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Special Report

February 1987

The Illicit Drug Situation in the United States and Canada 1984-1986

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Preface

This publication is a joint effort between the Strategic Intelligence Section, Office of Intelligence, Drug Enforcement Administration (DEA), and the Strategic Intelligence and Publications Branch, Drug Enforcement Directorate, Royal Canadian Mounted Police (RCMP). This report is intended to be used in conjunction with the U.S. Narcotics Intelligence Estimate (NIE) for 1984 published by the National Narcotics Intelligence Consumers Committee, and the Canadian National Drug Intelligence Estimate (NDIE) 1984/1985 and 1985/1986, published by the RCMP. Those reports were prepared in 1985 and 1986. The statistical information contained in those reports has been updated for inclusion in this publication, but updated data are preliminary until published in the NIE or NDIE. The data included herein are the most current available. The trend information contained in this report is current as of November 1, 1986.

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Note: This Special Report presents the drug chapters alphabetically (i.e., cannabis first followed by cocaine, dangerous drugs, and heroin). This presentation is not based on the order of priorities given to drug law enforcement in either the United States or Canada. In this publication, where it is stated that a particular country produced or supplied quantities of illicit drugs, it is not suggested that the government of that country or its lawful agencies permitted or participated in these illegal activities. These references allude to the illegal activities of individuals or criminal organizations operating within the noted jurisdictions.

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Introduction

This Special Report compares the dimensions of the illegal drug problems in the United States and Canada. While there are similarities between the situations in the two countries, many aspects of Canadian drug trafficking and use differ from patterns in the United States. Comparisons of the drug situations in the two countries are based on the most recent U.S. and Canadian national drug intelligence estimates. These estimates were prepared in 1985 and 1986.

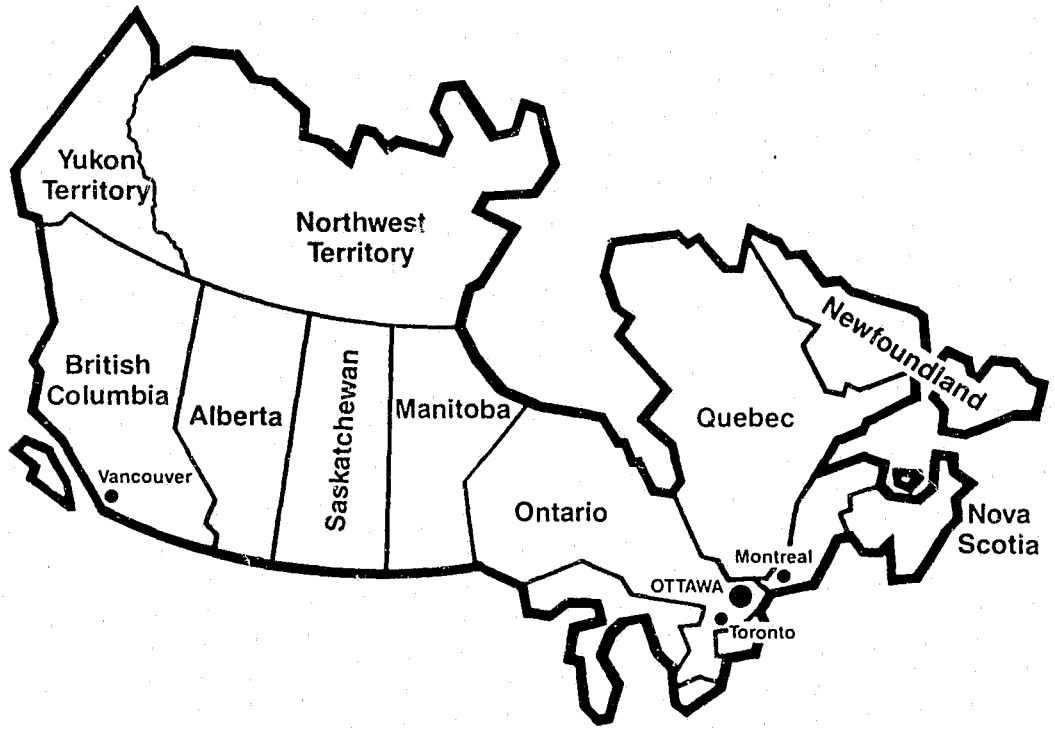
The Royal Canadian Mounted Police (RCMP) published a National Drug Intelligence Estimate (NDIE) for both 1984/1985 and 1985/1986. The U.S. Narcotics Intelligence Estimate (NIE) for 1984 was published by the National Narcotics Intelligence Consumers Committee, which consists of representatives from the U.S. Coast Guard, Customs Service, Department of Defense, Drug Enforcement Administration, Federal Bureau of Investigation, Immigration and Naturalization Service, Internal Revenue Service, National Institute on Drug Abuse, Department of State, Department of the Treasury, and White House Drug Abuse Policy Office. The Central Intelligence Agency and the National Security Agency participate as observers.

Other more recent sources of data have been used to update the estimates and provide highlights of the current drug trafficking and use situations for both countries. All updated data are preliminary until published in the NIE or NDIE.

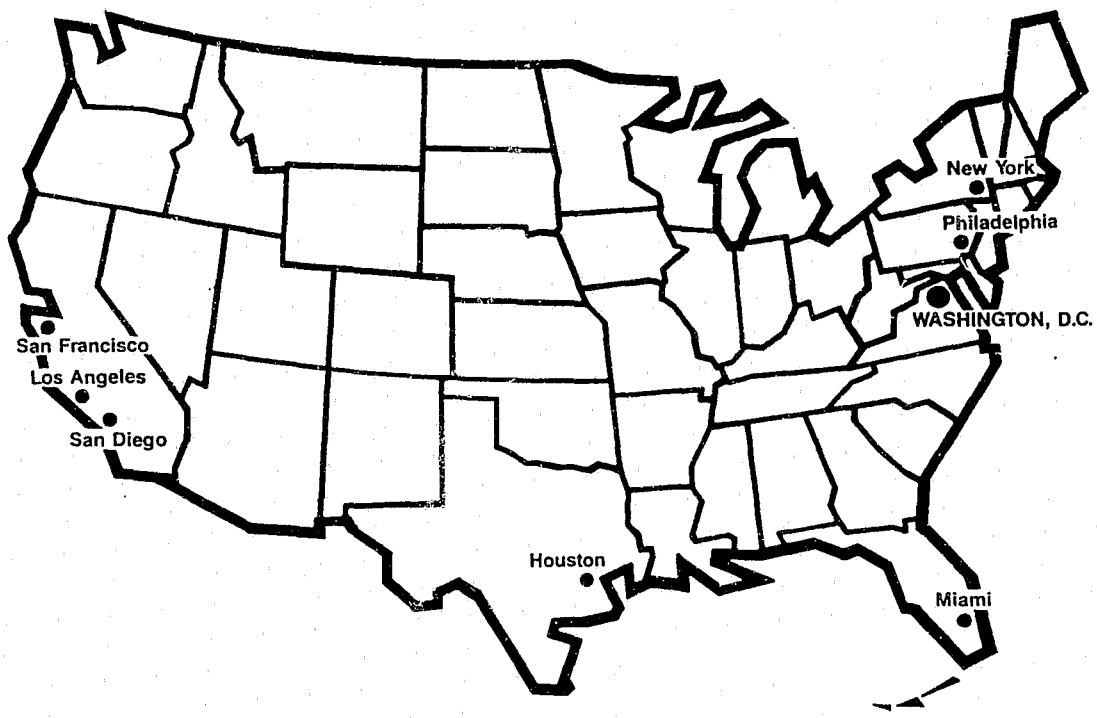
Background

Both Canada and the United States are primarily consumers rather than producers of drugs; however, the drug production which occurs is primarily in the form of marijuana and dangerous drugs. In addition, both the United States and Canada are sometimes used as transshipment points for drugs destined for the other country. Drug consumption trends in Canada are generally similar to, but lag behind, those in the United States. The population of Canada is roughly one-tenth that of the United States, but Canada's land area is slightly larger than the United States. Since drug availability, use, and trafficking are concentrated most heavily in urban areas, Canada, therefore, having fewer densely populated areas, has fewer centers of high drug use. A roughly comparable percentage of the populations of both countries use drugs, however. The major exception is in the use of heroin; the Canadian addict population is much smaller than the proportional difference between the two countries' overall populations.

Canada



United States



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Cannabis

Cannabis Use in the United States

Marijuana use in the United States declined an estimated 3 percent during 1984, primarily as a result of declining use among young people (age 25 and under); consumption continued to decline in 1985. Marijuana use among youth and young adults had declined steadily from 1979 to 1984, but leveled off somewhat in 1985. While the National Institute on Drug Abuse (NIDA) National Household Survey on Drug Abuse indicates that current users (those who used the drug during the month prior to the survey) declined from 20 million in 1982 to 18.2 million in 1985, approximately 6 million people in the United States used marijuana daily.

The number of marijuana-related hospital emergency room visits reported by the Drug Abuse Warning Network (DAWN) was relatively stable in 1984 compared to 1983, but increased in both 1985 and 1986 as a result of the increased use of marijuana in combination with other drugs. Approximately 80 percent of these injuries involved the use of marijuana in combination with alcohol, cocaine, or PCP. The number of hospital emergencies continues to vary widely from city to city; however, New York City, Miami, and Los Angeles were among those with the greatest number of incidents reported to the DAWN system. These cities together accounted for nearly one-half of all such emergency room visits during 1984, 1985, and the first half of 1986.

There has been a continued demand for what is sold as domestically-produced sinsemilla among older, experienced users, but in contrast to the expansion in demand noted during 1983, the higher cost has tended to limit use. In addition, although hashish is not widely used in the United States, information received in late 1986 indicates that there may be a slight increase in demand for hashish, primarily to mix with marijuana.

Cannabis Use in Canada

Cannabis and its derivatives remained the principal drugs used throughout Canada during 1984, 1985, and 1986.

A 1984 drug use survey conducted by the Addiction Research Foundation of Ontario (ARF) indicated that 11.2 percent of the Ontario adults surveyed had used marijuana or hashish in 1984, an increase from 8.2 percent in 1982. The typical Canadian user was a male, 18 to 29 years of age, with post secondary education, residing in the Toronto metropolitan area and in northern Ontario. As age of the respondents increased, they were less likely to have used cannabis.

Another ARF study ("Alcohol and Other Drug Use Among Ontario Students in 1985, and Trends Since 1977") showed that cannabis use declined non-significantly from 23.7 percent in 1983 to 21.2 percent in 1985; however, the 1985 estimate is significantly lower than all surveys prior to 1983. It has also been reported that the number of users most likely stabilized in 1985/1986.

