaceutical drugs has two distinct levels of organization in Missouri. Of the MJDTF that believed this industry is a major or moderate problem, 23.8% indicated industry participants are unorganized while 71.4% indicated the industry is somewhat organized or loosely organized (Figure 33). Only one MJDTF indicated this industry involves reports oxycontin is frequently abused as a heroin substitute, and the drug has euphoric effects, mitigates pain, and decreases withdrawal effects associated with heroin abstinence. Oxycontin is produced in oral tablets but abusers often crush these to inhale the powder. Tablets also are dissolved in water and the solution is then injected. Other narcotic pharmaceutical drugs illegally distributed and sold include morphine, fentanyl, methadone, and codeine. All surveyed MJDTF also indicated xanax, a generic name for alprazolam, is a commonly abused pharmaceutical drug. Xanax is a sedative which possess anxiolytic, skeletal relaxant, and amnesic properties and its euphoric and sedative effects are the primary reasons for illicit use of this drug. Valium is another illegally distributed and sold pharmaceutical sedative.

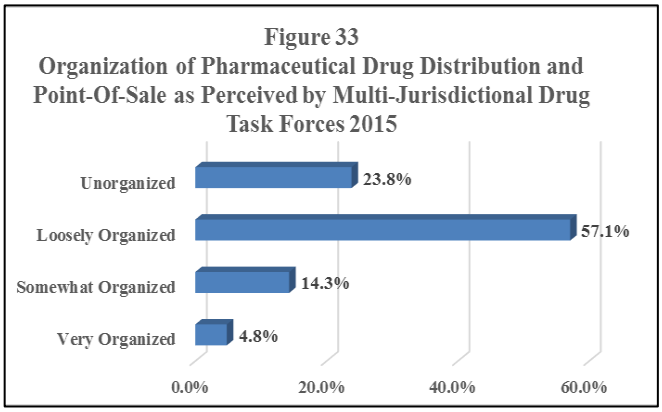
Table 33
Pharmaceutical Distribution and Point-Of-Sale Locations as Perceived by Multi-Jurisdictional Drug Task Forces
2015

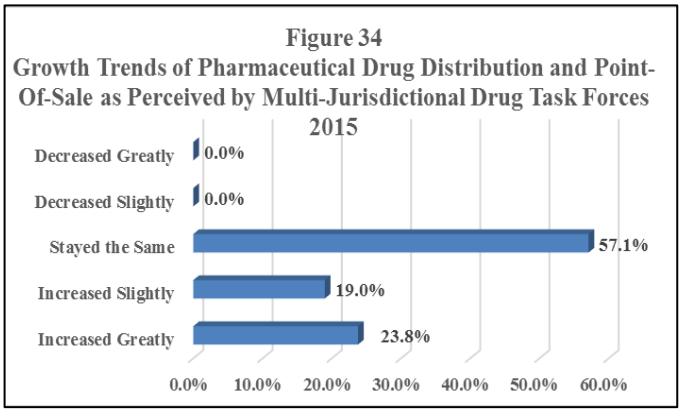
Private Residence	100.0%
Vehicle	95.2%
Street / Parking Lot	90.5%
Hotel / Motel	66.7%
Work Place	71.4%
Bars / Night Club	66.7%
Schools/Playground	52.4%

Table 34
Demographic Characteristics of Persons Involved in Pharmaceutical Distribution and Point-Of-Sale as Perceived by Multi-Jurisdictional Drug Task Forces
2015

Gender		
	Male	4.8%
	Female	4.8%
	Both	90.5%
Race		
	Caucasian	69.1%
	African American	18.2%
	Hispanic	9.6%
	Asian	2.1%
	Other	0.1%
Age Group		
	17 & Under	7.5%
	18 - 25	26.3%
	26 - 35	29.8%
	36 - 50	24.5%
	Over 50	11.9%

organized crime. Distribution and point-of-sale of pharmaceutical drugs is increasing in some areas of Missouri. Of the MJDTF indicating this industry is a major or moderate problem, 19% noted it is slightly increasing in their jurisdictions and 23.8% stated it is greatly increasing. All other MJDTF perceived this industry is not changing (Figure 34).





New Illicit Drugs

Over time new illicit drugs and support industries appear in Missouri. As part of their quarterly progress reports submitted to the DPS, Missouri crime laboratories were asked to identify new illicit drugs in processed cases. From a review of these reports it was determined that prevalence of use of several new illicit drugs is increasing in Missouri. A discussion of these drugs based on NDIC publications follow.

Club Drugs

Club drugs are commonly sold and abused at dance clubs by adolescents and young adults. Included in this new group of drugs are GHB, ketamine, rohypnol, benzylpiperizine (BZP), and TFMPP. Ecstasy, discussed previously, also is considered a club drug.

Because GHB and rohypnol have sedative properties, they have been used to facilitate sexual assaults. Victims are quickly rendered unconscious when they unknowingly ingest GHB or rohypnol that had been added to their drinks by an offender. Once consciousness is regained, victims have no memory of the assault and only a sense they were sexually violated.

With the exception of xyrem available by prescription, GHB is an illegal substance produced in domestic and foreign laboratories. GHB is known to be produced in Florida, Nevada, Texas, Oregon, and the Midwest. Foreign GHB is produced in Canada, Mexico, Europe, and Israel. Rohypnol is sold legally in several foreign countries including Mexico. Rohypnol is taken orally as tablets or crushed into powder and inhaled nasally or dissolved in liquid for injection.

Benzylpiperizine is often sold as a dietary supplement but has no dietary value. Retailers claim that BZP is a “natural” product, describing it as an “herbal high”, when in fact it is entirely synthetic and has not been found to occur naturally. BZP is a recreational drug with euphoric stimulant properties. BZP produced effects are comparable to those produced by amphetamines.

Ketamine is legally used in veterinary medicine as a rapidly acting preoperative anesthetic and for emergency surgeries. In addition to its analgesic properties, ketamine is known to affect users as a stimulant, depressant, and hallucinogenic. It is produced legally in the U.S., Belgium, China, Colombia, Germany, and Mexico. Because it is very difficult to produce in clandestine laboratories, ketamine is obtained by theft from domestic and foreign veterinary offices or smuggled into the U.S. from Mexico.

Cathinone

Cathinone, also known as khat, is a Schedule 1 substance obtained from the fresh leaves of a flowering evergreen shrub native to Northeast Africa and the Arabian Peninsula. Leaves are chewed quickly, usually within 48 hours following harvest because of the plant's limited shelf life. After this time period the leaves turn into cathine, a Schedule IV drug. Ingestion of the drug increases heart rate, blood pressure and reportedly sharpens concentration and increases energy. When chewed in moderation, khat alleviates fatigue and reduces appetite.

Immigrants to the U.S. from Somalia, Ethiopia, and Yemen typically use khat casually or as part of religious ceremonies. Other demographic groups have been reported to use the drug and it is expected to become increasingly available. However, because of its less appealing effects and short period of potency, popularity of this drug has been limited.

Salvia

Salvinorin A is a hallucinogen derived from the herb *Salvia Divinorum*, a member of the mint family native to Oaxaca, Mexico. While not native to the U.S., it has been grown both indoors and outdoors in Hawaii and California. Salvinorin A is ingested by smoking or chewing the plant or by drinking brewed tea. The plant is typically purchased on the Internet from retailers in California, Hawaii, Missouri, New York, Washington, and Wisconsin. Although the drug is widely available, its popularity has not increased because of its antisocial hallucinogen effects.

Alkyl Nitrates

Alkyl nitrates, once used to medicinally ease chest pains or angina, are now inhaled recreationally. They are distributed in small bottles filled with liquid alkyl nitrates which are broken and then inhaled, leading to their street name of poppers or snappers. Unlike other inhalants that act directly on the central nervous system, alkyl nitrates act primarily to dilate blood vessels and relax muscles. And while other inhalants are used to alter mood, nitrates are used primarily as sexual enhancers. Some people use Viagra along with poppers regardless of the lethal risks associated with this combination of drugs.