Despite such conflicting data, it is clear that there is steady consumption of both domestic and foreign marijuana in Canada. In addition, exotic varieties of marijuana, such as sinsemilla and Mexican Red Hair, may be gaining in popularity in some locations. The availability of hashish and liquid hashish, which were more prevalent in Central and Eastern Canada, is believed to have increased in 1984, 1985, and early 1986; hashish is sometimes more in demand than marijuana. Hashish is more widely used in Canada than in the United States.

Multi-ton hashish seizures made by the RCMP and Canada Customs during the last few years confirm the large supplies of this drug directed to Canada.

Cannabis Availability in the United States

Marijuana, including the more potent varieties, remained plentiful in all major metropolitan areas of the United States during 1984 and 1985. Cannabis eradication in source countries, interdiction programs, and corresponding decreasing availability from some sources resulted in shifts in distribution patterns and upheavals in marijuana trafficking possibly as early as late 1985, but more significantly during the second half of 1986. As of September 1986, a decrease in availability was noted in the majority of states east of the Mississippi and to a lesser extent in the Midwestern section of the United States, in part a result of seasonal fluctuations in supply. In 1984, Colombia continued to be the major source of cannabis to the United States, with domestic, Jamaican, Mexican, and other varieties competing with the Colombian product. In 1984, Colombia supplied over 40 per-

cent of the marijuana consumed in the United States while Mexico supplied 20 percent. Final estimates for 1985 are expected to indicate that worldwide production and U.S. availability decreased. Mexico, in its capacity as producer and transshipment country, supplied a greater share of the quantity available in the United States during that year; both the total supply and the share from Colombia decreased. Both the quantity produced in the United States and its share of the total supply increased. Preliminary analysis of data for 1985 indicates Mexico's increased involvement, to some extent, may have offset the decreases from Colombia. In addition to continued decreases in Colombian marijuana supplies in 1986, there have been reports of increased availability of Jamaican marijuana, particularly in Florida and Washington, D.C.

An increase in the availability of marijuana grown in Thailand, commonly known as Thai sticks, also has been noted. Generally, however, Thai sticks, hashish from the Middle East, and hashish oil from Jamaica are less commonly used in the United States than in Canada.

In 1985, Jamaica accounted for an estimated 25 percent of the marijuana available in Canada, followed closely by Colombia and Mexico, each with 20 percent. Thailand's share of 15 percent is slightly ahead of the 10 percent held by both the United States and Canada. The decrease in supplies from Colombia and increase in supplies from Mexico were consistent with trends in the United States. Foreign varieties originating in Mexico, Jamaica, Colombia, and the United States (specifically Hawaii) remained available in 1986.

There were three sources of hashish to Canada in 1984. Lebanon was the source of 85 percent of the supply, an increase from 55 percent in 1983. Pakistan and India together supplied 10 percent, down from 31 percent in 1983. Jamaica, the source of only 2 percent of Canadian hashish in 1983, supplied 5 percent in 1984. In 1985, Lebanon supplied 65 percent of the hashish available in Canada, more than twice the 30 percent held by Pakistan/India. Jamaica accounted for the remaining 5 percent.

Estimated Sources of Cannabis Derivatives in the United States, 1983 - 1985
(percent of total supply)

	1983		1984		1985*	
	Marijuana	Hashish	Marijuana	Hashish	Marijuana	Hashish
Colombia	57	-	42	-	31	-
Jamaica	12	-	14	-	6	-
United States	14	-	12	-	19	-
Mexico	9	-	20	-	32	-
Belize	3	-	8	-	5	-
Other	5	5	4	5	7	5
Pakistan	-	60	-	60-65	-	60-65
Lebanon	-	30	-	25-30	-	25-30
Morocco	-	5	-	5	-	5

*1985 data are preliminary

Cannabis Availability in Canada

Both foreign and domestic marijuana have remained readily available throughout Canada in 1984, 1985, and 1986. Cannabis cultivation, some of which was hydroponic, was encountered throughout Canada; the majority was found in British Columbia. Colombia was the leading foreign supplier of marijuana to Canada in 1984 with 30 percent of the supply, a decrease from 45 percent in 1983. Thailand and Jamaica were each the source of 20 percent of the supply, in the case of Jamaica an increase from 10 percent in 1983. Mexico, the United States, and Canada each supplied 10 percent.

The availability of liquid hashish in Canada has increased during the past two years. Jamaica was the primary source of liquid hashish to Canada in 1984, with 88 percent of the supply. Lebanon supplied an additional 10 percent. Canada has become a source of liquid hashish on a marginal scale, with 2 percent of the supply. Two liquid hashish laboratories were seized in Canada during 1984. In 1985, Jamaica supplied the largest share (90 percent) of the liquid hashish reaching Canadian users while Lebanon and Canada each contributed 5 percent. Five clandestine liquid hashish laboratories were seized throughout the country during 1985.

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Estimated Sources of Cannabis Derivatives in Canada, 1983 – 1985

(percent of total supply)

	1983 Marijuana	Hashish	Liquid Hashish
Colombia	45	–	–
Jamaica	10	2	80
Thailand	20	–	–
Lebanon	–	55	10
Pakistan/India	–	31	7
Mexico	–	–	–
Canada	10	–	–
Other	15	12	3

	1984 Marijuana	Hashish	Liquid Hashish
Colombia	30	–	–
Jamaica	20	5	88
Thailand	20	–	–
Lebanon	–	85	10
Pakistan/India	–	10	–
Mexico	10	–	–
United States	10	–	–
Canada	10	–	2

	1985 Marijuana	Hashish	Liquid Hashish
Colombia	20	–	–
Jamaica	25	5	90
Thailand	15	–	–
Lebanon	–	65	5
Pakistan/India	–	30	–
Mexico	20	–	–
United States	10	–	–
Canada	10	–	5

Cannabis Prices

During the last several years, wholesale prices for marijuana have remained relatively stable in the United States. Retail prices have followed a slight upward trend. Preliminary data, however, indicate that temporary spot shortages of marijuana in the second half of 1986 began to distort the price structure. Average prices rose nationwide. Reported price sometimes varied by over 100 percent from city to city, reflecting upheavals resulting from shifting availability and disturbances in distribution patterns.

The THC* content of regular commercial grade marijuana increased from 3.81 percent in 1980 to 5.36 in 1986, the highest to date. Sinsemilla THC content, which has fluctuated over the last several years, rose to its highest recorded average of 7.94 percent in September 1986.

*Tetrahydrocannabinol, Delta-9 THC, is the major psychotomimetic constituent in cannabis products.

Comparative Prices for Wholesale Cannabis Products, 1982 – September 1986*

(per pound)

United States	1982	1983	1984	1985	1986 (through September)
Sinsemilla (all sources)	$1,000-$2,000	$1,000-$2,000	$1,200-$2,500	$1,200-$2,000	$1,100-$2,500
Commercial (all sources)	350-550	350-600	400-600	300-600	400-1,100

Canada	1982	1983	1984	1985	1986 (through September)
Sinsemilla (all sources)	$2,500-$3,000	$2,000-$3,000	$2,500-$3,000	$2,200-$3,300	$2,100-$3,000
Colombian Commercial	650-1,200	650-1,200	650-1,000	650-1,500	650-2,200
Jamaican Commercial	400-500	400-600	400-600	400-1,400	600-1,400

*Prices vary depending on the quantity purchased. U.S. prices are in U.S. dollars and Canada prices are in Canadian dollars, rounded to the nearest $5. The approximate conversion rate during this timeframe was $1 (U.S.) = $1.35 (Canadian).

Comparative Prices for Retail Cannabis Products, 1982 – September 1986*

(per ounce)

United States	1982	1983	1984	1985	1986 (through September)
Sinsemilla (all sources)	$100-$125	$100-$150	$120-$180	$120-$200	$120-$225
Commercial (all sources)	40-60	40-65	45-75	50-100	50-110

Canada	1982	1983	1984	1985	1986 (through September)
Sinsemilla (all sources)	$250-$300	$210-$300	$200-$300	$80-$300	$80-$300
Canadian Commercial	25-50	30-50	25-95	30-50	25-120
Colombian Commercial	65-100	60-125	60-125	60-160	65-250
Jamaican Commercial	35-40	35-60	35-60	35-165	35-250
Thai Sticks	25-50	25-50	25-40	25-40	25-40

*U.S. prices are in U.S. dollars and Canada prices are in Canadian dollars, rounded to the nearest $5. The approximate conversion rate during this timeframe was $1 (U.S.) = $1.35 (Canadian).

In Canada, wholesale and retail prices also remained generally stable in 1984, 1985, and the first three quarters of 1986. While the low figures in the Canada ranges were stable, the upper levels of the ranges, which usually correspond to prices prevalent in the more remote or smaller communities of Canada, rose. The larger metropolitan areas such as Montreal, Toronto, and Vancouver generally had lower street prices than the smaller communities and more remote areas. A review of Health and Welfare data indicates that in 1986, THC levels for marijuana sampled fluctuated between .5 percent and 8 percent, while cannabis resin samples ranged from 3.6 percent to 11 percent.