K2

K2 is a mixture of herbs and spices that is sprayed with synthetic cannabinoids. It is known by several names such as Summit, Standard, and Citron. When smoked, the mixture produces effects similar to those of cannabis although it has been reported to have effects more comparable to methamphetamine. Some side effects reported by users include vomiting, rapid heartbeat, dangerous elevated blood pressure and hallucinations. However, K2 has not been tested on humans so all related side effects of the drug are unknown. Although K2 is legal in most states, Kansas and Missouri have passed legislation to illegalize it. In 2010 the 95th Missouri General Assembly passed House Bill (HB) 1472 that added K2 (1-pentyl-3-(1-naphtholy)indole) to the Schedule 1 controlled substances list.

Mescaline

Mescaline (3, 4, 5-trimethoxyphenethylamine) is a substance that is contained in tops of peyote cactus plants. The drug is obtained by cutting the top of the cactus plant and removing the oval "buttons" contained in the cactus crown. These brown oval buttons are then dried and consumed by either smoking or chewing the substance. The substance can also be soaked in water creating an intoxicating liquid. The affects of peyote is visual hallucinations and users can experience a dream like state of mind. Side effects of the drug include an increased heart rate, vomiting, headaches, and dizziness.

Bath Salts

Ingestion of bath salt has emerged as a new trend among young adults and teens. According to the NIDA, synthetic powders can be obtained on-line or from drug paraphernalia stores under the names of "Ivory Wave", "Purple Wave", "Red Dove", "Blue Silk", "Zoom", "Bloom", "Cloud Nine", "Ocean Show", "Lunar Wave", "Vanilla Sky", "White Lightning", "Scarface", and "Hurricane Charlie". Bath salts often contain various amphetamine-like chemicals, such as methylenedioxypyrovalerone (MPDV), mephedrone and pyrovalerone. They are typically taken orally, inhaled, or injected. Because use of this drug is relatively new, short and long term affects the drug are not well documented but chest pain, increased blood pressure, increased heart rate, agitation, hallucinations, extreme paranoia, and delusions have been reported.

VIOLENT CRIME IN MISSOURI

Crime and the threat of being victimized have a continuing impact on Missouri citizens. In a public opinion survey conducted by the MSHP in 2011, Missouri citizens were asked to rank ten social issues facing America in order of importance. These issues were analyzed based on their being ranked as one of the top three problem areas in the nation (i.e., ranked 1, 2, or 3). In 2011, crime was considered the most important social issue followed by problems relating to the economy and public education. Responses to a similar 2008 survey were quite different in ranking than 2011. In 2008, crime was considered the most important social issue followed by drug abuse and health care.

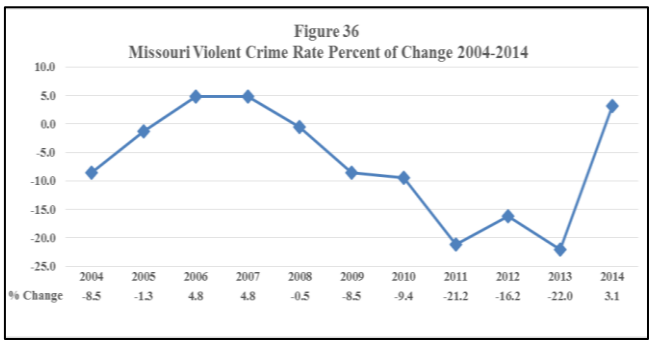
In the same 2011 survey respondents also were asked the extent to which they were concerned about being victimized by crime. Of the respondents 40.0% indicated they were seriously or moderately concerned about being victimized by crime in their residence or neighborhood. Also, respondents were concerned about being victimized by crime while traveling Missouri roadways. Of the total, 40.2% indicated they were seriously or moderately concerned. An even higher proportion was concerned about being involved in a traffic accident while traveling on Missouri roadways. Of the total, 40.3% indicated they were seriously or moderately concerned. One of the primary sources of data related to the occurrence of violent crime in Missouri is the Missouri Uniform Crime Reporting (UCR) Program. This information system contains data on the number of violent crimes reported to police as well as arrests made for violent crime incidents. In 2001, reporting to the UCR Program became mandatory for all Missouri law enforcement agencies. Law enforcement agencies' compliance to this mandate is nearly 100%.

In the UCR Program, eight major offenses are used to measure the magnitude of crime. These offenses are included because of their frequency of occurrence and the fact they are most likely to be reported to law enforcement agencies. These eight offenses are: murder, forcible rape, robbery, aggravated assault, burglary, theft, motor vehicle theft, and arson. The first four make up the Violent Crime Index which is discussed here.

Violent Crime

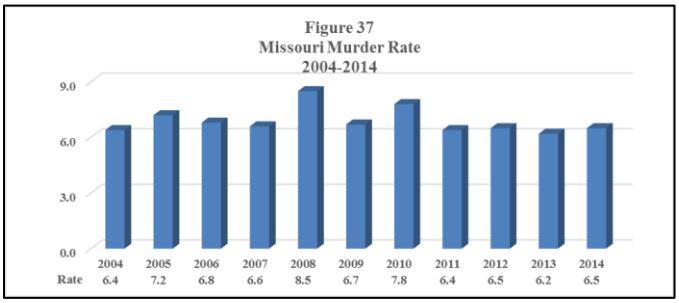
In 2014, 26,832 violent crime index offenses occurred in the State of Missouri.

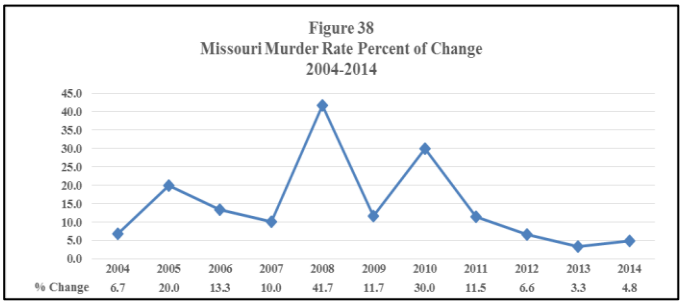
On a per 100,000 population basis, 431.5 violent crime index offenses were committed in 2014. Comparing the 2014 violent crime rate with 2013 (431.5 vs. 418.7), Missouri experienced a 3.1% increase (Figure 35). Comparing annual rates of change in violent crime since 2004, Missouri experienced a 12.1% decrease in violent crime on a per 100,000 population basis in 2014 (Figure 36).



Murder

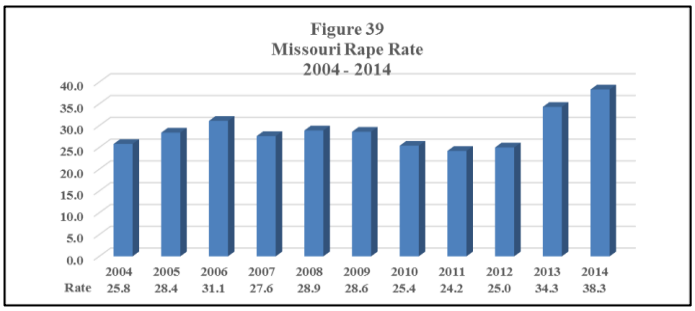
Although murder is the least frequently occurring violent index offense, it is the most important since loss of life is involved. Since 2004, the murder rate has stayed relatively the same except for some increases in 2008 and 2010. (Figure 37). The murder rate increased from 6.2 in 2013 to 6.5 in 2014, a 4.8% increase. Comparing annual percent's of change for this offense since base year 2004, Missouri experienced a 1.6% decrease in 2014 (Figure 38).