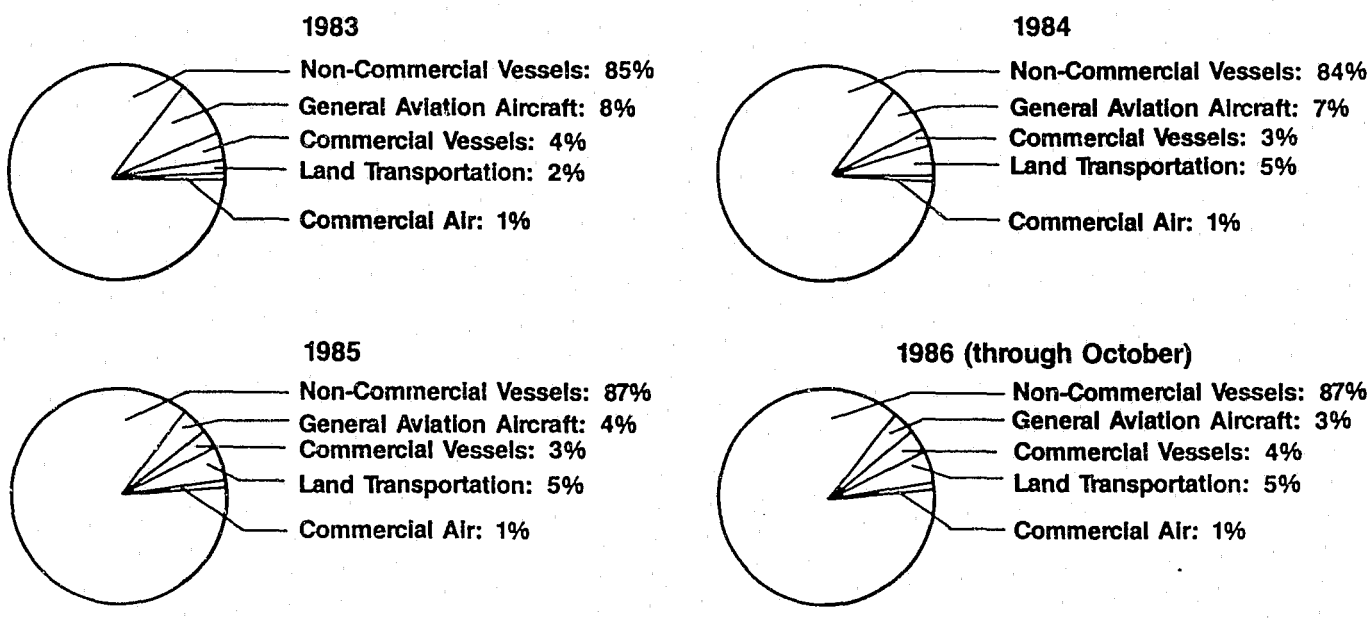
Prices in the United States tend to be lower than those in Canada for sinsemilla and commercial grade Colombian marijuana, but higher for Jamaican marijuana, after adjustment for the exchange rate. Comparative prices in the United States and Canada for wholesale and retail cannabis products are shown in the tables below.

Cannabis Trafficking Trends – United States

Smuggling conveyances differ from country to country. Mexican marijuana has traditionally entered the United States primarily via land transportation. Approximately 84 percent of the marijuana seized en route to the United States from foreign sources in 1984 was shipped by non-commercial vessels. Almost all the Colombian marijuana was smuggled via non-commercial vessels and most Jamaican and Belizean marijuana was smuggled via general aviation aircraft. The principal port of entry for most foreign sources of cannabis is Florida; however, most Mexican marijuana enters the United States through Texas. Data for 1985 and early 1986 show similar patterns.

Other cannabis products such as hashish from the Middle East, hashish oil from Jamaica, and Thai sticks are usually smuggled by air or maritime vessels. Most of the hashish available in the United States in 1984 was smuggled from the Mediterranean area to the U.S. east coast via ocean freighters. Hashish oil from Jamaica is usually smuggled in small volume via commercial air couriers; however, most hashish oil seized at U.S. airports is en route to Canada. Hashish also enters the United States by way of Canada; in fact, other than dangerous drugs, it is the only drug that is shipped to the United States from other source countries through Canada in

Marijuana Seizures from Various Smuggling Conveyances Destined for the United States, 1983–October 1986 (percent of total volume)



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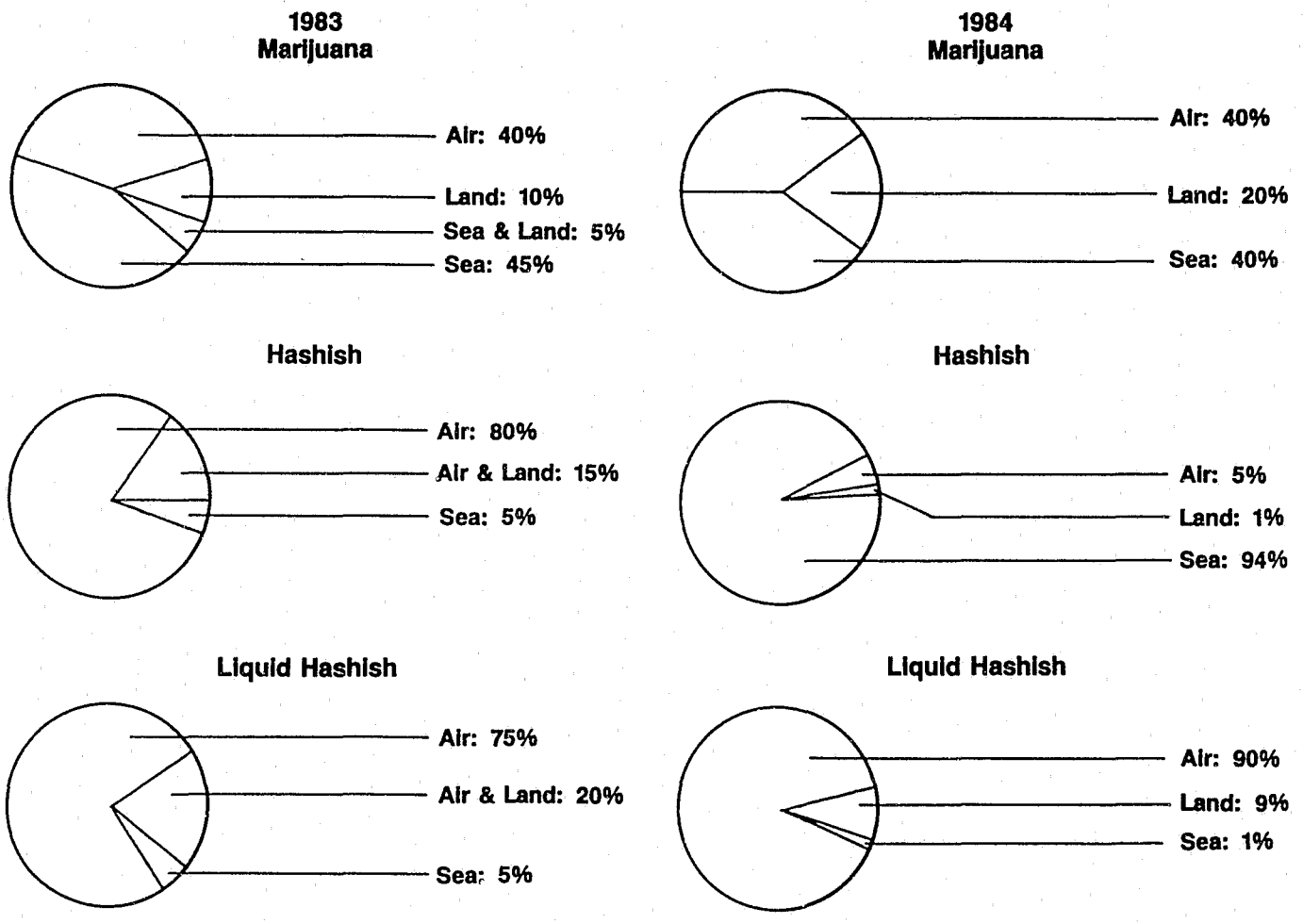
Movement of Cannabis into Canada by Mode of Transportation, 1983–1985 (estimated percentage shares)



any significant quantity. Thai marijuana is smuggled to the U.S. west coast via non-commercial vessels.

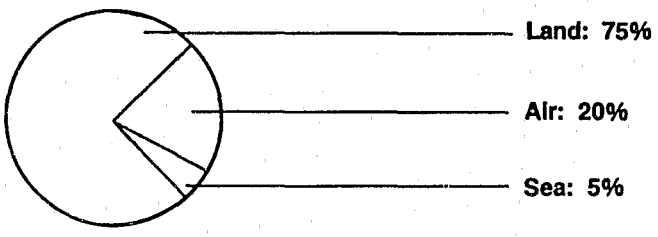
Cannabis Trafficking Trends – Canada

The Atlantic coast, especially southwestern Nova Scotia, has continued to be an entry point for Colombian marijuana and hashish from Europe and Africa destined for North America. Motherships from Colombia, Mexico, and Thailand are also likely to offload along the British Columbia coastline.

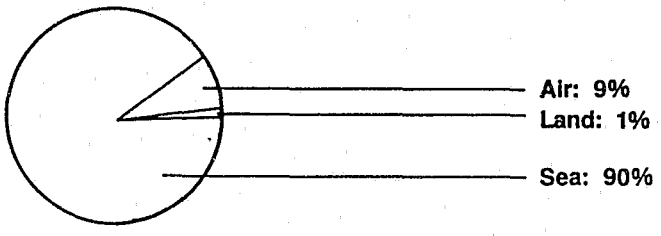
Marijuana smuggled into Canada in 1984 was primarily transported by sea or air. Colombia, Jamaica, and Thailand together were the source of 70 percent. The majority of the hashish was transported by sea from Lebanon. Liquid hashish imported into Canada was produced primarily in Jamaica and was transported by air.

Movement of Cannabis into Canada by Mode of Transportation, 1983–1985 (estimated percentage shares)

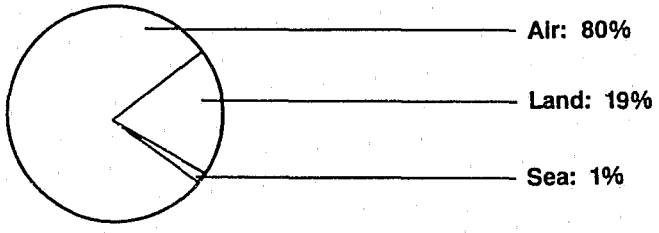
1985
Marijuana



Hashish



Liquid Hashish



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Cocaine

Cocaine Use in the United States

Cocaine use in the United States was widespread in 1984, when consumption rose 11 percent, and this upward trend continued in 1985. The NIDA 1985 Annual Survey of High School Seniors indicated that cocaine use among this group increased in all regions of the country except the South. The percentage of those seniors who have tried cocaine at least once during their lifetimes stands at an all time high of 17.3 percent. NIDA also reports that cocaine use among that group during the 30 days preceding the survey rose from 5.8 percent in 1984 to 6.7 percent in 1985. According to NIDA's 1985 National Household Survey, the number of current cocaine users in the United States increased from 4.2 million in 1982 to 5.8 million in 1985. The percentage of adults (age 26 and older) who have tried cocaine increased from 8.5 percent in 1982 to 9.5 percent in 1985. Conversely, lifetime use among youths (age 12 to 17) and young adults (age 18 to 25) decreased from 6.5 percent and 28.3 percent in 1982 to 5.2 percent and 25.5 percent respectively in 1985. Perhaps the most notable trend has been the increase in the smoking of cocaine. In 1985, nearly 95 percent of all cocaine users claimed to have snorted cocaine, 21 percent had 'freebased,' and 8 percent had injected the substance. Freebasing was particularly widespread among adolescents and more recent users of cocaine; 44 percent of the youths who have used cocaine have smoked freebase. Freebasing is believed to have continued to increase in 1986.