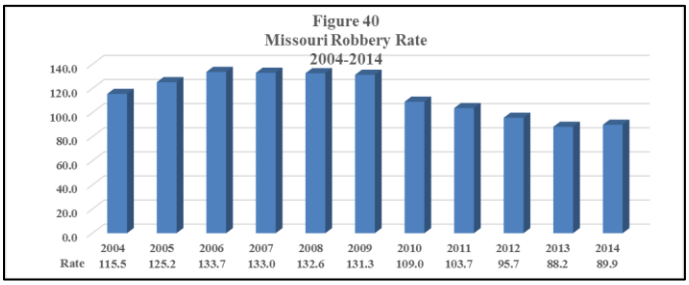
Rape

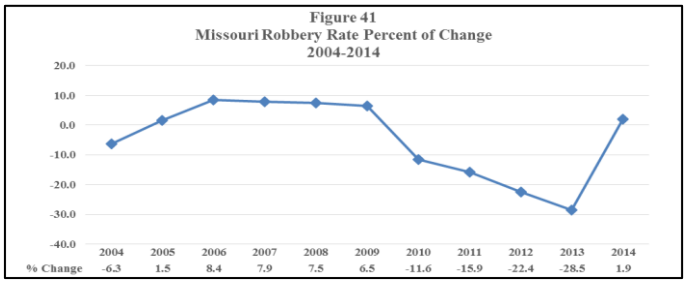
In 2004, the rape offense rate per 100,000 populations was 25.8 (Figure 39). An examination of the long-term trends associated with this offense shows an increase from 2004 through 2006 and then deceases from 2008 through 2011. The rape rate slightly decreased in 2007 and again from 2009 through 2011 and then increased slightly in 2012. However, the rape definition changed in 2013 which added more rape incidents. Therefore, it is not recommended to compare 2004 through 2012 numbers with 2013 and 2014 numbers.



Robbery

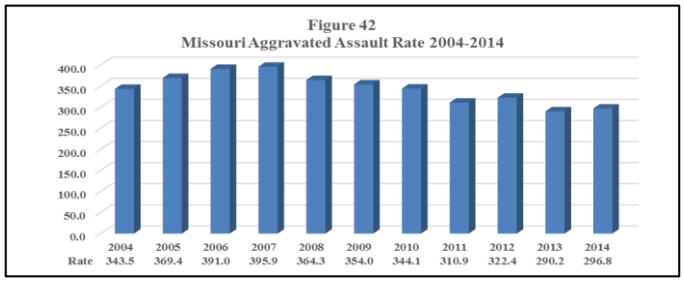
The robbery offense rate per 100,000 populations was 115.5 in 2004 (Figure 40). It is apparent from examination of the long-term trends of robbery offense rates per 100,000 populations increased from 2004 through 2006 but have generally decreased from that year through 2013 with a slight increase in 2014. When compared to base year 2004, Missouri has experienced an overall 22.2% decrease in its robbery rate in 2014 (Figure 41).

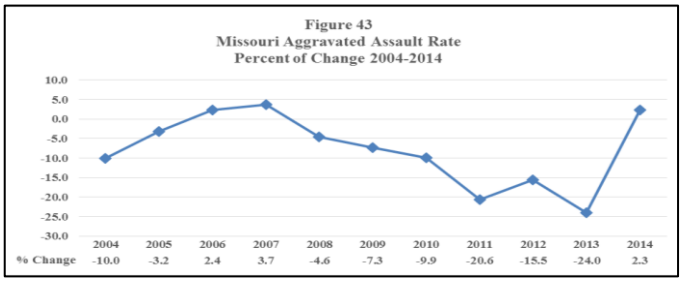




Aggravated Assault

Missouri experienced 296.8 aggravated assaults per 100,000 in 2014 (Figure 42). When examining long-term trends using 2004 as a base year, aggravated assault rates have fluctuated. In 2014 however, Missouri experienced a 2.3% increase in aggravated assaults compared to 2013. However compared to 2004, Missouri had a 13.6% decrease in this offense type in 2014 (Figure 43).





SECTION III: Problem Areas and Responses

The state of Missouri is not unique to the problem areas that exist nationwide as it relates to crime and illicit drug use. State and local government entities continue to experience decreasing budgets but increasing demand for criminal justice services. As the country's economy suffers, law enforcement agencies continue to experience an increase in drug arrests, as well as drug seizures and drug trafficking throughout the state. In addition, law enforcement agencies are experiencing an increase in child abuse and an increase in youth participants in the use and sale of illicit drugs, as well as the use of alcohol. Drugs are being transported from other countries and other states to the state of Missouri. Efforts to combat illicit drug use, and the violent crime that often accompanies such drug use, however, continues to be addressed in a reactive manner due to limited manpower and resources. These reactive actions are operated in a status quo fashion, with limited innovative or aggressive philosophy in the approach to crime and drug-related issues. A need exists to develop juvenile treatment and intensive supervision programs within the Missouri Division of Youth Services, continue adult drug treatment programs within the Missouri Department of Corrections, and add court-supervised drug treatment programs, which would be an alternative to incarceration, but adequate local, state, and federal funding is not available to make all of this possible. With the increase in drug arrests and seizures, the prosecution and court programs are experiencing an increase in filing of drug-related charges and the crime laboratories are experiencing an increase in caseload, which results in an increase in backlog as well. The state of Missouri also faces a need for uniform reporting standards. The current reporting practices are untimely and inadequate, which results in incomplete criminal histories with the current reporting methods.

These problem areas are a perpetual cycle and have an effect on all sectors of the criminal justice system in Missouri.

While other states have discontinued using JAG funds to fund drug task forces, the state of Missouri continues to support this purpose area. Critics have long argued that they are a legacy program and are preventing other innovative programs from receiving funding, but the Missouri Department of Public Safety believes the role of the drug task forces in the state of Missouri is paramount. The JAG program is the only source of federal funding for drug task force projects, and as such, Missouri has continued to award monies for this purpose area.

Through FY14, there has never existed a universal means to "grade" the performance of each drug task force. Missouri has a very diverse geographical make-up, and consequently each drug task force has molded over the years based on their area of operation and available resources. Several of the drug task forces are operated by their parent Sheriff's Office. Several other drug task forces are operated by the Missouri State Highway Patrol. A handful of drug task forces are independent, relying solely on private sources for their funding, such as grant monies, federal forfeitures, and member contributions. There also exist one (1) metropolitan drug task force operated under a Board of Police Commissioners and one (1) drug task force operated by the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF). With these varying operations, the focus of any particular Missouri drug task forces varies from street-level to mid-level to high-level narcotic activities. In addition, only half of the drug task forces in Missouri have partnerships with other federal agencies, such as, but not limited to, the ATF, FBI, DEA, or HIDTA. These partnerships offer additional resources (personnel, intelligence, and financial), but not all Missouri drug task forces are able to establish these partnerships due to a lack of interstate and population in their service area. Not all Missouri drug task forces are able to obtain support from their member agencies either. The member agencies expect narcotic surveillance and enforcement in their area but are unable to contribute any means of resources to the cause due to decreasing local budgets and the loss of department personnel.

In response to decreases in federal JAG funding and increased criticism of requests for state funding to supplement the federal JAG funding, the Missouri Department of Public Safety began discussions in FY14 to evaluate the JAG program and to identify any shortfalls that existed with the funded projects.

On June 20, 2013, the Missouri Department of Public Safety held a meeting in Jefferson City with the drug task force commanders to discuss changes to the quarterly Status Report. The template that had been used was

outdated. The Missouri Department of Public Safety sought recommendations for changes and assistance in clarifying the questions and instructions to ensure the verbiage was appropriately worded for law enforcement use. During this meeting, it was identified that the drug task forces had been reporting differently than one another for many, many years. As changes in personnel occurred within the drug task forces, the questions were being interpreted differently, and the data sets were not allowing for the appropriate responses.

On August 7, 2013, the Missouri Department of Public Safety held a follow-up meeting in Jefferson City with the drug task force commanders to discuss the changes that had been proposed during the June 20, 2013 meeting and also to provide information about the upcoming fiscal year funding.

On August 22, 2013, the Missouri Department of Public Safety contacted the Missouri Sheriffs Association (MSA), Missouri Police Chiefs Association (MPCA), Missouri State Highway Patrol (MSHP), and Missouri Narcotic Officers Association (MNOA) in search of volunteers to assist with the review process of the FY14 drug task force applications. A total of 10 persons (3 Sheriffs, 3 Police Chiefs, 2 Highway Patrol representatives, and 1 MNOA representative) were identified and eventually would be coined the "DTF Advisory Group".

On September 18, 2013, the Missouri Department of Public Safety and the DTF Advisory Group met to make funding recommendations for the FY14 State JAG applications. From this grant review meeting, the Missouri Department of Public Safety began instilling its prior areas of funding to include: 1) licensed police officers dedicating their work to investigating narcotic crimes, 2) vehicles used by the aforementioned officers, 3) fuel for the vehicles used by the aforementioned officers, and 4) insurance for the vehicles used by the aforementioned officers. In addition, the average salary of a narcotic officer in Missouri was considered. It was determined to limit the salary funding to $47,050 with fringe benefits of no more than 40% of salary. It was during this period that the Missouri Department of Public Safety also discontinued the use of grant funding for confidential funds. Lastly, positions that provide intelligence and/or evidence support would be considered for the grant year but may not receive continued funding in future years. Overall, these difficult funding decisions will become the basis for funding decisions in the future fiscal years and will steer the restructuring vision for the drug task force projects in the future fiscal years.

On October 18, 2013, during the MNOA Conference, the Missouri Department of Public Safety met with the drug task force commanders at Lake Ozarks, MO. During this meeting, discussions were held regarding the need to implement statewide changes to ensure successful, evidence-based practices were being utilized and to ensure a continuation of funding for drug task force projects. It was recognized that these changes would not occur overnight but rather that Missouri would embark on a 3-year plan to implement such changes. The discussion included, but was not limited to, the need to demonstrate that federal and state funding was benefiting the entire state, minimum performance metrics by which to evaluate the drug task force projects, increased information sharing and collaboration amongst the drug task forces, increased public awareness and public education, and creation of a source of revenue for continued and/or supplemental funding for the drug task forces.

With the announcement of a 3-year plan, the Missouri Department of Public Safety identified the following outline:

- Year 1 (FY14) – develop statewide goals and objectives by which all JAG-funded drug task forces should strive to accomplish. These goals and objectives, along with their purpose, would be shared with the drug task forces.
- Year 2 (FY15) – the 2014 JAG funding opportunity would collect information relating to the status of the drug task force projects in meeting (or taking action to meet) the new goals and objectives. Upon collection of the responses, the goals and objectives would be re-evaluated to determine if revisions were necessary. Feedback would be provided to the drug task forces during the regional quarterly meetings and the semi-annual commander meetings to ensure the drug task force commanders were aware of their standing as compared to the state.

- Year 3 (FY16) – the 2015 JAG funding opportunity would collect information relating to the status of the drug task force projects in meeting (or taking action to meet) the revised goals and objectives. Funding decisions would be made based on the responses and actions (or lack thereof) taken to meet the statewide goals and objectives.

During Year 1 (FY14), the following activity occurred:

The Missouri Department of Public Safety and the DTF Advisory Group met during December 2013, January 2014, and February 2014 and developed the following goals and objectives:

I. Goal #1 – Collaboration with Other Law Enforcement Agencies

A. Objective #1 – Coverage and Collaboration

1. Does the project serve a county or city not previously served by a drug task force?
2. Is there a county or city within or contiguous to the project service area not served by a drug task force?
    - If Yes, identify the area(s) not served and the reasoning.
    - If No, explain.
3. Does the project have a minimum of 10 agencies (not including a Prosecutor's Office) signing its Memorandum of Understanding (MOU)?
    - If Yes, identify each of the signing agencies.
    - If No, identify each of the signing agencies and explain why the project does not have 10 signers.
4. Does the task force actively engage with a prosecutor in the service area?
    - If Yes, explain.
    - If No, explain the plan to become more actively involved with a prosecutor(s) in the service area.

B. Objective #2 – Investment

1. Do all of the agencies signing the MOU contribute resources (personnel, currency, equipment, fuel, office space, etc) to the task force?
    - If Yes, explain.
    - If No, identify the agencies that do not contribute and the reasoning.

C. Objective #3 – Deconfliction

1. Has the task force adopted a standard operating procedure for the de-confliction of all cases, to include when to deconflict, how to deconflict, and through which means?
    - If Yes, explain.
    - If No, identify the plan to implement such procedure.

D. Objective #4 – Information Sharing

1. Has the task force adopted a standard operating procedure for information sharing to include how information will be shared?
    - If Yes, explain.
    - If No, identify the plan to implement such procedure.
2. Does the task force participate in quarterly regional meetings?
    - If Yes, explain.
    - If No, identify the plan to coordinate and/or participate in quarterly regional meetings.
3. Does the task force participate in semi-annual statewide drug task force commander (OIC) meetings?
    - If Yes, explain.
    - If No, identify the plan to participate in semi-annual statewide meetings.

II. Goal #2 – Minimum Standards

A. Objective #1 - Standard Operating Procedures (SOPs)

1. Has the task force adopted a SOP for the hiring/selection of personnel?
   - If Yes, identify the name and/or number of the SOP.
   - If No, identify the plan to implement such procedure.
2. Has the task force adopted a SOP for the development and use of informants?
   - If Yes, identify the name and/or number of the SOP.
   - If No, identify the plan to implement such procedure.
3. Has the task force adopted a SOP for the collection and storage of evidence?
   - If Yes, identify the name and/or number of the SOP.
   - If No, identify the plan to implement such procedure.

B. Objective #2 – Minimum Training

1. Have all narcotic officers received Basic Narcotic School (1 week) and Advanced Narcotic School (1 week) training?
   - If Yes, identify the training provider(s).
   - If No, identify the plan to obtain such training.
2. Have all narcotic officers received Clandestine Meth Lab Certification (1 week)?
   - If Yes, identify the training provider(s).
   - If No, identify the plan to obtain such training.

III. Goal #3 – Prevention and Education Activities

A. Objective #1 – Prevention

1. What is the task force's level of involvement in community prevention programs?
   Community prevention programs include, but are not limited to, coalitions, prescription take-back events, neighborhood watch programs, and town hall meetings. Where applicable, describe the prevention programs(s) for which the task force is involved and the level of involvement by the task force. The level of involvement should be based on whether the task force coordinates the program, assists in the coordination of the program, or merely participates in the already coordinated program.

B. Objective #2 – Education

1. What is the task force's level of involvement in education/training programs?
   Education/training programs include, but are not limited to, programs, presentations, and fair/expo booths for businesses, civic organizations, government organizations, law enforcement agencies, libraries, parents, students, teachers, etc. Where applicable, describe the prevention education/training program(s) for which the task force is involved and the level of involvement by the task force. The level of involvement should be based on whether the task force coordinates the program, assists in the coordination of the program, or merely participates in the already coordinated program.

C. Objective #3 – Rehabilitation

1. What is the task force's level of involvement in rehabilitation programs?
   Rehabilitation programs include, but are not limited to, drug court and treatment programs. Where applicable, describe the rehabilitation programs(s) for which the task force is involved and the level of involvement by the task force. The level of involvement should be based on whether the task force coordinates the program, assists in the coordination of the program, or merely participates in the already coordinated program.

On March 11, 2014, the Missouri Department of Public Safety and DTF Advisory Group held a teleconference with Bob Bushman, former Statewide Gang and Drug Task Force Coordinator for the Minnesota Department of Public Safety. Mr. Bushman was highly involved in the reorganization of the drug task forces in Minnesota. During this

meeting, the Missouri Department of Public Safety and DTF Advisory Group gathered valuable information and confirmed the actions that have been taken to date have been appropriate.

During the month of March 2014, the drug task forces began hosting regional information sharing meetings. In addition to the drug task force commanders, these meetings were attended by the Deputy Director and/or the Assistant Program Manager from the Missouri Department of Public Safety. These regional meetings were the first time that many of the drug task force commanders met in small groups to share information regarding their operations, deconfliction practices, obstacles, best practices, etc.

On March 25, 2014, during the MNOA Conference, the Missouri Department of Public Safety again met with the drug task force commanders at Lake Ozarks, MO. During this meeting, the newly adopted statewide goals and objectives were discussed in more detail.

On May 13, 2014, the Missouri Department of Public Safety and DTF Advisory Group held a teleconference with Kevin Frampton, Missouri Program Coordinator with Midwest HIDTA. Mr. Frampton provided important information to the DTF Advisory Group regarding HIDTA grant requirements about co-locating of offices and commingling of federal assistance. These requirements would limit, but not completely hinder, the efforts of the newly established statewide goals and objectives.

Then during Year 2 (FY15), the following activity occurred:

On July 2, 2014, the Missouri Department of Public Safety and DTF Advisory Group held a teleconference to prepare for the upcoming grant review process.