There has been a significant increase in the adverse health consequences of cocaine use for all age groups, reflecting more frequent use and more dangerous methods of use, such as freebasing, injection, and combining cocaine with other drugs. In 1984, cocaine-related hospital emergencies increased 51 percent over 1983, and deaths increased more than 75 percent. Although injuries continued to increase in 1985, the rate of increase diminished and at year-end, hospital emergency room admissions had increased 24 percent. Hospital emergencies resulting from the smoking of cocaine, however, increased 106 percent in 1985.

A significant factor in increases in injuries related to the smoking of cocaine undoubtedly has been the increasing availability of 'crack,' a form of cocaine processed for smoking prior to retail sale. First reported in Los Angeles, San Diego, and Houston in 1981, 'crack' became available in many other cities during 1985. The product, which is an off-white color resembling coagulated soap powder, is manufactured by converting cocaine hydrochloride (HCl) back to a base form primarily through the use of baking soda and water, which unlike the ether used in the traditional freebase process, are not volatile. 'Crack' is primarily sold in small, clear plastic vials through 'crack houses,' 'base houses,' or on the street.

The intravenous use of heroin/cocaine combinations known as 'speedballs' continued to expand within the narcotic addict population in 1985. While the number of hospital emergencies resulting from 'speedballs' rose 37 percent in 1984, it rose only 10 percent in 1985. During 1984, among those who died from drug ingestion involving cocaine, 59 percent died from taking multiple drugs, and 41 percent from taking cocaine alone. Despite a 90 percent increase in cocaine-related deaths in 1984, deaths increased only 10 percent in 1985. Emergency room admissions resulting from the use of cocaine in combination with alcohol, heroin, and PCP have been increasing since 1982. In addition, data from public drug treatment facilities continue to reflect increases in the number of individuals entering treatment for primary cocaine use.

Cocaine Use in Canada

Although Canadian cocaine user statistics continue to be lower than those for the United States, and drug trends generally occur later and sometimes are of a lesser magnitude than those in the United States, cocaine use is becoming a more serious problem in Canada. Consistent with findings in the United States, a 1985 study by the Addiction Research Foundation (ARF) of Ontario showed that cocaine use among Ontario students has increased since 1983. Overall use increased from 4.1 percent in 1983 to 4.5 percent in 1985. In addition, it has been reported that cocaine use has spread to the elementary school level.

According to two other studies by the ARF, the typical Canadian cocaine user is a young, well-educated, single male; of the users, many work in upper socioeconomic careers. Snorting was the most common way of using cocaine. The average user had used cocaine for seven years; those who had used cocaine longer were

most likely to report problems. Data for 1984 indicate that 3.3 percent of those adults surveyed had used cocaine at least once.

During the first half of 1986, cocaine use increased noticeably in Nova Scotia, the Yukon, and Northwest Territories. Reports of cocaine injection and freebasing, rather than the usual snorting, have been received from Ontario, the Yukon, and British Columbia since 1984. The use of low-grade cocaine mixed with MDA and methamphetamine was reported in the Yukon, and cocaine and heroin 'speedballs' (also known as 'speedbombs') were reported in several areas of Canada. The greater availability of cocaine may lead increasing numbers of users to experiment with more potent and dangerous combinations and methods of administration. At the present time, however, these more dangerous forms of administration, including the use of 'crack,' are less common in Canada than in the United States.

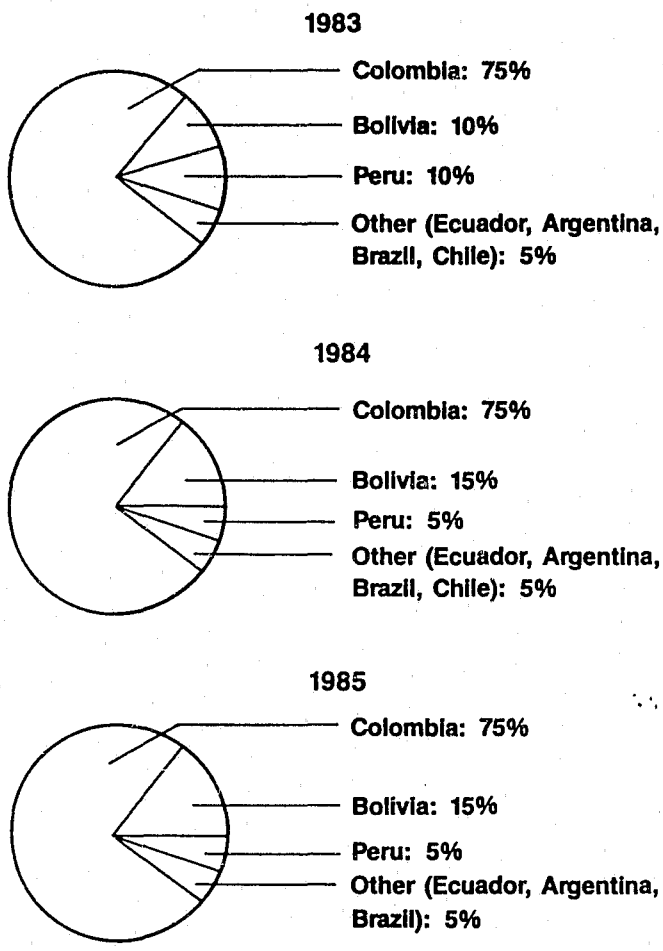
Cocaine Availability in the United States

Cocaine continues to be readily available in all major metropolitan areas of the United States. Colombia continues to be the source of 75 percent of the cocaine available in the United States.

Not all of the cocaine smuggled into the United States, however, arrives as processed cocaine HCl. Because the chemicals used to convert cocaine base into cocaine HCl can be obtained in the United States, several areas of the country, especially south Florida, have experienced cocaine laboratory activity. During 1984, 18 of the 21 cocaine laboratory seizures nationwide occurred in south Florida. During 1985, there were 33 cocaine conversion laboratory seizures in the United States; the majority were located in south Florida, but five were located in New York, four in California, two in Virginia, and one each in North Carolina and Arizona. In 1986, through September, there were 16 cocaine laboratory seizures in the United States.

Colombians continue to dominate cocaine traffic at the wholesale level, although other Hispanic groups have become more heavily involved. At the lower level of the wholesale and retail distribution network, the ethnic composition of the cocaine traffic remains mixed.

Probable Sources of Cocaine Available in the United States, 1983–1985* (percent of total supply)



*These percentages are general estimates because it is difficult to trace drugs to their original source.

Cocaine Availability in Canada

During 1984 and 1985, cocaine was readily available in major metropolitan areas of Canada as well as in the smaller communities and remote areas, a trend which continued into 1986. The quantities available tend to be more limited in smaller communities, but the substance is increasingly available outside major urban areas. Although seizures of 'crack' in Canada were relatively modest through the fall of 1986, officials anticipate increased availability during the next year.

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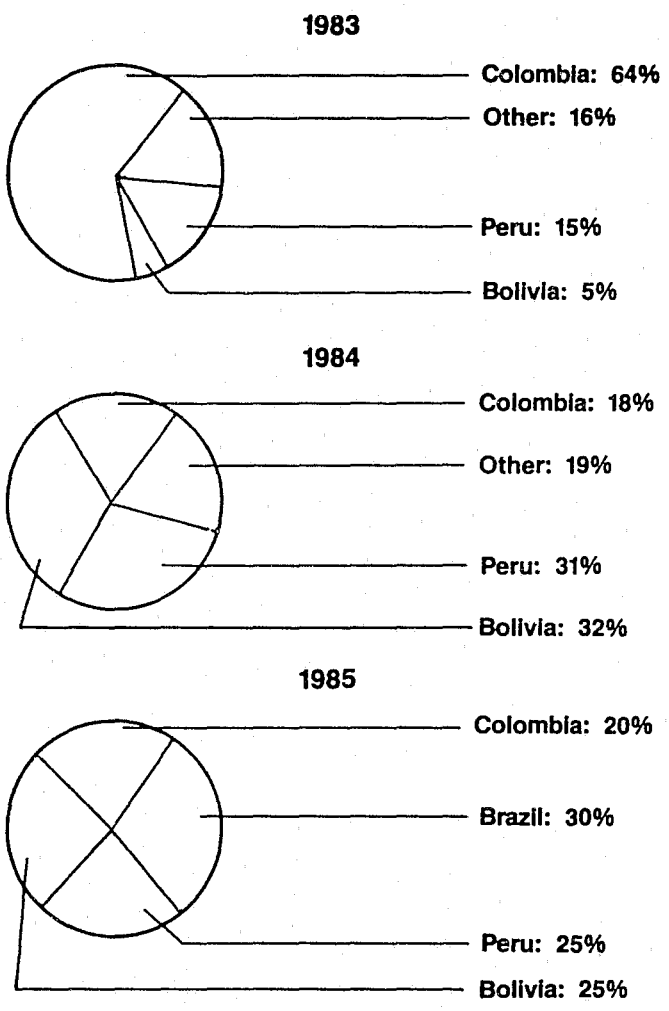
Estimated Sources of Cocaine to Canada from Principal Sources, 1983–1985 (percent of total supply)



Significant fluctuations have been noted in recent years in the sources of cocaine available in Canada. The most notable change has been in the supplies from Colombia and Bolivia. In 1982, Bolivia was the source of 15 percent of the supply of cocaine available; in 1983, Bolivia's share dropped to 5 percent; 1984 witnessed the emergence of Bolivia as the leading source of cocaine to Canada, with 32 percent of the total. Colombia was the source of 64 percent of Canada's supply in 1983, but only 18 percent in 1984. In 1985, cocaine was supplied to Canada (in decreasing order of importance) by Brazil (30 percent), Bolivia and Peru (each with 25 percent), and Colombia (20 percent). This is the first year that Brazil is identified on its own, having previously been included in "other" South American countries. It is difficult to state at what level, and to what extent, Brazil is involved in the cocaine trade since cultivation and processing capabilities have not yet been accurately assessed.

Consistent with trends in the United States, traffickers, seeking to circumvent restrictions on essential chemicals and their high cost in South America, have established laboratories to convert cocaine base or coca paste into cocaine HCl in Canada. Here the chemicals are more easily obtainable and less expensive. The first cocaine laboratory seizure in Canada occurred in August 1984 in Montreal. A second laboratory was seized just outside Montreal in April 1985.

Cocaine Prices and Purity

Canadian cocaine prices tend to be higher than U.S. prices. This is undoubtedly in large part a result of two factors. First, there is a greater distance between Canada and cocaine source countries, increasing shipping costs as well as risk of interception by law enforcement authorities. Secondly, a primary method of smuggling cocaine to Canada has been via land transportation through the United States. This adds a link to the wholesale distribution chain as well as the risk associated with an additional border crossing.