On August 1, 2014, the Missouri Department of Public Safety and DTF Advisory Group convened for the 2014 JAG funding opportunity grant review meeting. A total of 24 applications requesting over $7 million were reviewed. The amount of monies available for drug task force projects from the federal JAG program totals approximately $3 million. The Governor requested $2.5 million for FY15 to supplement the decreasing federal dollars, however, only $1.5 million was ultimately appropriated. Of the $1.5 million approved, $500,000 was restricted as a result of budget shortfalls but later released in February 2015. Because of the significant reductions in funding for the drug task force projects, less than $4.5 million was available to fund the 24 drug task forces' $7 million requests.

On October 30, 2014, the Missouri Department of Public Safety met with the drug task force commanders during the MNOA Conference at Lake Ozarks, MO. During this meeting, the 3-year plan and 2014/2015 funding levels were reviewed. The attendees also discussed changes that had occurred in the drug task force service areas from 2013 to 2014 and reviewed a sample of Standard Operating Procedure (SOP) best practices. The meeting ended with discussion on the regional quarterly meetings and expectations for Year 3 (FY16).

On March 11, 2015, the Missouri Department of Public Safety and DTF Advisory Group met to discuss changes to the statewide goals and objectives created in 2014. As a result of this meeting, the following statewide goals and objectives were adopted for use with the 2015 JAG funding opportunity:

I. Goal #1 – Collaboration with Other Law Enforcement Agencies

A. Objective #1 – Coverage and Collaboration

1. Will the project serve a county not served by a JAG-funded drug task force during the 2014/2015 grant year?
    - If Yes, identify the county(s).
    - If No, explain.
2. Is there a county contiguous to the project service area not served by a JAG-funded drug task force?
    - If Yes, identify each county and why the county is not served by a JAG-funded drug task force.
    - If No, identify which JAG-funded drug task force(s) serves the contiguous county(s).

3. Does the project have a minimum of 10 governmental subdivisions signing its Memorandum of Understanding (MOU)?
   Please note: multiple signers within a city (e.g. Police Department, Fire Department, etc) represent 1 city subdivision, and multiple signers within a county (e.g. Sheriff's Office, Prosecutor's Office, Park Rangers, Emergency Management Agency, etc) represent 1 county subdivision. Likewise, multiple signers within state government (e.g. Highway Patrol, Department of Natural Resources, Department of Conversation, National Guard, etc) represents 1 state subdivision, and multiple signers within federal government (e.g. DEA, Postal Inspectors, Forest Service, etc) represent 1 federal subdivision.
   - If Yes, list each of the MOU signing agencies.
   - If No, list each of the MOU signing agencies. Then, explain why the project does not have 10 governmental subdivision signers.
4. Does the task force actively engage with a prosecutor(s) or other attorney(s) for representative or legal advice on task force policies, procedures, and operations?
   - If Yes, identify the prosecutor(s) or other attorney(s) and describe the nature of such services.
   - If No, explain the plan to become more actively involved with a prosecutor or other attorney for representation or legal advice on task force policies, procedures, and operations.

B. Objective #2 – Investment

1. Do all of the agencies signing the MOU contribute resources (personnel, currency, equipment, fuel, office space, etc) to the task force?
   - If Yes, list each of the signing agencies and their respective contributions.
   - If No, list each of the signing agencies and their respective contributions. Then, list each of the signing agencies that do not contribute and clarify the reason each does not contribute.

C. Objective #3 – Deconfliction

1. Has the task force adopted a standard operating procedure for the deconfliction of all cases, to include when to deconflict, how to deconflict, and through which means to deconflict?
   - If Yes, identify the policy name and policy number (where both exist).
     A copy of the policy (or policy segment) must be provided on the Required Attachments form.
   - If No, explain the plan to implement such procedure.

D. Objective #4 – Information Sharing

1. Has the task force adopted a standard operating procedure for information sharing with other JAG-funded drug task forces, to include how information will be shared?
   - If Yes, identify the policy name and policy number (where both exist).
     A copy of the policy (or policy segment) must be provided on the Required Attachments form.
   - If No, explain the plan to implement such procedure.
2. Does the task force participate in quarterly regional meetings (not including the semi-annual OIC meetings) with other JAG-funded drug task forces coordinated by a JAG-funded drug task force(s)?
   - If Yes, identify the date and location, as well as provide a list of other participants, of each meeting for the period of March 2014 to present.
   - If No, explain the plan to coordinate and/or participate in quarterly regional meetings with other JAG-funded drug task forces.
3. Does the task force participate in semi-annual statewide drug task force commander (OIC) meetings hosted by the Department of Public Safety?
   - If Yes, identify the date of each meeting attended for the period of October 2013 to present.
   - If No, explain the plan to participate in semi-annual statewide meetings hosted by DPS.

II. Goal #2 – Minimum Standards

A. Objective #1 - Standard Operating Procedures (SOPs)

1. Has the task force adopted a SOP for the hiring/selection of personnel?
   - If Yes, identify the policy name and policy number (where both exist).

A copy of the policy (or policy segment) must be provided on the Required Attachments form.
    - If No, explain the plan to implement such procedure.
2. Has the task force adopted an SOP for informants, to include the development and use of informants?
    - If Yes, identify the policy name and policy number (where both exist).
    - If No, explain the plan to implement such procedure.
3. Has the task force adopted an SOP for storage of evidence?
    - If Yes, identify the policy name and policy number (where both exist).
      A copy of the policy (or policy segment) must be provided on the Required Attachments form.
    - If No, explain the plan to implement such procedure.

B. Objective #2 – Minimum Training

1. Have all task force officers received a minimum 30 hour, accredited basic narcotic training course?
    - If Yes, identify the training course(s) and respective provider(s).
    - If No, explain the plan to obtain such training or an alternative training course.
2. Have all task force officers received a minimum 24 hour, accredited advanced narcotic training course that covers surveillance, undercover buys, and confidential informant management?
    - If Yes, identify the training course(s) and respective provider(s).
    - If No, explain the plan to obtain such training or an alternative training course.
3. Have all task force officers received Clandestine Meth Lab Certification (and as applicable Re-Certification)?
    - If Yes, identify the training course(s) and respective provider(s).
    - If No, identify the plan to obtain such training or explain why clandestine meth lab certification is not necessary for a task force officer(s).

III. Goal #3 – Prevention and Education Activities

A. Objective #1 – Prevention

1. What is the task force's level of involvement in community prevention programs?
   Community prevention programs include, but are not limited to, coalitions, prescription take-back events, neighborhood watch programs, and town hall meetings. Where applicable, describe the prevention programs(s) for which the task force is involved and the level of involvement by the task force. The level of involvement should be based on whether the task force coordinates the program, assists in the coordination of the program, or merely participates in the already coordinated program.

   If the task force is not involved in a community prevention program(s), please explain why.

B. Objective #2 – Education

1. What is the task force's level of involvement in education/training programs?
   Education/training programs include, but are not limited to, programs, presentations, and fair/expo booths for businesses, civic organizations, government organizations, law enforcement agencies, libraries, parents, students, teachers, etc. Where applicable, describe the prevention education/training program(s) for which the task force is involved and the level of involvement by the task force. The level of involvement should be based on whether the task force coordinates the program, assists in the coordination of the program, or merely participates in the already coordinated program.

   If the task force is not involved in education/training program(s), please explain why.

C. Objective #3 – Rehabilitation

1. What is the task force's level of involvement in rehabilitation programs?

Rehabilitation programs include, but are not limited to, drug court and treatment programs. Where applicable, describe the rehabilitation programs(s) for which the task force is involved and the level of involvement by the task force. The level of involvement should be based on whether the task force coordinates the program, assists in the coordination of the program, or merely participates in the already coordinated program.

If a task force is not involved in a rehabilitation program(s), please explain why.

On March 24, 2015, during the MNOA Conference, the Missouri Department of Public Safety met with the drug task force commanders at Lake Ozarks, MO. During this meeting, the newly edited statewide goals and objectives were discussed in more detail.

SECTION IV: Strategic Plan Implementation Status

Implementation of the 2014 JAG funding year began with the review of forty-two (43) requests for funding. Of these, twenty-four (24) applications were submitted under the 2014 JAG DTF funding opportunity and eighteen (18) applications were submitted under the 2014 JAG Non-DTF funding opportunity. The JAG DTF applications were reviewed by the DPS – CJ/LE Program staff and the DTF Advisory Group on August 1, 2015. The JAG Non-DTF applications were reviewed by the DPS – CJ/LE Program staff during July 2015. Twenty-eight (28) grant awards were made to state and local recipients in the amount of $4,227,259.93 for the 12-month contract period of July 1, 2014 to June 30, 2015.