The wholesale prices of cocaine in both the United States and Canada in recent years have been below prices from 1980 through 1982. During the first nine months of 1986, U.S. prices for kilogram quantities dropped by 12.5 percent from 1985 average prices, and Canada prices dropped by 16 percent.

Comparative Wholesale Cocaine Prices, 1982 – September 1986*
(per kilogram)

	United States	Canada
1982	$55,000 — $65,000	$80,000 — $100,000
1983	45,000 — 55,000	70,000 — 95,000
1984	40,000 — 50,000	60,000 — 95,000
1985	30,000 — 50,000	60,000 — 95,000
1986 (through September)	24,000 — 46,000	40,000 — 90,000

*U.S. prices are in U.S. dollars and Canada prices are in Canadian dollars, rounded to the nearest $1,000. The approximate conversion rate during this timeframe was $1 (U.S.) = $1.35 (Canadian).

The U.S. price for ounce quantities decreased to a range of $1,600 to $2,300 in December 1985, the lowest price on record and 7 percent lower than 1984 prices. Data through September 1986 indicate that ounce quantities are selling for $1,400 to $2,500, a wider fluctuation than a few months earlier.

Retail prices for gram quantities in most major metropolitan areas were relatively constant in both countries, although some cities (most notably Miami and New York City in the United States and Vancouver, Toronto, and Montreal in Canada) have consistently lower prices than the national average. 'Crack' ranges in price from $5 to $10 for one or two short-term, intoxicating inhalations to as high as $50 per half gram.

In the United States, purity levels have remained relatively constant over the past few years. Kilogram quantities generally average 80 to 90 plus percent. Retail purities are currently 55 to 65 percent.

In Canada, retail cocaine purities of 50 percent have been common for several years. During the first half of 1986, purity fluctuated; purities from 33 to 65 percent at the wholesale level and 28 to 50 percent at the retail level were recorded.

Comparative Retail Cocaine Prices (and Purity), 1982 - September 1986*

(per gram)

	United States	Canada
1982	$100 — $140 (30-35%)	$200 (25%)
1983	100 — 125 (35%)	125 — 250 (50%)
1984	100 — 120 (35%)	100 — 300 (50%)
1985	100 (50-60%)	100 — 300 (50%)
1986 (through September)	100 (55-65%)	100 — 250 (50%)

*U.S. prices are in U.S. dollars and Canada prices are in Canadian dollars, rounded to the nearest $5. The approximate conversion rate during this timeframe was $1 (U.S.) = $1.35 (Canadian).

Cocaine Trafficking Trends - United States

Colombian organizations continued to dominate the cocaine traffic at least through the first level of wholesale distribution in the United States, although other Hispanic groups have become more heavily involved.

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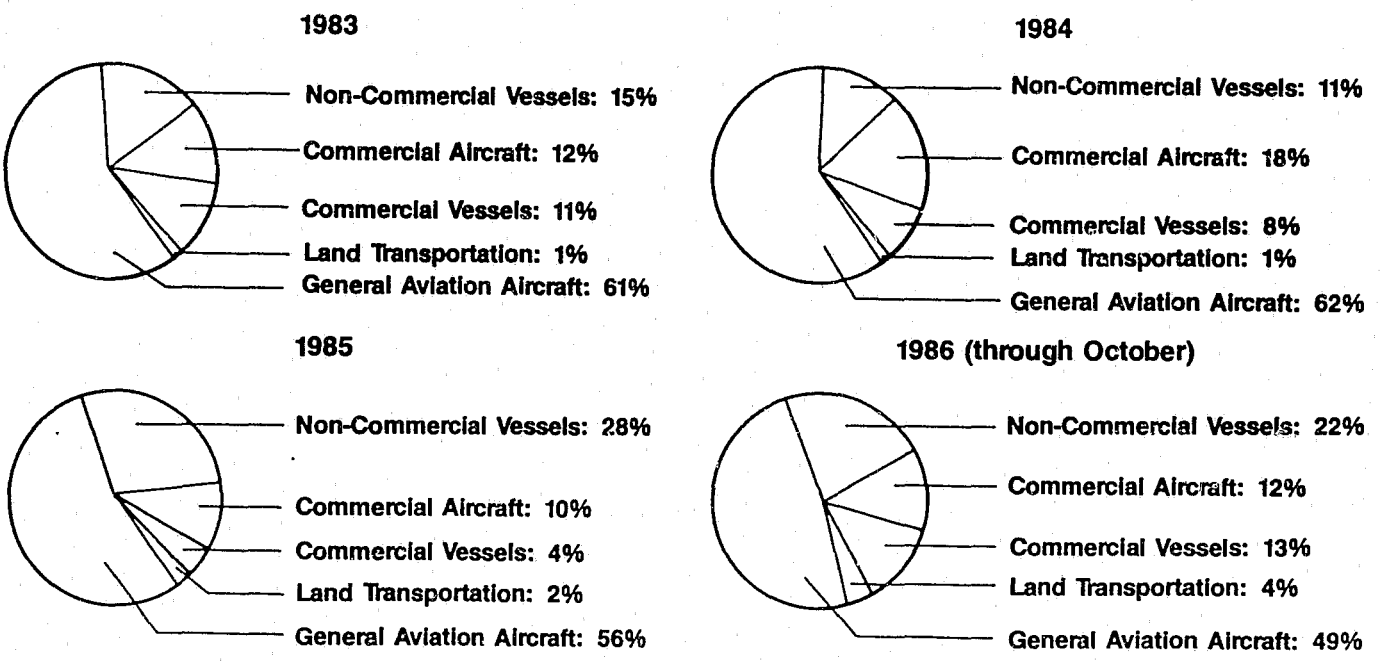
Cocaine Seizures from Various Smuggling Conveyances Destined for the United States, 1983–October 1986 (percent of total volume)

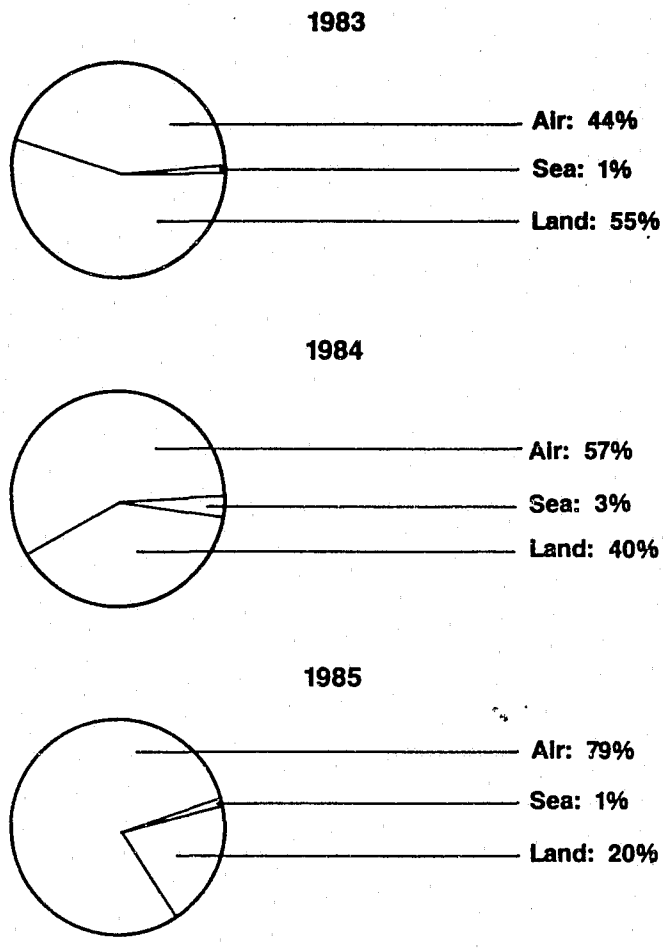


South Florida has been the principal point of entry for cocaine arriving in the United States, but the concentration of interdiction resources in south Florida is forcing traffickers to disperse their smuggling activity to the Gulf Coast and Southwest. Approximately 60 percent of the cocaine seized en route to the United States from foreign sources in 1984 and 1985 had been shipped by general aviation aircraft; during the first 10 months of 1986, this dropped to 49 percent. Seizures from non-commercial vessels rose in 1985 to 28 percent of the total volume seized, but in 1986, through October, decreased to 22 percent. During this same 10-month period, seizures from commercial aircraft, commercial vessels, and land transportation increased.

Cocaine Trafficking Trends – Canada

In 1985, Montreal continued to be the major cocaine distribution center in Canada as indicated by the lowest domestic wholesale prices, and reports that intermediate level traffickers from outside the province travelled to Quebec to negotiate the purchase of cocaine. There has been a significant shift in the primary mode of transportation for smuggling cocaine to Canada. Air transportation was used for an estimated 75 percent of the cocaine destined for Canada in 1982, as compared to 44, 57, and 79 percent respectively in 1983, 1984, and 1985. Land transportation, which accounted for 24 percent in 1982, rose to 55 percent in 1983, and then declined to 40 percent in 1984 and 20 percent in 1985.

Movement of Cocaine Into Canada by Mode of Transportation, 1983–1985 (estimated percentage shares)



Dangerous Drugs/ Chemical Drugs

Dangerous Drugs in the United States

The total illicit use of dangerous drugs increased in the United States in 1984, mainly as a result of the increased use of methamphetamine and phencyclidine (PCP); DAWN data indicate increases in the number of PCP- and methamphetamine-related hospital emergency room visits. In fact, PCP-related injuries reached record levels during the year. The number of LSD- and methaqualone-related injuries decreased in 1984.

During 1985, there were decreases in the use of depressants, including diazepam (Valium) and methaqualone. Methaqualone-related injuries continued to decline, as has been the case since 1980. PCP-related injuries were also down somewhat from the previous year. This, however, was offset by increases in the use of methamphetamine and LSD and injuries associated with the use of these substances. In spite of the increase in 1985, LSD use remained relatively stable over the three-year period. Although there have been decreases in diazepam use since 1981, diazepam has continued to be the most common dangerous drug leading to hospital emergency room visits.

Stimulants

Methamphetamine: Illicit methamphetamine production in the United States continues at an unprecedented rate. After remaining relatively stable during 1982 and 1983, the number of methamphetamine-related injuries increased by approximately 20 percent during 1984. Injuries decreased somewhat in 1985. Domestic clandestine laboratories remained the principal source of methamphetamine in the United States in 1985. Seizures of methamphetamine laboratories increased 44 percent. Outlaw motorcycle gangs were a major factor in manufacture and distribution, but an increasing number of organizations with no apparent connection to motorcycle gangs are independently manufacturing the drug.

Philadelphia and San Francisco remain the principal areas of methamphetamine abuse. Southeastern Texas, southern and northern California, and the Northwestern United States, primarily the State of Oregon, constituted the principal areas of illicit methamphetamine production in 1985. Increased production was also reported in Colorado and Oklahoma during 1985. Both the wholesale and retail prices of methamphetamine have remained stable in the United States.

Amphetamine: The steady increase in clandestine laboratory seizures reported between 1983 and 1984 continued at an unprecedented rate in 1985. A total of 69 amphetamine laboratory seizures was reported in 1985, a 73 percent increase over the 40 seizures reported in 1984. Amphetamine abuse remains a more significant problem in the United States than in Canada.

'Look-Alikes': The term 'look-alikes' refers to capsules or tablets containing non-controlled ingredients and manufactured to closely resemble controlled substances. Although 'look-alikes' are still considered a problem in some states, the overall availability and use of these stimulants continued to decline during 1985. 'Look-alikes' are now limited by U.S. Federal regulation to contain only one active ingredient, such as caffeine, rather than a potentially synergistic and dangerous combination of active ingredients.

Legislation enacted in 47 states prohibits 'look-alikes' from physically resembling controlled substances. As a result, manufacturers produce tablets and capsules containing the same active ingredients as 'look-alikes,' but often not resembling controlled substances. These 'act-alikes' are advertised as stimulants, diet aids, sleep aids, and decongestants. These substances continue to be sold through the mail to individuals seeking the mild stimulant effect of these caffeine-, ephedrine-, or phenylpropanolamine-containing products. The excessive use of any of these substances, alone or in combination, however, poses the very real danger of severe health consequences to users.

Methaqualone: The use and availability of methaqualone (Quaalude) have decreased sharply each year since 1981, and this trend continued during 1985. This is the result of stringent international controls on the manufacture and exportation of bulk methaqualone powder and the rescheduling of methaqualone from a Schedule II to a Schedule I Controlled Substance in August 1984. The number of methaqualone-related injuries declined from 4,653 in 1981 to 616 in 1985, a decrease of 84 percent. Among cities having serious methaqualone abuse prob-

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lems are Miami, New York, and Philadelphia. In 1985, much of the alleged methaqualone available on the streets was counterfeit, generally containing diazepam (Valium), phenobarbital, diphenhydramine, or secobarbital. Diazepam remains the primary active ingredient in counterfeit methaqualone tablets smuggled into the United States from Canada; tablets smuggled from Mexico generally contain secobarbital or diazepam. Canada is the major supplier of illicit diazepam to the United States. Approximately 90 percent of the illicit diazepam seized by law enforcement officials in the United States from 1982 to 1985 passed through the Canadian province of Quebec.

Hallucinogens

PCP: Phencyclidine (PCP) has dominated the illicit hallucinogen situation in the United States for ten years. In 1985, however, PCP laboratory seizures decreased to 20, the lowest in recent years. This was paralleled by a 6 percent decline in the number of PCP-related hospital emergency room visits from record totals in 1984. The entire illicit supply of PCP available in the United States is manufactured in clandestine laboratories; many are in the Los Angeles/southern California area.

A large percentage of the PCP-related hospital emergencies result from more dangerous methods of using the drug. For example, PCP is used intravenously, often in combination with heroin or cocaine. Liquid PCP contains many more impurities such as cyanide or piperidine than the powdered or crystal form. The latter form, previously popular, is now primarily used to treat marijuana and other vegetable matter for smoking. PCP has been sold in powdered form as heroin in Connecticut, and as a tablet in Rhode Island. PCP combined with the controlled substance analog MPPP, which contains the Parkinson syndrome-producing MPTP, has also been reported.

LSD: After increasing slightly in the early 1980's, LSD use has decreased in the United States. LSD-related hospital emergency room visits are approximately 25 percent below levels reported in 1981 and 1982. Although injuries were higher in 1985 than in the preceding two years, they remained relatively stable during the three-year period. LSD potency currently ranges from 20 to 60 micrograms per dosage unit, compared to a range of 100 to 200 micrograms per dosage unit reported during the late 1960's. Sources of supply for the majority of the LSD available in the United States are believed to be located in the San Francisco/northern California area.

MDA: The availability and use of MDA have remained relatively stable since 1983. Although MDA has pharmacological properties of amphetamine, it is classified as an hallucinogen because of its effect on users. Four MDA laboratories were seized in 1985 as compared to three in 1984 and five in 1983.

Narcotics/Analgesics and Heroin Substitutes/Supplements

Pharmaceutical products containing narcotics remained a significant part of the overall illicit drug trafficking and abuse situation in the United States during 1985. These products include pentazocine/tripelennamine, hydromorphone (Dilaudid), codeine/glutethimide, and oxycodone (Percodan), and were used alone or in a combination, both as substitutes for, and supplements to, heroin. They were primary drugs of choice for a substantial portion of the narcotics addict population of the United States.

Controlled Substance Analogs

The problem of controlled substance analogs (popularly known as 'designer drugs') appears relatively small when compared to that of other abused substances in terms of the number of users and extent of distribution. Nevertheless, in those areas of the United States where controlled substance analogs are available, substantial numbers of people use them and many suffer severe adverse reactions.

The novel aspect of the current wave of controlled substance analogs is the production of narcotic analogs. These substances consist of variations of the parent compounds fentanyl and meperidine (pethidine). Some of the clandestinely-produced analogs of fentanyl are a thousand times more potent than morphine and have been associated with more than 100 overdose deaths. To date, there is little evidence of controlled substance analogs use in Canada.

Selected U.S. Dangerous Drugs Use and Trafficking Indicators, 1982 - 1985

	1982	1983	1984	1985
Hospital Emergencies*				
PCP	3,341	4,390	4,579	4,317
Amphetamine/D-Amphetamine	1,235	1,209	996	917
Methamphetamine	1,746	1,675	2,082	1,905
LSD	1,169	810	722	886
Methaqualone	2,819	1,652	901	429
Drug-related deaths**				
PCP	166	239	239	198
Amphetamine/D-Amphetamine	42	47	60	77
Methamphetamine	41	65	83	69
LSD	0	4	1	2
Methaqualone	74	49	11	10

*Data represent the DAWN Consistent Panel which includes only those data reported by facilities on a consistent basis, i.e., at 90 percent or more during each year. Data representing the total DAWN System are no longer used because of reporting fluctuations. Although the Consistent Panel numbers are lower because fewer facilities report consistently, they are a more accurate indicator of trends.

**Data represent the total DAWN System. The DAWN Consistent Panel data base for medical examiner reports is so small compared to the total DAWN System that it is not a valid trend indicator. DAWN medical examiner data are not subject to the same reporting inconsistencies as DAWN emergency room data. Medical examiner data for New York City, however, are incomplete.

Chemical Drugs in Canada

Stimulants have been the most widely abused chemical drugs in Canada during the last several years, but LSD is the most widely used hallucinogen. MDA, PCP, and diverted pharmaceuticals such as Talwin, Ritalin, Fiorinal, Valium, and Dilaudid also continued to be available and used illicitly through mid-1986. All areas of Canada continued to report the availability of chemical drugs, in particular LSD and MDA, with stable user populations into 1986. Also, a number of new combinations of chemical substances, some extremely harmful, are becoming increasingly available throughout Canada.

Chemical drugs available illicitly in Canada are obtained through domestic clandestine laboratories, illegal importation of licit and illicit drugs from foreign sources, and diversion of drugs legally manufactured in Canada. The illicit manufacture of dangerous drugs is the most significant drug problem currently in Canada. It occurs primarily in Ontario, Quebec, and British Columbia.

Stimulants

An Addiction Research Foundation survey indicates that prescription stimulant abuse by Ontario students declined from 5.2 percent of respondents in 1983 to 4.3 percent in 1985. Non-prescription stimulant abuse for the same group declined from 15.4 percent in 1983 to 11.8 percent in 1985.

Methamphetamine: Methamphetamine is more frequently used in Ontario and Quebec than elsewhere in Canada. Consistent with recent years, outlaw motorcycle gangs play a dominant role in the financing, manufacture, and distribution of chemical drugs in Canada. Clandestine laboratories, which exist in many areas, but especially in Ontario, Quebec, and British Columbia, are frequently under the control of these gangs. There is evidence that these motorcycle gangs may be exchanging Canadian-produced methamphetamine for LSD produced in the United States and controlled by affiliated gangs. There is also evidence that methamphetamine is exchanged for cocaine obtained by U.S. motorcycle gangs. Cocaine and methamphetamine are reportedly exchanged on a one-to-one basis, making it an advantageous exchange for motorcycle gangs on both sides of the border, since methamphetamine is more readily available in Canada, and cocaine is more readily available in the United States. High quality methamphetamine called 'snort' has become available in British Columbia.

'Look-Alikes': 'Look-alikes' and 'act-alikes' have been popular in Canada for several years. There appeared to be a diminishing demand for, and availability of, 'look-alike' and 'act-alike' drugs in most regions of Canada during 1985 and into 1986. The bulk of the 'look-alikes' and 'act-alikes' available illicitly in Canada, however, are produced and obtained in the United States.

Methaqualone: Canada remains a significant source for diazepam which is used to produce counterfeit methaqualone tablets for sale in the United States. The substance is diverted from licit sources and also is manufactured in clandestine laboratories. After entering Canada legally from overseas suppliers, the diazepam powder is diverted into clandestine channels and made into counterfeit Quaalude tablets. The substance is believed to be less frequently abused in Canada than in the United States, but there are some reports of use in Canada.

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Hallucinogens

PCP: PCP, produced and distributed by outlaw motorcycle gangs, was most readily available in Ontario and Quebec in recent years. PCP availability and abuse increased in Canada in 1985 and through mid-1986, particularly in Quebec and southern Ontario. There was a marked increase in the amount of PCP seized by the RCMP in 1985. This is believed due to the number of clandestine PCP laboratories seized as well as a general increase in availability.

LSD: LSD was the most widely used hallucinogen available illicitly in Canada through 1985 and into 1986. Although most of the chemical drugs consumed in Canada are domestically produced, LSD is, almost without exception, produced in the United States and imported overland into Canada. Laboratory analyses indicated that the general purity of LSD available at the street level in 1985 was approximately 40 micrograms per unit. The most readily available forms of LSD have been microdot and blotter. Sticker LSD has become available in British Columbia; users lick the back of a sticker containing the drug.