In addition, two hundred forty-eight (248) requests for funding were received through the 2015 LLEBG Program, a 27% increase. These project applications were reviewed on October 16-17, 2014 by a grant review committee consisting of the DPS – CJ/LE Program staff and individuals from criminal justice agencies. The grant evaluation process was competitive in nature, and only those grant applications determined to coordinate with the goals and objectives of the statewide strategy with an emphasis on officer safety were considered for funding. One hundred twelve (112) grant awards were made to local recipients in the amount of $735,250.86 for the 6-month contract period of January 1, 2015 to June 30, 2015.

Following is a brief summary on each category funded through the DPS - CJ/LE Program during the FY15 funding cycle.

Law Enforcement Programs

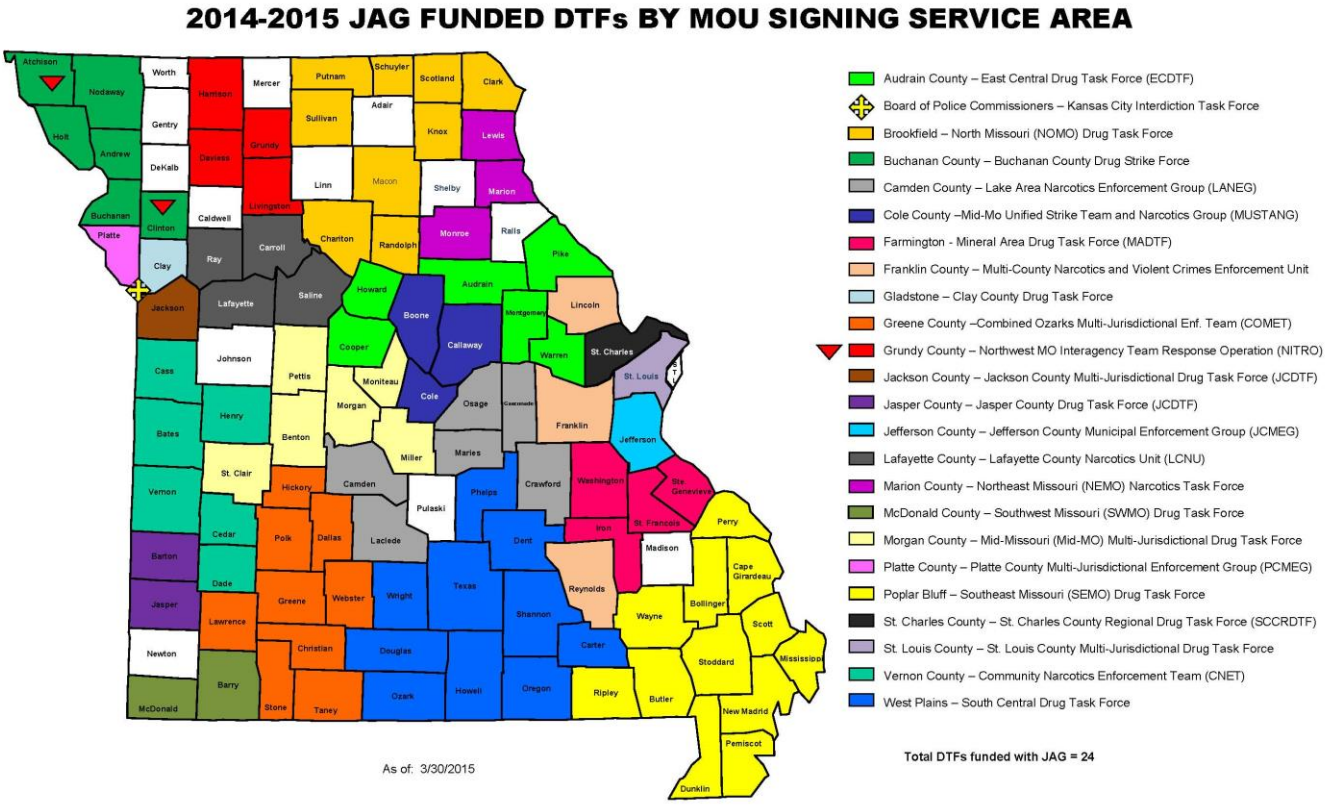
Under the 2014 JAG DTF funding opportunity, the CJ/LE Program awarded $3,050,001.50 to twenty-four (24) multi-jurisdictional drug task forces. Under the 2014 JAG Non-DTF funding opportunity, the CJ/LE Program awarded $121,270.78 to one (1) multi-agency law enforcement group. The two funding opportunities totaled $3,171,272.28.

The following Multi-Jurisdictional Drug Task Forces were funded in FY15:

1. Audrain County - East Central Drug Task Force (ECDTF)
2. Board of Police Commissioners - Kansas City Interdiction Task Force
3. Brookfield - North Missouri Drug Task Force (NOMO)
4. Buchanan County Drug Strike Force
5. Camden County - Lake Area Narcotics Enforcement Group (LANEG)
6. Cole County - Mid-Missouri Unified Strike Team And Narcotics Group (MUSTANG)
7. Farmington City - Mineral Area Drug Task Force (MADTF)
8. Franklin County - Multi-County Narcotics and Violent Crimes Enforcement Unit (MCNVCEU)
9. Gladstone - Clay County Drug Task Force
10. Greene County - Combined Ozarks Multi-Jurisdictional Enforcement Team (COMET)
11. Grundy County - Northwest Missouri Interagency Team Response Operation (NITRO)
12. Jackson County Multi-Jurisdictional Task Force
13. Jasper County Drug Task Force (JCDTF)
14. Jefferson County Municipal Enforcement Group (JCMEG)
15. Lafayette County Narcotics Unit Task Force
16. Marion County - Northeast Missouri (NEMO) Narcotics Task Force
17. McDonald County - Southwest Missouri (SWMO) Drug Task Force
18. Morgan County - Mid-Missouri (Mid-MO) Multi-Jurisdictional Drug Task Force
19. Platte County Multi-Jurisdictional Enforcement Group (PCMEG)
20. Poplar Bluff City - Southeast Missouri (SEMO) Drug Task Force
21. St. Charles County Regional Drug Task Force (SCCRDTF)
22. St. Louis County Multi-Jurisdictional Drug Task Force

23. Vernon County - Community Narcotics Enforcement Team (CNET)
24. West Plains City - South Central Drug Task Force

Of the 114 counties in the state of Missouri, 100 were active participants/members of these multi-jurisdictional enforcement efforts during the FY15 funding opportunity:



Under the 2015 LLEBG funding opportunity, the CJ/LE Program awarded $735,250.86 to one hundred twelve (112) law enforcement agencies. The LLEBG Program is a vital funding mechanism for law enforcement. Short-term contracts are awarded from the less than $10,000 portion of the JAG Program for purchase of basic law enforcement and officer safety equipment that will enable Missouri law enforcement to meet their local needs. Such items include, but are not limited to light bars, sirens, mobile and portable radios, flashlights, handcuffs, protective clothing, ballistic vests, car cages, in-car cameras, locks, and trauma kits. The breakdown of requested and awarded equipment items is as follows:

2015 LLEBG/JAG Requested Equipment		
(federal and local match shares combined)		
Item	**Quantity**	**Amount**
Vehicles	27	$ 254,019.33
Light Bars/Lights	344	$ 174,110.47
Siren/Siren Box	74	$ 38,342.11
Flashlights	359	$ 49,738.76
Ballistic Vests	390	$ 225,050.85
Protective Clothing	382	$ 29,467.12
In-Car Cameras	144	$ 343,679.71
Body Cameras	505	$ 317,335.53
Radios/Repeaters	226	$ 322,778.74
Cages/Partitions	52	$ 43,518.52
Trauma Kits	336	$ 28,758.51
Misc.	1,170	$ 317,687.52
TOTAL	**4,009**	**$ 2,144,487.17**

2015 LLEBG/JAG Awarded Equipment		
(federal and local match shares combined)		
Item	**Item**	**Item**
Vehicles	10	$ 97,361.19
Light Bars/Lights	242	$ 115,311.72
Siren/Siren Box	50	$ 26,107.82
Flashlights	151	$ 16,663.45
Ballistic Vests	184	$ 118,192.02
Protective Clothing	212	$ 17,338.46
In-Car Cameras	0	$ -
Body Cameras	67	$ 45,530.38
Radios/Repeaters	102	$ 161,004.60
Cages/Partitions	45	$ 39,583.92
Trauma Kits	176	$ 11,629.07
Misc.	527	$ 86,528.23
TOTAL	**1,766**	**$ 735,250.86**

Prosecution and Court Programs

No funding assistance was provided to this purpose area during the 2014/2015 funding cycle.

Prevention and Education Programs

Under the 2014 JAG Non-DTF funding opportunity, the CJ/LE Program awarded one (1) project for an award of $236,436.17. This program is designed to provide the proper supplies and reference materials to law enforcement officers and emergency personnel to help safely respond to clandestine methamphetamine lab incidents and not harm the environment.

Corrections and Community Corrections Programs

No funding assistance was provided to this purpose area during the 2014/2015 funding cycle.

Drug Treatment Programs

Under the 2014 JAG Non-DTF funding opportunity, the CJ/LE program awarded one (1) project for an award of $21,367.55. Drug-treatment-programs identify and meet the treatment needs of adult and juvenile drug dependent and alcohol-dependent offenders. Such programs can include behavioral therapy (such as counseling, cognitive therapy, or psychotherapy), medications, or a combination of both and are intended to provide intensive assistance to those individuals that are battling a substance abuse addiction.

Planning, Evaluation, and Technology Improvement Programs

Under the 2014 JAG Non-DTF funding opportunity, the CJ/LE Program awarded two (1) project for an award of $62,933.07. This program enhances the State's ability to collect accurate criminal history record information, in a timely manner, and provide the appropriate storage mechanism within the Missouri Criminal Records Repository. The project will continue to enhance the State's ability to collect accurate criminal history record information, in a timely manner. This goal remains a top priority for the State of Missouri and this approved purpose area provides the financial mechanism that enables the State to collect the required criminal records data from all criminal justice entities and provide the appropriate storage mechanism within the Missouri Criminal Records Repository. In addition, local criminal justice agencies are assisted with automated criminal justice reporting to the state central repository to ensure reports are timely, accurate and complete.

Crime Victim and Witness Programs

No funding assistance was provided to this purpose area during the 2014/2015 funding cycle.

SECTION V: Coordination Efforts

It is recognized illicit drug use and distribution are linked to other types of criminal behavior contributing to social problems facing the State of Missouri. These only can be addressed through coordination of efforts and resources at all levels. The Department of Defense (DOD) 1033 Excess Property Program, Missouri Crime Lab Upgrade Program (MCLUP), Residential Substance Abuse Treatment (RSAT) Program, and State Cyber Crime Grant (SCCG) Program are administered and coordinated by the DPS - CJ/LE Program to prevent duplication of efforts and to build a comprehensive enforcement strategy. With the exception of the DOD 1033 Excess Property Program, these programs are not funded from the Edward Byrne Memorial Justice Assistance Grant (JAG) program but their coordinating efforts assist the projects that are funded from the JAG program

Department of Defense (DOD) 1033 Excess Property Program

The Secretary of Defense is authorized by 10 USC § 2576a to transfer to Federal and State Agencies, personal property that is excess to the needs of the Department of Defense (DOD) and that the Secretary determines is suitable to be used by such agencies in law enforcement activities, with emphasis on counter-drug/counter-terrorism activities, under such terms prescribed by the Secretary. With the exception of shipping or travel costs associated with the acquisition, the property is free of charge.

The authorities granted to the Secretary of Defense have been delegated to the Defense Logistics Agency (DLA) in determining whether property is suitable for use by agencies in law enforcement activities. DLA has final authority to determine the type, quantity, and location of excess DOD personal property suitable for law enforcement activities, if any, which will be transferred to a State or Territory.

Within Missouri, the Department of Public Safety (DPS) is the authorized agency to operate the DOD 1033 Excess Property Program (hereafter "1033 Program"). Specifically within the Department of Public Safety, the Governor-appointed State Coordinator is the Program Manager of the Criminal Justice/Law Enforcement (CJ/LE) Unit. DPS operates as a Transitional Distribution Point (TDP) and is only one (1) of five (5) states authorized to operate in this manner. The benefit of a TDP is that property can be screened in bulk quantities and can be redistributed to local agencies in a short period of time. DPS operates a distribution center in Jefferson City, MO, which provides a central location for agencies to pick up and return 1033 property.

During July 1, 2014 and June 30, 2015, there continued to be an increase in the number of agencies that registered to participate in the 1033 Program. In addition, the DPS continued to see an increase in the number of agencies that requested property compared to FY14. With the ever increasing budget restraints, agencies are utilizing programs like the 1033 Program to help stretch their budget further.

As an approved TDP, DPS staff continued to screen and tag a variety of property including IT equipment, such as desktop, laptop computers, and printers. DPS staff can bring these items back to the TDP and refurbish them prior to issuing them out to the requesting local agencies. This IT equipment is assisting law enforcement agencies in capturing crime statistics data and managing records, as well as interagency networking via the Internet.

In addition to IT equipment, DPS staff tagged a number of other property items to include, but not limited to: watercraft, for the agencies located along one of the many rivers or lakes in the State of Missouri; generators, to assist during power losses due to storms; off-road 4x4 vehicles, to assist with drug eradication; and specialty gear, such as night vision goggles, spotting scopes, and red dot rifle scopes, for use by tactical teams in high risk entry. DPS staff also tagged items needed for the day-to-day operation to include, but not limited to: desks; cold weather clothing; survival blankets, cots, and wool blankets to assist victims in emergency situations; and lockers for storing evidence. In addition, a significant number of requests were received for weapons for high-risk search warrant entry and active shooter incident response, as well as requests for the off road HMMWV (Hummer).

Overall, in FY15, DPS staff received 13,782 items valuing $2,999,203.39.

Missouri Crime Lab Upgrade Program (MCLUP)

Missouri crime laboratories are included in this report because analysis of evidence is a key to the successful prosecution of drug offenders. In addition, data collected from crime laboratories can be an invaluable resource for analyzing Missouri's illicit drug problem. Several crime laboratories receive funding from the state-funded Missouri Crime Lab Upgrade Program (MCLUP) grant administered by the DPS - CJ/LE Program. The MCLUP Program was created pursuant to 650.105 RSMo and funds are collected pursuant to 488.029 RSMo and deposited into the "State Laboratory Forensic Account". These grants provide state-of-the-art equipment, supplies, and manpower to regional crime labs throughout the state to reduce backlogs and increase turnaround in the analysis of evidence.

During the FY15 reporting period, the DPS – CJ/LE Program made six (6) MCLUP awards to state and local recipients in the amount of $589,080.33. The following crime laboratories received 2015 MCLUP monies for the 12 month contract period of June 1, 2014 to May 31, 2015:

1. Independence Police Department Crime Laboratory
2. Kansas City Police Department Crime Laboratory
3. Missouri State Highway Patrol Crime Laboratory
4. St. Charles County Sheriff's Department Crime Laboratory
5. St. Louis County Police Department Crime Laboratory
6. St. Louis Metropolitan Police Department Crime Laboratory

Residential Substance Abuse Treatment (RSAT) Program

The Residential Substance Abuse Treatment (RSAT) Program was authorized under the federal Violent Crime Control and Law Enforcement Act of 1994, as amended and reauthorized [Public Law 103-322, 42 U.S.C. 3796ff-1(3)]. The U.S. Department of Justice (DOJ), Office of Justice Programs (OJP), Bureau of Justice Assistance (BJA) is the awarding agency of these federal funds.

The goal of the RSAT Program is to break the cycle of drugs and violence by reducing the demand for, use, and trafficking of illegal drugs.