Psilocybin: Psilocybin remains a problem in many areas of Canada, particularly British Columbia and the Atlantic provinces. Psilocybin produced in those two areas often is available in other regions of Canada. Seizures of the drug increased markedly in 1985 over 1984; increased psilocybin use continued into 1986. Although users and traffickers previously used only domestic free-growing mushrooms, psilocybin cultivation has become increasingly controlled and sophisticated. These operations are designed to produce large, more potent varieties of psilocybin mushrooms. Mushrooms are used less frequently in the United States.

MDA: MDA is available in most areas of Canada, but most readily in Western Canada. Availability has increased in some parts of British Columbia. High quality MDA was available in British Columbia for $10 to $50 per gram in mid-1986. The substance is also being encountered in the Yukon and Northwest Territories, and is being sold in high schools.

Narcotics/Analgesics and Heroin Substitutes/Supplements

Diverted pharmaceutical narcotics continue to be abused by the heroin user population in Canada when heroin is in limited supply. Also, there remains a secondary user population in Canada which relies solely on legal pharmaceuticals diverted to illicit channels. These drugs are obtained through pharmacy break and entry, armed robbery, theft from physicians' bags, as well as double doctoring and forgery of prescriptions. The most frequently diverted narcotics over the years have included codeine, hydrocodone, meperidine, oxycodone, and hydromorphone.

Comparative Wholesale Prices for Selected Dangerous Drugs, 1984 – September 1986*

	United States		
	1984	1985	1986
			(through September)
Methamphetamine (oz.)	$1,100.00-$2,000.00	$800.00-$2,000.00	$800.00-$1,600.00
Amphetamine/D-Amphetamine (d.u.)	1.50	.75-1.50	**
Methaqualone (d.u.)	1.75-2.50	1.75-2.50	**
PCP (oz. powder)	1,200.00	1,200.00	1,200.00
LSD (d.u.)	1.00-2.50	1.00-2.00	.70-2.00
Diazepam (Valium) (d.u.)	.50-.75	.30-1.00	.30-1.00

	Canada		
	1984	1985	1986
			(through September)
Methamphetamine (oz.)	$300.00-$2,000.00	$300.00-$2,000.00	$500.00-$2,000.00
PCP (oz.)	300.00-350.00	300.00-350.00	300.00-350.00
LSD (100 units)	200.00	150.00-500.00	175.00-350.00
Diazepam (d.u.)	1.00	1.00	1.00

*U.S. prices are in U.S. dollars and Canada prices are in Canadian dollars. The approximate conversion rate during this timeframe was $1 (U.S.) = $1.35 (Canadian).

**Data not available.

Comparative Retail Prices for Selected Dangerous Drugs, 1984 – September 1986*

	United States 1984	1985	1986 (through September)
Methamphetamine (gm.)	$60.00-$100.00	$60.00-$100.00	$60.00-$100.00
Amphetamine/ D-Amphetamine (d.u.)	3.00	3.00-4.00	**
Methaqualone-genuine (d.u.)	4.00-15.00	4.00-15.00	**
Methaqualone-counterfeit (d.u.)	4.00-5.00	3.00-10.00	3.00-10.00
Diazepam (Valium) (5-10 mg.)	1.00-2.00	1.00-2.00	1.00-2.00
PCP (100 mg., 5% pure)	10.00-15.00	10.00-15.00	10.00-15.00
LSD (40-60 micrograms)	3.00-5.00	2.00-5.00	2.00-5.00
'T's & Blues' Set (Talwin/ tripelennamine) (50 mg.)	15.00	10.00-20.00	10.00-20.00
Codeine/Glutethimide Set	7.00-14.00	7.00-14.00	7.00-14.00
Hydromorphone (Dilaudid) (4 mg.)	30.00-50.00	25.00-65.00	30.00-65.00
Oxycodone (Percodan) (10 mg.)	2.00-3.50	4.00-8.50	4.00-8.00
Preludin (Phenmetrazine) (25 mg.)	15.00-22.00	8.00-20.00	8.00-20.00
Pentazocine (Talwin) (50 mg.)	11.00	6.00-10.00	6.00-10.00

	Canada 1984	1985	1986 (through September)
Methamphetamine (gm.)	$80-$150	$25-$150	$80-$150
Amphetamine (d.u.)	$5	$5	$5
Diazepam (Valium)	$1.50-$3	$1.50-$3	$1.50-$3
PCP (d.u.)	$3-$20	$3-$20	$3-$6
LSD (d.u.)	$3-$10	$2-$10	$3-$10
MDA (d.u.)	$15	$15-$20	$5-$15
Psilocybin (gm.)	$15-$20	$10-$20	$10-$25
Hydromorphone (Dilaudid) (d.u.)	$10-$50	$20-$50	$15-$65
Oxycodone (Percodan) (d.u.)	$3-$5	$2-$5	$2-$5
Pentazocine (Talwin) (d.u.)	$8	$12	$12

*U.S. prices are in U.S. dollars and Canada prices are in Canadian dollars. The approximate conversion rate during this timeframe was $1 (U.S.) = $1.35 (Canadian).

**Data not available.

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Heroin

Heroin Use in the United States

The quantity of heroin consumed in the United States has remained relatively stable during the last three years. Changing consumption patterns, however, have resulted in increases in both heroin-related hospital emergencies and heroin-related deaths. The use of heroin in combination with other drugs (especially cocaine) and the greater use of Mexican 'tar' heroin have been the primary causes of these increases. Both heroin-related hospital emergencies and deaths are currently at a five-year high.

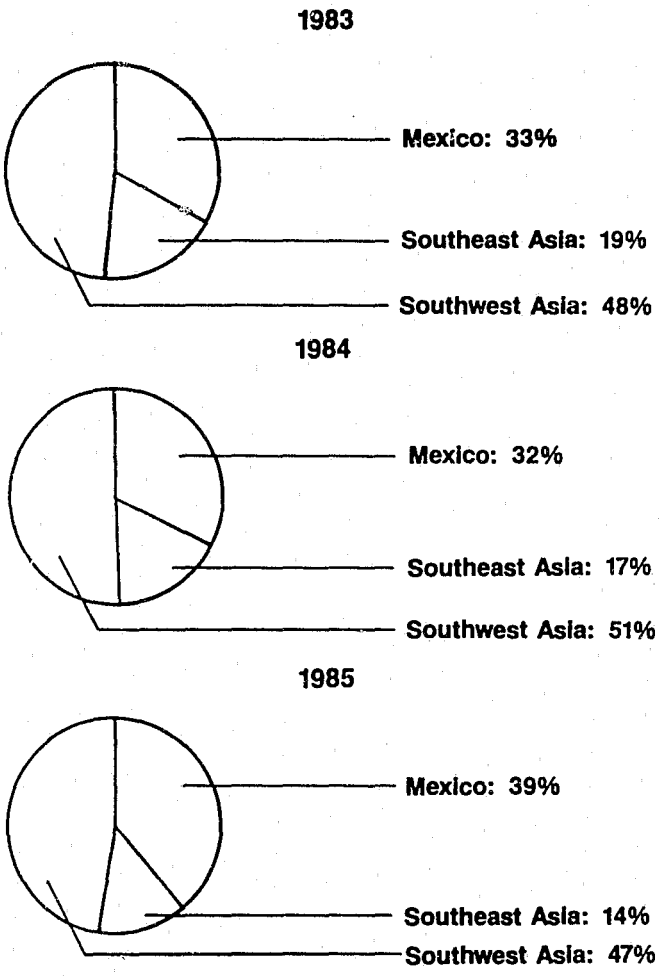
Heroin Use in Canada

The increase in the number and the size of heroin seizures made in Canada during 1985, together with price and purity index data, indicate that heroin availability increased in Canada in 1985. Preliminary intelligence suggests that increasing availability continued into 1986. There is also evidence that the addict population in Canada may be increasing. Heroin is most commonly injected, but there have been reports of smoking and snorting the drug as well.

The profile of the average heroin user in Canada is generally that of an unemployed male, 25 to 50 years of age. Users are often involved in other activities such as gambling, and usually are involved in drug trafficking in order to support their drug habits. They sometimes travel internationally to arrange for the importation of heroin or may act as couriers themselves.

A greater concentration of RCMP resources on investigation of major drug traffickers during 1985 resulted in an increase in the number of persons charged for higher-level trafficking and importation. This shift in emphasis to higher-level traffickers also resulted in a decrease in the total number of persons investigated for heroin-related offenses.

Estimated Sources of Heroin Encountered in the United States, 1983–1985* (percent of total supply)



*These estimates were derived from Heroin Signature analysis, an intelligence program in which a special chemical analysis identifies and quantifies selected heroin characteristics and secondary constituents. From the resultant data, heroin exhibits are classified according to the process by which they were manufactured, which in turn enables the association of exhibits with geographic regions.

Heroin Availability in the United States

There are some indications that the quantity of heroin available in the United States increased somewhat during 1985. Southwest Asian heroin continues to be the predominant type of heroin available nationwide, but the proportionate shares of both Southwest and Southeast Asian heroin have decreased. Mexican heroin has become increasingly available. This increase has been primarily in the form of crudely processed, high purity Mexican heroin referred to as 'tar,' 'black tar,' 'gumball,' 'tootsie

roll,' or 'goma.' This type of heroin appeared almost exclusively on the west coast in 1983, but as of mid-1986 was reportedly available in more than half of the states.

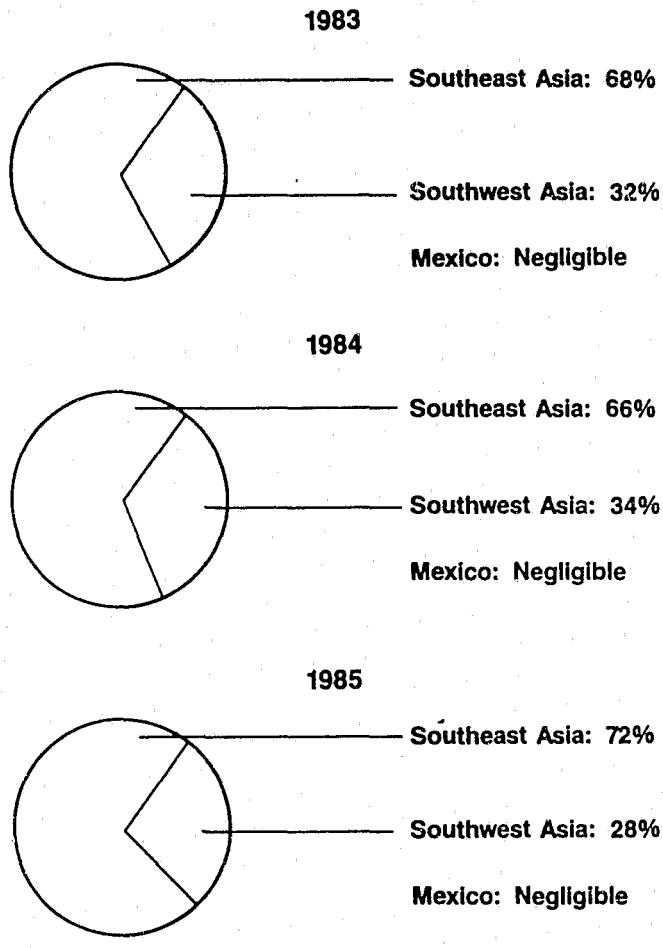
Heroin Availability in Canada

There are significant differences in the sources of heroin available in the United States and Canada. While the majority of the 1984 and 1985 U.S. heroin supply originated in Southwest Asia, that area was the source of a much smaller share of the supply in Canada. Canada's primary source was Southeast Asia, which provided a relatively small share of the U.S. supply. Mexico, the source of 32 percent and 39 percent of the U.S. heroin supply in 1984 and 1985 respectively, to date has played a negligible role in the Canadian heroin supply. Mexico has long been considered a potential source of heroin for Canada, and there are preliminary indications that Mexican heroin availability is increasing in Canada.