The objectives of the RSAT Program are to: 1) Enhance the capability of states and units of local government to provide residential substance abuse treatment for incarcerated inmates; 2) Prepare offenders for their reintegration into the communities from which they came by incorporating re-entry planning activities into treatment programs; and 3) Assist both the offenders and their communities through the reentry process

During the FY15 reporting period, the DPS – CJ/LE made two (2) RSAT awards to state and local recipients for the 12-month contract period of June 1, 2014 to May 31, 2015. The total award amount for this period was $458,219.93. Grants were awarded to:

1. Missouri Department of Corrections in Bowling Green, MO
2. St. Louis County Justice Services Department in Clayton, MO

The Missouri Department of Corrections project continued the provision of residential substance abuse treatment services to mobility impaired and other special needs offenders who received programming services at Northeast Correctional Center. These clinical services included assessment and treatment planning, group education, group counseling, individual case management, employability skills, individual counseling and referral to community continuing care in the community.

The St. Louis County Justice Services project continued the provision of jail-based substance abuse treatment services to inmates sentenced to the Department of Justice Services Choices Program. In addition, the inmates, as well as released inmates, were given the opportunity to attend weekly Aftercare groups and individual sessions to ensure their continued sobriety and success within the community.

State Cyber Crime Grant (SCCG) Program

In December 2006, the State of Missouri appropriated state monies for the purpose of establishing the Internet Cyber Crime Grant (ICCG) program, which allowed for the funding of salaries of detectives and forensic personnel and training for those individuals whom worked directly with internet crimes relating to child pornography, enticement, solicitation, and other sex-related offenses. State funding was re-appropriated in FY09 but was not re-appropriated for FY10, FY11, FY12, or FY13. Therefore, in FY13, the State of Missouri, Department of Public Safety, allocated monies from the Recovery-JAG Program in order to retain the previously funded positions and to continue the enforcement and public training provided by the cyber crime units within the state.

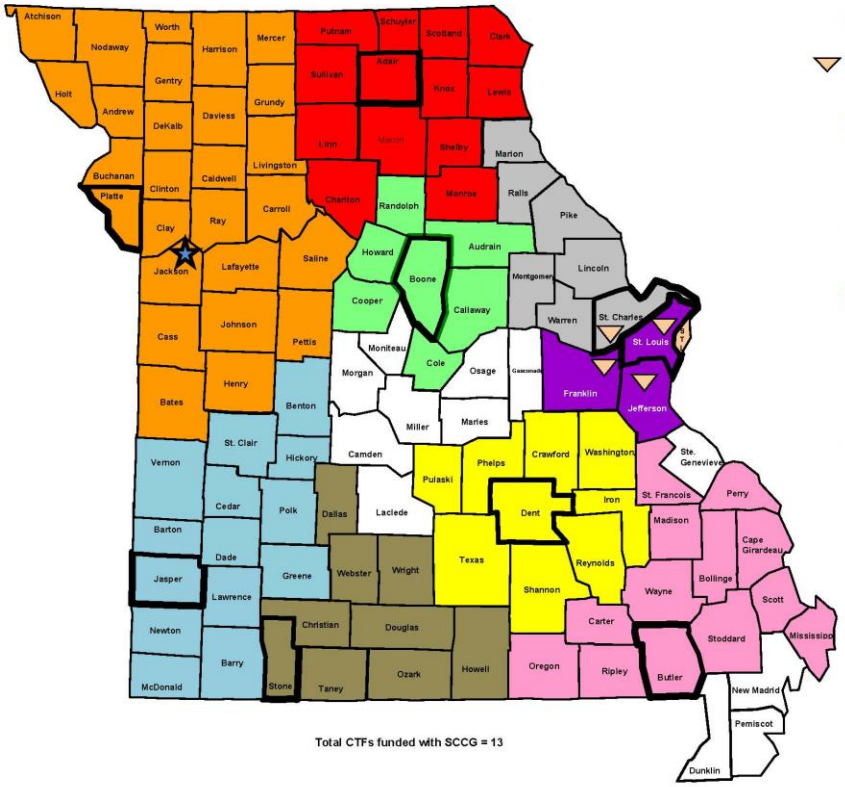
Following the project period end of the Recovery-JAG monies, the State of Missouri continued funding through the state-funded State Cyber Crime Grant (SCCG) Program for the salaries, training, and operational expenses of detectives and forensic personnel working directly with internet crimes relating to child pornography, enticement, solicitation, and other sex-related offenses.

During the FY15 reporting period, the DPS – CJ/LE Program made thirteen (13) SCCG awards to state and local recipients. The total award for this period was $1,442,815.50. The following multi-jurisdictional cyber task forces received 2015 SCCG monies for the 12 month contract period of June 1, 2014 to May 31, 2015:

1. Boone County Sheriff's Department Cyber Crimes Task Force
2. Clayton City - Regional Computer Crimes Education and Enforcement Group (RCCEEG)
3. Dent County - South Central Missouri Computer Crimes Task Force
4. Independence - Northeastern Jackson County Cyber Crimes Working Group Against Internet Crimes
5. Joplin City - Southwestern Missouri (SWMO) Cyber Crime Task Force
6. Kirksville City - Regional Computer Crimes Unit
7. Missouri Department of Social Services - STAT Operation Cyber-Safe
8. Missouri State Highway Patrol – Digital Forensic Investigative Unit
9. Platte County - Western Missouri Cyber Crime Task Force (WMCCTF)
10. Poplar Bluff City - Southeast Missouri (SEMO) Cyber Crimes Task Force
11. St. Charles County - Internet Crimes Against Children
12. St. Louis County - Special Investigations Unit
13. Stone County - Tri-Lake Regional Internet Crimes Task Force

Of the 114 counties in the state of Missouri, 102 counties were active participants/members of these multi-jurisdictional enforcement efforts during the FY15 funding opportunity:

FY15 STATE CYBER CRIME GRANT (SCCG) FUNDED CYBER TASK FORCES



Boone County – Boone County Sheriff's Department Cyber Crimes TF
Audrain, Boone, Callaway, Cole, Cooper, Howard, and Randolph Counties

Clayton – Regional Computer Crimes Education & Enforcement Group (RCCEEG)
***Forensic lab for Eastern District of MO** (accepts cases from any agency though)*
St. Louis City and St. Louis, Franklin, Jefferson, and St. Charles Counties

Dent County – South Central Missouri Computer Crime Task Force
Crawford, Dent, Iron, Phelps, Pulaski, Reynolds, Shannon, Texas, Washington, and Counties

Independence –NE Jackson County Cyber Crimes Working Group
Cities of Independence, Buckner, and Sugar Creek

Joplin – Southwestern Missouri Cyber Crime Task Force
Barry, Barton, Benton, Cedar, Dade, Greene, Hickory, Jasper, Lawrence, McDonald, Newton, Polk, St. Clair, and Vernon Counties

Kirksville – Kirksville Regional Computer Crimes Unit
Adair, Chariton, Clark, Knox, Lewis, Linn, Macon, Monroe, Putnam, Schuyler, Scotland, Sullivan, and Shelby Counties

Missouri Department of Social Services, STAT – Operation Cyber-Safe
Statewide

Missouri State Highway Patrol – Digital Forensic Investigative Unit
Statewide

Platte County – Western Missouri Cyber Crimes Task Force
Andrew, Atchison, Bates, Buchanan, Caldwell, Carroll, Cass, Clay, Clinton, Daviess, DeKalb, Gentry, Grundy, Harrison, Henry, Holt, Jackson, Johnson, Lafayette, Livingston, Mercer, Nodaway, Pettis, Platte, Ray, Saline, and Worth Counties

Poplar Bluff – Southeast Missouri (SEMO) Cyber Crimes Task Force
Bollinger, Butler, Cape Girardeau, Carter, Madison, Mississippi, Oregon, Perry, Ripley, Scott, St. Francois, Stoddard, and Wayne Counties

St. Charles County – St. Charles County Cyber Crime Unit (SCCCCU)
Lincoln, Marion, Montgomery, Pike, Ralls, St. Charles, and Warren Counties

St. Louis County – Special Investigations Unit
St. Louis County, City of Pacific in Franklin County, and Jefferson County

Stone County – Tri-Lakes Regional Internet Crimes Task Force
Christian, Dallas, Douglas, Howell, Ozark, Stone, Taney, Webster, and Wright Counties

As of: April 23, 2015

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