Heroin availability fluctuated throughout Canada during 1984, 1985, and into 1986. The retail price and purity index, however, when taken in conjunction with a number of other trend indicators, suggested an increase in the availability of this narcotic. Seizures of heroin made by the RCMP and Canada Customs in 1985 increased by 58 percent over seizures made in 1984. The majority of the heroin available in Canada during 1984, 1985, and into 1986 was in Vancouver, Toronto, and Montreal, with limited and sporadic quantities available elsewhere. Availability appeared to be increasing in some areas of Canada in 1986. In addition, there were reports during the first half of 1986 that Mexican 'black tar' heroin was available in Vancouver, but there have been no seizures to date. Opium-laced cigarettes surfaced in the province of Quebec during the same time period.

Periods of heroin scarcity have led some Canadian heroin users to turn to diverted licit pharmaceuticals. In addition, there is a growing population which uses these substances exclusively. There has been, however, a decline in narcotic thefts in Canada in recent years, believed due to increasing heroin availability, prescription forgery, and repeat visits to doctors to obtain prescriptions. The narcotics most frequently diverted or stolen include codeine, hydrocodone, meperidine, oxycodone, and hydromorphone. Heroin was added to the list of drugs available for physicians in September 1985, and is available by prescription for use in a hospital setting. The drug, however, is much less frequently prescribed by doctors than had been anticipated.

Estimated Sources of Heroin Encountered in Canada, 1983–1985 (percent of total supply)



Heroin Prices and Purity

Although there is less demand for heroin in Canada than in the United States, wholesale heroin prices in Canada are comparable to those in the United States. Prices in the United States vary considerably depending on the source of heroin, while Canadian prices do not fluctuate greatly. 'Tar' heroin is not generally available at the kilogram level.

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Comparative Heroin Prices (and Purity), 1982 – September 1986*

	United States	Canada
	wholesale (per kilogram)	wholesale (per kilogram)
1982	$200,000	$225,000
1983	150,000-350,000	225,000
1984	100,000-350,000	225,000
1985	90,000-230,000	150,000-200,000
1986 (through September)	90,000-200,000	120,000-200,000
	retail (per gram)	retail (per capsule**)
1982	$100-$110 (5.0%)	$35-$50 (4.5-5.0%)
1983	100 (4.5%)	35-50 (5.0-6.0%)
1984	110 (4.7%)	35-60 (5.0-6.0%)
1985	115-130 (5.3%)	35-75 (5.0-6.0%)
	200-600 (30.0-70.0% 'tar')	***
1986 (through September)	120-130 (6.1%)	35-75 (5.0-6.0%)
	200-600 (30.0-70.0% 'tar')	***

*U.S. prices are in U.S. dollars and Canada prices are in Canadian dollars, rounded to nearest $1,000 for wholesale and $5 for retail. The approximate conversion rate during this timeframe was $1 (U.S.) = $1.35 (Canadian).

**Approximately 14 capsules per gram

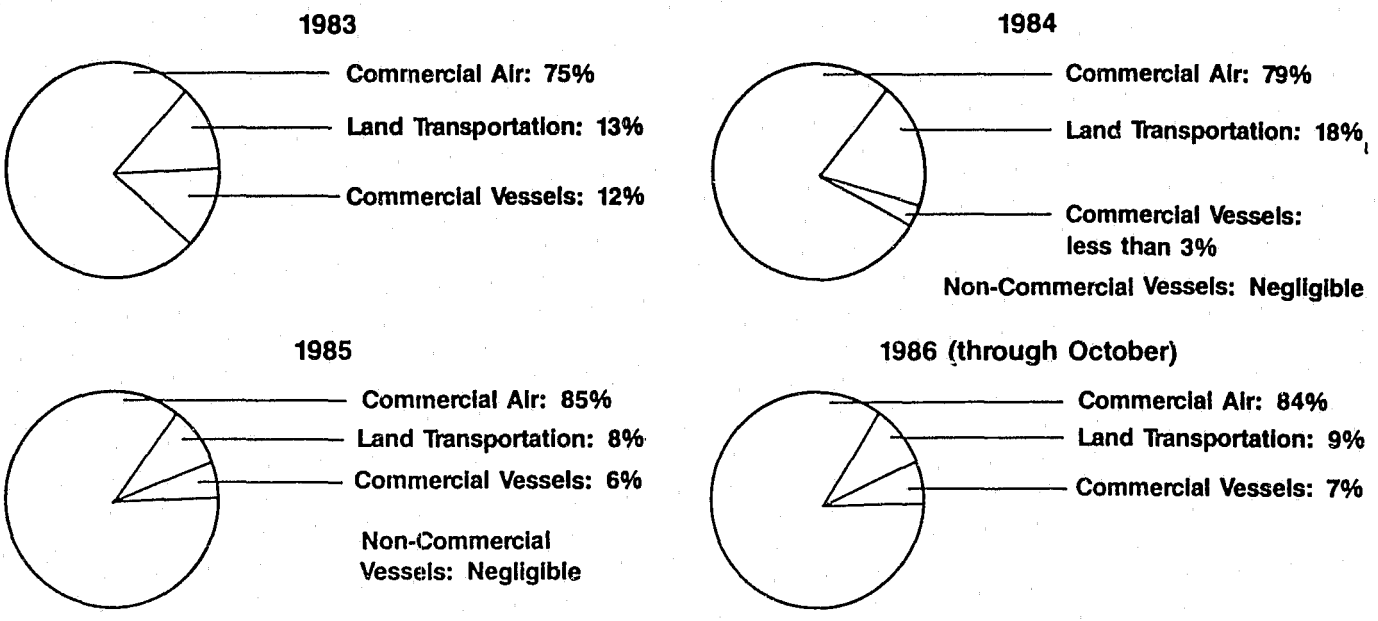
***Data not available

Heroin Trafficking Trends – United States

The vast majority of the heroin destined for the United States arrives by commercial air. Seizures from that type of conveyance increased from 75 percent of total seizures in 1983 to 85 percent in 1985, and remained relatively stable during the first 10 months of 1986.

Smuggling conveyances differ between the three main source areas. Although commercial air is the principal mode of transportation for Southwest Asian and Southeast Asian heroin, most Mexican heroin enters the United States via land transportation. General aviation aircraft smuggle negligible amounts of Mexican heroin into the country. Both commercial and non-commercial vessels, as well as private aircraft, are reported to play a minor role in opiate smuggling.

Heroin Seizures from Various Smuggling Conveyances Destined for the United States, 1983–October 1986 (percent of total volume)



Heroin Trafficking Trends – Canada

An estimated 90 percent of the heroin entering Canada in 1985 arrived via air passenger or air cargo through the international airports in Vancouver, Toronto, and Montreal. Couriers used body-packs or concealed the narcotic in luggage or in clothing. Larger quantities were concealed in shipments of goods sent via commercial air transport. Less frequently, heroin was imported overland through the United States, with an even smaller amount being imported by sea.

Vancouver, Toronto, and Montreal have been utilized in recent years on a number of occasions as transshipment points for heroin destined for the United States. Vancouver is principally utilized for heroin destined for the west coast and at times the Midwestern United States. Toronto and Montreal serve the Eastern United States as well as the Midwest; however, this is not believed to be a frequent occurrence.

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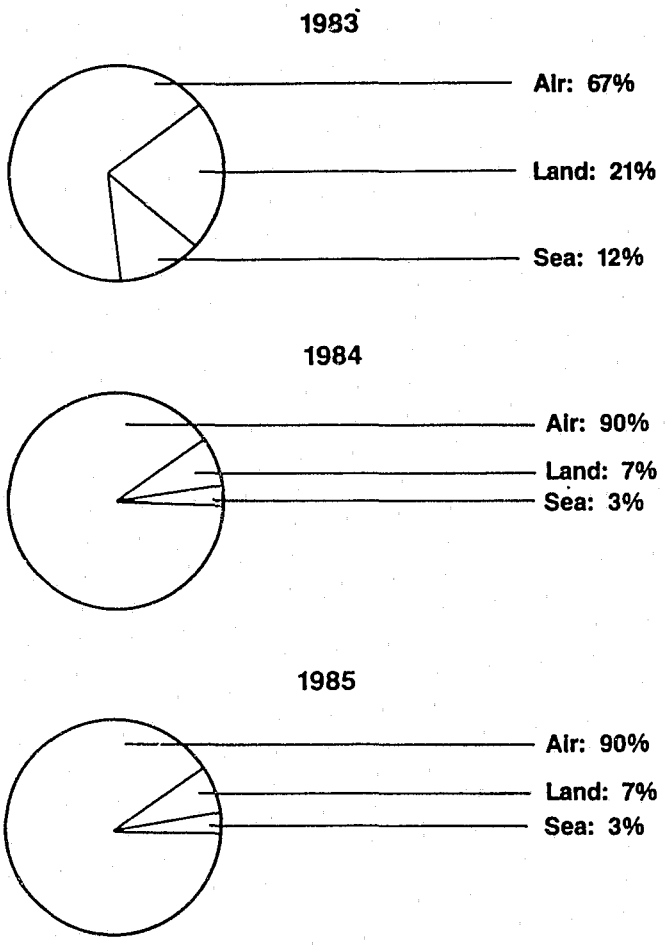
Movement of Heroin into Canada by Mode of Transportation, 1983–1985 (estimated percentage shares)



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